

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 19 JULY 2011
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

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| 1. Apologies | |
| 2. Declarations of Interest and Whipping Declarations | |
| <i>At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.</i> | |
| 3. Minutes of Meetings Held on 14 June and 27 June 2011 | 1 - 14 |
| 4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions | |
| <i>The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.</i> | |
| 5. Quarterly Performance report on Adult Social Care Services in Peterborough | 15 - 28 |
| 6. NHS Peterborough QIPP and Reform Plan 2010-2015 | 29 - 32 |
| 7. Future Provision of Emergency Hormonal Contraception to Young People | 33 - 38 |
| 8. Peterborough Safeguarding Adults Update Report | 39 - 48 |
| 9. Forward Plan of Key Decisions | 49 - 62 |
| 10. Work Programme | 63 - 66 |
| 11. Date of Next Meeting | |

Tuesday 13 September 2011



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Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), P Nash, J Stokes, K Sharp, Shabbir and D Fower

Substitutes: Councillors: R Dobbs, D Harrington, M Jamil and A Shaheed

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 14 JUNE 2011**

Present: Councillors B Rush (Chairman), P Nash, J Stokes, M Todd, K Sharp, N Shabbir and N Sandford

Also present David Wiles, Chair of LINK

NHS Peterborough: Dr Sushil Jathanna, Chief Executive, Peterborough Primary Care Trust
Peter Wightman - Interim Director, Primary Care
Sarah Shuttlewood, Director of Acute Commissioning
Jessica Bawden - Joint Director of Communications and Patient Experience
Dr Michael Caskey - Director of Clinical Change
Dr Harshad Mistry - Clinical Lead for Urgent Care

Officers Present: Kim Sawyer, Head of Legal Commercial
Denise Radley, Executive Director of Adult Services
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

Apologies for absence was received from Councillors Lamb and Fower. Councillor Sandford was in attendance as substitute for Councillor Fower and Councillor Todd was in attendance as substitute for Councillor Lamb.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of the Meeting held on 14 March 2011

The minutes of the meeting held on 14 March 2011 were approved as an accurate record.

4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for call-in to consider.

5. Primary and Urgent Care Strategy Consultation

The Interim Director for Primary Care introduced the report. The Commission were informed that the consultation document had taken into consideration comments made by the Commission at its meeting held in January 2011 in that it should be genuine and not just about closing Alma Road and that the document contained all the information and evidence to support the thinking of NHS Peterborough. Members were reminded that the Primary Care and Urgent Care Commissioning Strategies were required because the NHS services needed to adapt to change.

5.1 The key issues for change were:

Primary care

- The population was growing and changing and NHS services needed to adapt to this
- Premises at some practices were affecting services and would not meet new standards in April 2012. This affected 1 in 3 patients particularly in relatively deprived wards where health outcomes were much lower. These were long standing problems. Key areas affected were:
 - North Street, 63 Lincoln Road, Burghley Road, Church Street
 - Dogsthorpe, Parnwell and Welland
 - Hampton
 - Orton
- There was a natural move away from smaller practices. The Primary Care Trust needed to plan ahead for this and not make separate decisions on practices as it had in the past
- It was difficult for patients at some surgeries to get an appointment. This might lead to patients using other services

Urgent Care

- Patients had reported that the system was difficult to navigate and there were too many overlaps
- Too many minor cases were attending the hospital Emergency Department
- Peterborough had two walk-in centres which duplicated each other and services provided by GP practices in hours and the out of hours GP services
- The City Care Centre was not used to its full potential. The Walk In centre and out of hours GP services must be subject to competitive procurement – this was an opportunity

Efficiency Requirements

- NHS Peterborough needed to identify extra funding for
 - Increasing demand and new treatments
 - Increasing costs and maintaining infrastructure
 - Repaying historical debt
- The growth funding NHS Peterborough (NHSP) would receive would only cover inflation costs
- To fund the anticipated priority costs, NHSP needed to save £40m per year by 2015/16 in its £310m budget

5.2 The proposed strategy was:

Vision

- Move over time to fewer, larger GP practices to improve quality and efficiency
- Simplify and clearly communicate Urgent Care System

Overarching changes

- Ensure every practice achieved a minimum standard for access to GP appointments
- Provide extra information to help patients choose the right service and GP practice
- Where contracts end for practices with a list size of 4000 or below, and there was capacity nearby, ask patients to register with another practice.
- Competitive process to select new provider for GP Out of Hours and Walk In Centre Provider.

5.3 The options for change were:

Option 1 – Do nothing

Option 2 – Partially achieve the vision:

- Fund new premises at 63 Lincoln Road
- Fund new premises in Dogsthorpe: - the Welland, Parnwell and Dogsthorpe practices come together as one practice in the new premises, with special arrangements in Parnwell
- Orton Bushfield expands to take on services currently provided by Orton Medical Practice with whom they share a building – move to new premises funded by the landlord
- Reducing the walk-in hours for the Alma Road Equitable Access Centre (evenings and weekends)
- Upgrade Walk in Centre service at City Care Centre to Minor Injury and Illness service and move from 7am – 10pm to 8am to 8pm
- Close Burghley Road surgery
- Invest £0.5 million per annum in new premises
- Net £5 million savings over 5 years – from reduced Alma Road costs and contract efficiencies

Option 3 – Fully achieve the vision:

As above but

- Fund new premises for North Street (as part of a combined health centre with 63 Lincoln Road)
- Fund new premises for Hampton
- Close the Alma Road service
- Invest £1.0 million per annum in new premises
- Net £6 million savings over 5 years – further savings by closing Alma Road

The consultation process had begun on 18 May 2011 and would close on 18 August 2011. The Commission were asked to:

- Support the process for consultation
- Discuss and comment on the content of the consultation document

Observations and questions were raised and discussed including:

The Chair asked Members to consider the process for consultation first.

- Members noted that Dr Mistry and Dr Caskey were both involved in the consultation process and both had surgeries that might be affected by the outcome of the consultation. Would this therefore be a conflict of interest? *Dr Caskey advised that whilst he had an interest it was in fact a negative interest in terms of his business and that his interest was in providing a better outcome for the patients. The Interim Director for Primary Care advised that the team of people who finalised the document received clinical advice but it involved patient members, non executive Director Members and everyone was mindful that there were a lot of interests. The final decision sat with the NHS Peterborough Board which comprised of non executive directors and a majority of non clinical directors.*
- How much is consultation and how much is already a foregone conclusion as to the outcome? *Everything possible had been done to ensure that the consultation was genuine, fair and an open process. All comments would be listened to.*
- Are you consulting with any patient forums? *Consultation documents had been sent to all patient groups. The Consultation document had also been presented to a meeting of the Borderline Patient Network Group Chairs meeting and comments had been received.*
- The press have indicated that most people would be opposed to Option Three. Can you advise how the consultation is going? *It was too early in the consultation to assess the response.*
- The consultation document still stated that Peterborough had two walk-in centres which duplicated in hours and the out of hours GP services. Members felt that this was a

misleading statement as the service offered at the City Care Centre was nurse led and therefore did not duplicate the Alma Road walk-in centre which was GP led. *The statement around duplication was saying that currently there were two walk-in centres although the configuration and the model that was being operated at each might be different. In hours there was GP and primary care available, out of hours there was also duplication as there was a GP out of hours service from 6.30pm to 8.00am. It was saying that across the whole system there was duplication it was not trying to compare Alma Road with the City Care Centre alone. If someone attended the City Care Centre and were assessed and needed to see a GP there would be a GP available.*

- *Members commented that there would be a fundamental change in service provision in attending the City Care Centre as it would no longer be the choice of the patient if they saw a GP where as at Alma Road the patient could request to see a GP. The consultation document gave a full explanation of what duplication of services meant. All the services that were nurse led and offered at Alma Road were also offered at the City Care Centre. The vast majority of patients attending Alma Road were already registered with a doctor. This was therefore a duplication of service.*
- *People often go to the walk-in centre because they can not get an appointment with their GP. There was a need to make sure that access to a GP was available to all patients.*
- *What do you mean by a minimum standard of GP Service? Every quarter MORI run a poll to survey patients registered in every Doctors surgery across the country to measure patient experience. This also identified surgeries where patients had difficulty getting appointments. These surgeries were then held to account. The minimum standard was identified from this survey.*
- *If you close the Alma Road surgery are you going to ensure that all GP surgeries will offer out of hours surgeries and that people would be able to book appointments in advance? Yes. Members were advised that the PCT was assessed with its regional comparatives and the ratings for Peterborough PCT were green. The Primary Care for the City was not all bad and the aim was to do even better. There was a 24 hour GP service in Peterborough however there was a need to provide the right clinician for the right condition which might not always be a GP.*
- *Most surveys tend to be completed by people who are happy with a service therefore is the MORI survey accurate. The survey was an independently run national survey which had been run for many years. It was weighted and was well recognised and was sent nationally from patient lists.*
- *You state in your document that you will attend the Neighbourhood Committee meetings across the City to discuss the consultation and yet you have not attended all of them. PCT Officers apologised to members for not attending all Neighbourhood Committee meetings and would look at addressing this. Neighbourhoods that were directly affected had been targeted in agreement with the Neighbourhood Managers. Neighbourhood meetings were not the only meetings that were being held.*
- *In your proposed strategy you mentioned a competitive process to select a new provider for GP Out of Hours and Walk In Centre provider. What is the process and how are you going to select these people. A strict EU Procurement Process was used.*
- *Councillor Peach Ward Councillor for Park Ward asked the PCT to confirm that they had no preconceived view of the consultation and that it was a fair consultation? The PCT confirmed that they had no preconceived view and that it was a fair consultation.*
- *There is evidence that you are in consultation about the disposal of land at Alma Road which would suggest that you are pre determining the consultation. There had been no decision made about that site. The land premise for Alma Road would not be in the original place but it would be in the Healthy Living Centre. If Option Two were to proceed the Alma Road surgery would move to the Healthy Living Centre. Discussions had been held with Alma Road regarding this.*
- *Where in the consultation is this mentioned. Potential sites for Alma Road were being looked at but no decision had been taken.*

- Why is it being moved? *It was about efficiency of use of the assets for the NHS. It was currently a portacabin and was a very expensive facility. This was not relevant to the consultation.*
- Alma Road site has provision for a purpose built building but there is no mention of this in the consultation. *The original plan for Alma Road was to bring three practices together Sergeant Street, Westgate (now in Boots) and Millfield but this had not happened.*
- Members felt that the consultation document should have mentioned the proposal to move Alma Road. *The consultation was about a strategy for Peterborough's Primary Care and once this had been determined the location of premises flowed from that.*
- Are you saying you have no idea where you would build these surgeries once the consultation has been concluded? *There were site options for each of the surgeries but they would have to go through a commercial process.*
- How viable would Option Two be if it does not take any action to address the Hampton issue? *Option Two was equally viable and people in Hampton would go to Orton or Yaxley*
- Councillor Peach felt the consultation was flawed because not enough meetings had been held for public consultation and those due to be held at the Town Hall would coincide with other Council Meetings. He suggested that the committee recommend that the PCT extend the consultation to accommodate extra meetings. *Officers from the PCT felt that there was ample opportunity for public consultation but would be happy to discuss arranging additional meetings at appropriate venues and dates.*
- Is the consultation document available in several different languages? *The Chief Executive of the Peterborough Primary Care Trust (PPCT) confirmed that the consultation document was available in Czech, Kurdish, Portuguese, Lithuanian and Urdu. Copies of the translated documents were not available at the meeting but copies could be provided.*
- Councillor Burton Ward Councillor for Werrington South informed the Commission that he had asked the Patient Liaison Officer at Alma Road for a copy of the consultation document in various languages but it had not been available. If the building at North Street was in such a terrible condition why was there not a proposal to close that surgery? He also advised that he had not seen representation at his Neighbourhood Committee in the North of Peterborough. *Dr Caskey responded with regard to North Street advising that it was a practice that struggled for space for any health visitors or other allied services and that it was an unsustainable situation as there was no room for growth.*
- How and where are you advertising your meetings that will be held at the Town Hall? *Flyers, posters, and documents had been sent out to every surgery, pharmacy and library. There had also been various radio interviews and press releases.*
- The questionnaire in the consultation document would appear to have more emphasis on Option Three. *External independent advice was sought on how to design the consultation document to ensure that it was fair and unbiased.*
- Your consultation document talks about special arrangements for residents in East Ward and Parnell. It would mean people having to get two buses to visit their doctors. *There would be satellite clinics provided in these areas for such things as flu clinic, baby clinics, antenatal clinics and nurse practitioner clinics which would share accommodation with other Council Services. Seriously ill patients would receive a home visit. Some people would be entitled to transport arrangements. It was recognised that there might be some access issues but the consultation would take into consideration all comments.*
- East Ward is growing rapidly with an expectation of 2000 new residents. How will you accommodate this growth? *We have based our options on the expected growth of the city and advice from the City Council.*
- Why are all of the surgeries mainly based in Lincoln Road and the City Centre. *Peterborough was unique in that it had overlapping GP surgeries with overlapping populations and the strategy would try to address this. This strategy was looking at the health care for the whole of Peterborough.*

- At the consultation that you had in Parnwell the residents highlighted to you about the new builds that was taking place in the East of Peterborough and you promised you would contact the city council to get the latest information. Did you do that? When looking at the consultation document the GP practices still seem to be placed centrally in the City. *The question was put through to our information specialist.*
- Why is there still no health provision or GP practice in the East Ward which is such a large ward? *The concerns were valid and had been noted and would be looked into further as part of the consultation process.*
- The map in the consultation document only shows the main surgeries? The location of the surgeries even if they are branch surgeries was important. *A map showing the branch surgeries could be provided for councillors and the LINks team.*
- Under Option 2 it states:
 - *Orton Bushfield expands to take on services currently provided by Orton Medical Practice with whom they share a building – move to new premises funded by the landlord.*

Do you have a back up plan if the developer changed their minds about this? *The PCT were confident with the developer's regeneration proposal.*

- The contract for the Orton Medical Practice was extended temporarily. Are you going to extend the temporary contract again if the new build is not going to be ready until 2013? *No. The existing surgery which was only designed for one practice would be reconfigured to accommodate the new team.*
- If you are not taking on new doctors will they be able to cope with the increase of patients. *The budget for the Orton Medical Practice would be given to the Orton Bushfield Practice. This would enable the Orton Bushfield team to recruit extra doctors, nurses and administration staff to accommodate the extra patients. There would be twice as many doctors and nurses to run the service required.*
- What happens if a patient is not happy with their current GP and wants to change. *Patients now had a choice around changing GP surgeries. However some practices had area boundaries but if a practice served the area in which someone lived and had an open list then a patient would have the right to join that practice. It would be unusual for GP practices to have closed lists. The greatest constraint was more about accommodation and having enough room. The Government direction was to allow dual registration and abolish practice boundaries.*
- There is no financial breakdown for the committee to make a sound judgement on which option to choose. *There was more financial information in the business case document which was available on the website.*
- Members were not aware of the business case and financial breakdown and wanted to know if members of the public had been made aware of where they could find it. *The consultation document stated where the business case could be found and it was also made clear to members of the public at consultation meetings.*
- The waiting room at the Walk In centre at the City Care Centre was small. Was this going to be made larger? *The intention was not to increase the through put at the centre.*
- If you are closing down Alma Road then you will get an increased through put at the City Care Centre. *The intention was that there would be a shift of those patients out to primary care and not to the Walk In Centre. Minor conditions would be dealt with through primary care where there was the capacity to deal with them.*
- How would patients know where to go for minor conditions? *If Option Three were to be approved there would be a major education exercise across the city so that people were made aware of what services were available and where. There would be a phased approach and people would be supported to go to the right place for their treatment.*
- People from Eastern Europe tend to go to a walk in centre for their treatments as this is what happens in their homeland. You would therefore need to do an extensive engagement and education exercise. *The vast majority of the population from Eastern Europe were registered with GP Practices and already used the services appropriately.*

- Where are the GP practices with massive amounts of capacity to absorb the extra amount of patients? *The vast majority of practices across the city had open lists and would take on the extra patients.*
- If there are GP practices with capacity why not close them instead of Alma Road. *In terms of use of budget it costs £800,000 more to operate from Alma Road than if patients were to receive a service from their registered doctor or elsewhere.*
- Before closing Alma Road we need to see hard evidence that patients are going to be able to get the same service from other practices.
- A member of the audience addressed the Committee and wanted to highlight issues for mental health patients and requested that the Committee review care services for the mental health patients. The Chair noted the request.

Dr Rupert Bankart Lead GP from Alma Road surgery was invited to speak. Key points raised were

- The Alma Road Practice had been working with the PCT to try and find solutions to resolve problems in the area. The main problems to be addressed were access, quality and value for money.
- The PCT had made it clear that there had been a shortage of GP provision in Peterborough particularly in and around the deprived areas which included Alma Road and yet there had been an increase in demand. Nearby practices were not coping with demand and Alma Road were taking on the extra.
- He provided information on costings of Alma Road services and advised that they provided better value for money than nearby practices. Alma Road was the only service that offered both GP registered services and a walk in service and therefore could offer a conversion service where the PCT gained £168 per patient when they changed from a walk in patient to a registered patient.
- He was concerned that there was a flaw in the business proposal and multiple unaddressed risks in particular a reduction of 80,000 appointments per year.
- *The PCT responded that they did not agree with most of the figures provided by Dr Bankart.*
- Members asked for confirmation that the cost per patient at Alma road was lower than at other surgeries in Peterborough? *The PCT responded that the reason it was lower was because £800,000 was being paid towards the walk in service, if this was taken away then that practice would not be viable at that cost level at that list size.*
- A member of the public addressed the Commission who had concerns that the Clinical Director of the City Care Centre for the out of hours service was Dr Mistry who was also a member of the PCT consultation team. He felt that Dr Mistry might benefit if Alma Road was closed and the City Care Centre was retained as the only out of hours provision. *Dr Mistry responded that the out of hours service was a GP led service which was procured by the NHS Peterborough and was a service from Peterborough Community Services which was an arms length organisation. Dr Mistry represented the GP's and made sure the clinical service was being delivered. Whoever the out of hours service provider was would be dependant on the local GP's delivering that service? Whether the City Care Centre was involved or not was nothing to do with the out of hour's service.*
- If Alma Road surgery closed the Thomas Walker surgery would appear to be the main beneficiary of patients being dispersed locally. Dr Mistry was a practicing GP at the Thomas Walker surgery. Was this a conflict of interest? *Dr Mistry confirmed that he was a GP at the Thomas Walker surgery.*
- Members sought advice from the Legal Officer present on this question. The Legal Officer advised that she could not answer for the PCT's governance but drawing from the advice that the PCT had given earlier informed the Commission that the persons putting the strategy and the consultation document together were not the people making the decisions and that ultimately the decision would be made by the NHS Peterborough Board who were an independent body of the consultation strategy group. In order to get

meaningful consultation it was sometimes necessary to involve those who were operating the system at ground level.

Councillor Peach, Ward Councillor for Park Ward addressed the Commission

- Does the PCT accept that its ability to be able to provide safe care depended on being able to absolutely guarantee adequate access to GP consultations when needed? *Yes.*
- Does the PCT accept that if Option Three were implemented involving the closure of Alma Road and Burghley Road it would have to ensure that it provided adequate consultations with other local GP's to turn its projected savings into reality. *Our assessment of the options was based on the ability of other GP's to absorb the capacity.*
- What measures were the PCT taking so that if Option Three was implemented that other GP's would provide enough consultations? *There were NHS contracts in place with each of the practices which held them to account for quality of care for the patients and to ensure that patients had adequate access.*

It was proposed that due to the time of day and length of the meeting that the meeting be adjourned. On being put to the vote this was agreed, therefore the meeting was adjourned to a date to be arranged.

ACTION AGREED

- i) That the PCT provide copies of the consultation document in the various translated languages to Members of the Commission and Councillor Peach.
- ii) That the PCT provide maps at further consultation meetings showing all branch surgeries in addition to the main surgeries.
- iii) That the PCT attend as many additional Neighbourhood Committee meetings as was practical before the end of the consultation.
- iv) That the Commission reconvene the meeting at the earliest opportunity to conclude the discussion on the Primary and Urgent Care Strategy Consultation item and conclude any other business on the agenda.

Meeting adjourned at 10.15.

CHAIRMAN
7.00 - 10.15 pm

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 27 JUNE 2011
RECONVENED FROM 14 JUNE 2011**

Present: Councillors B Rush (Chairman), P Nash, M Todd, D Harrington, M Jamil and N Sandford

Also present David Wiles, Chair of LINK

NHS Peterborough: Dr Sushil Jathanna, Chief Executive, Peterborough Primary Care Trust
Peter Wightman - Interim Director, Primary Care
Sarah Shuttlewood, Director of Acute Commissioning
Jessica Bawden - Joint Director of Communications and Patient Experience
Dr Michael Caskey - Director of Clinical Change
Dr Harshad Mistry - Clinical Lead for Urgent Care

Officers Present: Kim Sawyer, Head of Legal Commercial
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

Apologies for absence were received from Councillors Lamb, Stokes, Sharp, Shabbir and Fower. Councillor Sandford was in attendance as substitute for Councillor Fower, Councillor Todd was in attendance as substitute for Councillor Lamb, Councillor Harrington was in attendance as substitute for Councillor Sharp and Councillor Jamil was in attendance as substitute for Councillor Shabbir.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Primary and Urgent Care Strategy Consultation

The Chair welcomed everyone to the reconvened meeting and asked that those people wishing to speak from the public gallery identify themselves.

Dr Watson, Senior Partner at 63 Lincoln Road surgery was invited to speak. Key points raised were:

- The surgery had a long established history going back over 100 years.
- List size was 11200 patients, 30% of whom lived in Central, Park and East Wards.
- There were eight GPs' seeing patients mainly at Lincoln Road and also at the branch surgery in Werrington.
- There was a high proportion of elderly patients and in addition provided medical services to the Woman's refuge, the homeless and those with substance misuse problems.
- 67% of new registrations were from ethnic minorities such as asylum seekers and socio economic migrants.
- It was a busy inner city practice providing services to the vulnerable hard to reach groups from sub standard premises which were not fit for purpose. They would not meet health and safety standards and infection control standards in the years to

come. Recently one of the ceilings had collapsed and there was a problem with sewage backing up and two elderly patients had fallen down the narrow stair well sustaining leg fractures. There was no lift on the premises

- If Option One were adopted this would eventually result in the closure of 63 Lincoln Road. 11200 patients including the hard to reach and vulnerable groups would have to be relocated to alternative providers and the capacity and facilities to cope did not exist. Therefore Option One should be rejected.
- Option Two would deliver new premises but would be a short term solution and would not future proof care for residents across the City and patients of 63 Lincoln Road.
- Option Three fully resolved the key issue of patient access, including the disabled and offered an opportunity to provide for the health care and welfare of patients and residents across the City.
- Dr Watson requested that the Commission support Option Three.

Observations and questions were raised and discussed including:

- If Option Three were to be adopted what proposals do you have for access on Saturdays and Sundays and would this be only for people registered in your practice. *Dr Watson advised that under Option Three there would be a guarantee of increased access for patients registered at that practice at the weekends but exact timings could not be determined now. The Interim Director for Primary Care reminded Members that the GP out of hour's service operated seven days a week therefore the option of seeing a GP on a Saturday or Sunday was already in place.*
- How would someone access a GP at the weekends? *The out of hour's service was run from the Thorpe Road Walk in Centre. A patient would ring the out of hours service and they would be triaged and it would then be determined if they needed to see a GP or a nurse. This was also the practice during in hours service.*
- Why have you not improved the practice over the past years? *Improvements had been made over the years but it was now at a point where no further improvements could be made.*
- Can you tell us in your opinion how Option Three will help elderly residents in East Ward, the surgeries that will be closed in Parnwell and Welland and the 1700 houses that will be built in Stanground. *There were plans for the East of the City with the development of the Dogsthorpe Surgery. The Interim Director for Primary Care informed the Commission that he had met with Ward Councillors since the last meeting and consideration had now been given to provision for the East Ward and Dogsthorpe communities. Three potential sites were now being looked at. This would not mean an extra practice it was about looking at the right location.*
- The Chief Executive, Peterborough Primary Care Trust confirmed to the Committee that all comments would be listened to as part of the consultation exercise and that in doing this some of the options proposed may change.

Dr Hadfield, Senior Partner at North Street Medical Practice was invited to speak. Key points raised were:

- North Street Medical Practice was established in 1896 and had 15500 patients of which 4700 (30%) come from Central, East and Park Wards.
- The Practice was in a converted 19th century building with no ability to extend the premises.
- No facility at current premises to offer a phlebotomy service.
- Supported Option Three. Much more could be offered to patients in a new purpose built building therefore Option Two would not be suitable.
- Option One would jeopardise the care of the 15500 patients.
- The vision was to provide 21st Century healthcare with a focus on health improvement not just disease. Some services currently provided by the hospital could be offered at the surgery if there was space.

- District Nurses, Counsellors, Dieticians, Physiotherapists and the Mental Health Team would be under one roof providing improved services.
- Patients currently had access to Saturday morning clinics and internet appointment booking but with an extended team more evening and weekend surgeries would be offered.

Observations and questions were raised and discussed including:

- Can you inform the Commission what extended out of hours access you would offer if Option Three were taken forward? *The Practice would aspire to offer extended access if patients wanted this but it would be up to the PCT if they wished to commission this service. The Chief Executive, Peterborough Primary Care Trust advised Members that the PCT would consider all suggestions throughout the consultation on how access could be improved.*
- Members were concerned about the PCT's commitment to provide an out of hours service.
- Had a site been identified for the new combined surgery? *Two sites were currently being looked at which were adjacent to each other.*
- Members commented that people were concerned that they were not being listened to. If surgeries were to close would there be enough service provision for the future of the whole City. *The PCT were committed to listening to people through the consultation process and wanted to ensure that a sustainable health care service providing the right balance between prevention, treatment and care would be put in place. The duty of the PCT was to maximise the health care services within finite resources.*
- Option Three would take a large amount of resources. Members were concerned that the outlying surgeries would suffer and there would be a gap between what would be offered in the City Centre and at outlying surgeries. *Rural Access was a valid point and would be taken into consideration on a case by case basis.*
- Councillor Burton, Ward Councillor for Werrington South sought clarification around the closure of surgeries to provide expansion of others. *There was a budget for every registered patient. If a practice were to close then the budget for those patients would transfer to another practice. Every time a new patient registered a new budget was created.*
- Councillor Burton also felt that there was a limited range of options for consideration in the consultation and that a wider range should have been offered. *There had been a process of looking at several options but had only included options that were conceivable for delivery in Peterborough. If other viable options become available through the consultation then they would be considered.*
- Councillor Fitzgerald, Cabinet Member for Adult Social Care addressed the Commission advising that he sat on the Board of the PCT and therefore was already engaged in the consultation process. He advised that he had discussed other options with the PCT. He commented that the consultation was not about Alma Road and the surgery but about the removal of a walk in facility located at Alma Road. Option Three removed the facility to go and see a GP at any time. An issue was that people went to the Alma Road facility because they were not able to get an appointment at their own GP practices. Where would these people go if the service was removed? He felt that this service should not be removed unless the other GP Surgeries changed their working practices to accommodate their patients.
- The PCT responded that there was capacity in other surgeries around Alma Road to take the 2000 registered patients that would come from Alma Road. Data showed that the Alma Road walk in centre was mainly used by local residents and was not in general being used as a City wide service. The satisfaction rates of GP surgeries varied across Peterborough. Practices that were not performing so well had been looked at and improved practices put in place. The PCT were looking at improved access to Primary Care in general.

- Members of the Commission wanted to know what the primary reason was for putting the Alma Road Surgery in place originally. *It was a national initiative and every Primary Care Trust had been required to have one of these centres in place.*
- Members commented that the reason the Government had put these centres in place was to give patients choice.
- Have you looked at any other parts of the country where one of these centres had been closed and what impact it had on Accident and Emergency? *There were other places across the UK that had closed their centres and the impact of this could be looked at. Other data sources were being used to make a judgement about closing the Alma Road surgery.*
- What will happen if GP's are given more power and they decide not to have longer opening hours? *The GP budget of £23m would not be handed over to General Practice this would be held by a local arm of the National Commissioning Board who would provide the function that the PCT currently provided and hold practices to account for their services.*
- What happened to the Section106 monies from planning that the PCT received and why was it not being ploughed back into run down surgeries? *The monies contributed were not sufficient to fund a whole new practice scheme and only addressed new population areas.*
- Dr Rupert Bankart Lead GP from Alma Road surgery advised that the PCT had promised two years ago that they would provide a new building at the Alma Road site but this had not happened. There was therefore concern that the promise of new surgeries within the proposals might not happen.
- There were approximately 22,000 walk in appointments per year at Alma Road and they came from all over Peterborough although the majority came from the local area. There were circa 45,000 per year walk in appointments that went to the City Care Centre. Members were concerned that the City Care Centre would not be able to cope with the additional walk in appointments if Alma Road closed. *The PCT did not expect that all 22,000 patients would go to the City Care Centre. In hours it would be expected that patients would go to one of the neighbouring surgeries. It was difficult to say exactly how many would go to the City Care Centre.*
- Members felt that a lot of the time people used the walk in service because they could not get an appointment with their own GP. Under Option Three there would be a reduction in the service at the walk in centre by only opening 8.00am to 8.00pm which would mean people would go to A & E which cost more per person. Where would people go with sports injuries? *There would be a minor injuries unit.*
- Can you explain what is meant under Option Three by 'Greater focus on emergency and life threatening cases 8.00am – 8.00pm under the Hospital Emergency Department. *During the time that the minor injuries unit would be open they would focus on cases that came in with a serious illness therefore taking the pressure of the A & E department.*
- Members were concerned that by investing in new super surgeries the rest of the health care system across the city would suffer particularly in the Rural areas. *Patients from lots of surgeries were suffering because of lack of access these proposals were about improving primary care access across the City.*

Councillor Peach, Ward Councillor for Park Ward addressed the Commission.

- How many copies of the consultation document in different languages have been sent out? *The translated document had been emailed to all surgeries and hard copies had also been delivered. The exact figures were not available but could be provided the following day.*
- There was no return slip provided with the translated documents. How were people responding? *People responded via different methods for example letter, email and via phone using translators these were all recorded as part of the consultation.*
- Alma Road was one of the highest in the City for Clinical Quality (score of 623 out of 624 in a CQ evaluation in 2011). Why therefore was there a proposal to close it. *This was only one element of the service and other data needed to be taken into consideration.*

- Alma Road provides excellent value for money. It has been effective at converting 1700 walk-in patients to registered patients. How do you plan to ensure that patients change their behaviour and go to where they are supposed to go? *There would be a communications campaign that would also be reflected at the entry points to the NHS. This would be reinforced when communicating with patients.*
- The PCT will not exist much longer. How can the PCT guarantee that this strategy will be delivered when it has gone? *There was a national expectation to change and improve NHS services. There would be a careful legacy process from the PCT to the National Commissioning Board. The current clusters would be the local officers of the National Commissioning Board and therefore would ensure continuity. This should not be confused with GP Commissioning.*
- Councillor Peach felt that the PCT were relying on expected savings of the proposed closure of Alma Road to fund the practice developments in other areas of the city. The removal of Alma Road surgery would provide a major short fall in capacity and that the service at Alma Road should be grown instead of being closed.
- Members were advised that there had been at least twenty meetings for people to express their views, 16000 patients had been written to, 10,000 full documents had been sent out and 5,000 to 6,000 translated documents. All views and comments received would be taken into consideration.
- Councillor Fitzgerald felt that combining the Primary Care and Urgent Care review under the same consultation had clouded the issue and that it would have been better to separate them. *Dr Caskey advised that it was integral to have a combined consultation. Urgent care was delivered by every practice across Peterborough. The strategy was about maximising the opportunities for better patient care for the maximum number of people within the limited number of resources we have.*
- Members felt that the new surgeries proposed were required but the ability for people to have access to a GP as provided currently by the Alma Road surgery should still be provided and suggested that another option could be for the new combined surgeries to offer this service.
- Members commented that the way the consultation document was constructed might lead people to choose Option Three. There were very detailed questions around Option Three but not around Option Two. *The questions had been independently provided and. The consultation document gave the opportunity for people to make their views heard and provide a good record of what they had said. It provided plenty of opportunity for people to comment on all the options and also suggest other options.*
- Members wanted assurance that under Option Three the phasing for the new combined practice for Lincoln Road and North Street practices, the new GP practice at Dogsthorpe combining three practices, the expansion of the Orton Bushfield practice to support the closure of the Orton Medical practice, the new GP practice at Hampton would all be in place before there were any closures. *There were already open lists to take on the extra capacity of patients therefore it was not necessary to build the new premises before the closures. The PCT were however committed to building the new premises.*

Members of the public addressed the Commission. Key points raised were:

- There was concern that there was an increase in drug problems in the City and wanted assurance that if Option Three were to be chosen there would be expertise available to deal with this.
- Services South of the river also needed to be looked at.
- Hospitals, GP's and Consultants needed to work closer together.
- There was a need to concentrate on the health care needs of the chronically sick and where the health care services were needed. Limited resources needed to be used cost effectively.
- There was concern that most of the discussions were about Alma Road.

- The building at 63 Lincoln Road was in great disrepair and whilst the quality of care was very good the building was not. This needed to be addressed. Patients were very important and their needs should be foremost.
- Patient medical care was of great importance and Option Three would address this.
- Translated documents had been received at 63 Lincoln Road surgery.
- Alma Road surgery was not situated in a safe place and there was no parking available.
- A member of the public was disappointed in the PCT consultation and felt that they had not provided the evidence to back up their proposals.

The Chair thanked all contributors to the discussion for their comments, suggestions and issues raised. The Chair requested that the PCT take the comments, suggestions and issues raised at the meetings held on 14 and 27 June 2011 into account as part of the consultation process.

ACTION AGREED

- i. That the Commission support the consultation and
- ii. That the PCT return to a meeting of the Commission on 13 September 2011 to provide a report on the outcome of the consultation including any recommendations to the NHS Peterborough Board. The Commission will then consider all responses to the consultation prior to submission to the NHS Peterborough Board on 21 September and a final decision being made. The Commission would then provide a formal response to the consultation.

Due to the time of day and length of the meeting Items 6 (Review of Work Undertaken in 2010-2011 and Work Programme for 2011-2012) and 7 (Forward plan of Key Decisions) on the Agenda were noted as read.

CHAIRMAN
7.00 - 10.15 pm

| | |
|--|--------------------------|
| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 5 |
| 19 JULY 2011 | Public Report |

Report of the Executive Director of Adult Social Services

Contact Officer(s) – Tina Hornsby – Head of Performance and Informatics
Contact Details - 01733 758558

ADULT SOCIAL CARE QUARTERLY PERFORMANCE UPDATE

1. PURPOSE

- 1.1 The attached report provides an update on the delivery of adult social care services in Peterborough against the four outcome domains contained within the national adult social care outcomes framework.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission is asked to review and comment on the performance information within the report.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The adult social care outcomes have strong links to the health and wellbeing aspects of the community strategy. The report details performance against all available national indicators from the national outcomes framework.

4. BACKGROUND

- 4.1 The attached report has been constructed to provide summarised information on the following:

- An overview of progress on priority areas within the four national outcome domains;
- An update on progress against national and local performance indicators;
- An update on the status of key projects which are underway to achieve these priorities
- Additional activity data where this is appropriate;
- Examples of the impact of our work on service users and carers in Peterborough

- 4.2 This report covers the final quarter of 2010-11 and gives the position at the end of the annual performance cycle.

5. KEY ISSUES

- 5.1 Local results from the national statutory user survey are included in the attached report. As this survey was run for the first time in 2010-11, we will not know how we compare comparatively until national benchmarking becomes available later this year. The survey was sent to a random sample of 878 service users from across all client groups from whom we received 417 responses.

- 5.2 Although improving, the percentage of adults known to secondary mental health services with a recorded status of being in paid employment continues to be lower than national average.

- 5.3 At a previous meeting, the Scrutiny Commission received some analysis produced by the Care Quality Commission around the quality of care homes in the city. The Scrutiny Commission requested information around which of the local care homes accepted the local authority fee structure. The table on page 11 of the attached performance report outlines the independent

provider homes providing services for older people in the city, their current rating and date of last inspection. All, except two, of the homes do accept placements under the council's existing fee structure. This should reassure the Scrutiny Commission that there is no direct link between local authority fee levels and quality.

6. IMPLICATIONS

6.1 The report relates to city wide delivery of adult social care.

7. CONSULTATION

7.1 None

8. NEXT STEPS

8.1 A performance update for the first quarter of 2011-12 will be provided to the Scrutiny Commission in September 2011.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 Transparency in outcomes: a framework for quality in adult social care
The 2011/12 Adult Social Care Outcomes Framework

10. APPENDICES

10.1 Appendix 1 - quarter 4 performance report.

APPENDIX 1
Adult Social Care – Quarter 4 2010-11 Performance Report

Tina Hornsby – Head of Performance and Informatics – NHS Peterborough

Introduction

The following report seeks to evidence delivery against the four outcome domains within the national Adult Social Care Outcomes Framework:

- Domain 1 - Enhancing quality of life for people with care and support needs
- Domain 2 - Delaying and reducing the need for care and support
- Domain 3 - Ensuring that people have a positive experience of care and support
- Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.

This report has been constructed to provide summarised information on the following:

- An overview of progress on priority areas within these four outcomes
- An updated position with regard to progress against national and local performance indicators
- An update on the status of key projects which are underway to achieve these priorities
- Additional activity data where this is appropriate
- Examples of the impact of our work on service users and carers in Peterborough

Key

RAG (Red/Amber/Green) = Performance and risk status

RED Behind target and plans are not likely to bring back on target
AMBER Behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
GREEN On target

Direction of Travel

 Improving
 Deteriorating
 Remaining static

Outcome 1: Promoting personalisation and enhancing quality of life for people with care and support needs

Summary of Key Priorities

Personal budgets and self directed support:

- We will make sure systems are in place to allow people who require social care support to easily find and choose quality support, and control when and where services are provided, and by whom;
- For those people eligible for council funding, the amount available to them is known prior to the person starting to make their support plan;
- We want people to have the ability to spend all of their money in a way that they choose, including being able to mix directly purchased and council provided services; and
- We will support people planning their own support, either directly or through the use of commissioned services in the third sector or via peer support and support from people who are experts by experience.

Information and Advice:

- We will create a universal information and advice system for adult social care. Everyone needs universal access to information and advice to ensure they can live their lives and choose the best support regardless of how that is funded. All people should be able to access universal services such as transport, leisure and education facilities, housing, health services and opportunities for meaningful occupation and get on with living their lives.
- Good information (which is current, relevant and accurate) is essential for all adults and their relatives who need, or may need support in order to live their lives. Good information should help people make wise choices, enable them to take control and help prevent people from losing their abilities, skills and independence.
- Our challenge is to ensure that everyone with a social care need (no matter how large or small) can find the information to meet their need, in a form and through a channel appropriate to them.

| NATIONAL PERFORMANCE INDICATORS: | | | |
|---|--|---|--|
| Indicator | Comment | Target 10/11 | Q4 |
| The proportion of those using social care who have control over their daily life. | The proportion of respondents who said they had as much control as they wanted over their daily lives. Another 44.4% said they had adequate control. | Not set 2008-09 home care users IPF Ave = 42.59% | 32.6% 2010/11 |
| Social Care quality of life | The proportion of respondents who stated their quality of life was either good, very good or could not be better. | Not set - new indicator | 58.2% 2010/11 |
| Carer reported quality of life | To be taken from new carers survey – piloted in 2009-10 as voluntary return. | Not set new indicator | Survey will not run until 2011/12 |
| Percentage of adults with learning disabilities in paid employment | Numbers supported in employment increased to 93 (14.6%) in a difficult economic climate. High is good. 2009-10 England Average = 6.4% - IPF Average = 6.4% 2009-10 | 13% | 14.6% Green ↑ |
| Percentage of adults and older people receiving self directed support | This is a provisional result and may change but the target will not be achieved. High is good | 60% | 39.38 % Amber ↑ |
| Percentage of adults in contact with secondary mental health services in paid employment | High is good. National average is 9%. | 7.5% | 7.0% Red ↑ |
| Percentage of adults with learning disabilities in settled accommodation | 464 out of 635 adults with learning disabilities are in settled accommodation. High is Good. 2009-10 England average = 61% | 75% | 73.1% Amber ↓ |
| Percentage of adults in contact with secondary mental health services in settled accommodation | . High is good. 2009-10 IPF Average = 64.8% 2009-10 National Average = 59.1% | 63% | 62.1% Amber ↑ |

| Promoting personalisation and enhancing quality of life for people with care and support needs | | | |
|---|---|---|---------------|
| Related Projects | | | |
| Project | Description | Progress update | Status |
| <i>Living My Life - Support planning</i> | Putting in place support planning and personal budgets for 60% of all Adult Social Care customers | 39.38% (as of 31.03.10) of customers had personal budgets. PCS alongside NHSP Performance and Informatics are investigating possible reporting and data quality issues that may be impacting on reported performance. | Amber |
| <i>Living My Life - Risk enablement</i> | Developing a risk enablement policy and guidance that supports customers making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control. | Policy completed, signed off by policy group. Training to the policy to be discussed with CCS and CPFT and included within practitioner development. | Green |
| <i>Living My Life - Advice and information</i> | Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers. | A preferred directory provider has been selected, approval sought at the ASC Project Board on 17 June. Work with Peterborough Direct on wider advice and information delivery is ongoing and on schedule. | Green |
| <i>Adult Placement Scheme for people with learning disabilities</i> | Expanding the number of people who can benefit from this scheme which has good outcomes and is cost-effective. Investment in marketing and capacity to promote | Following approval of business case, work is now proceeding. 7 new users and 5 new families recruited by March 2011. Advertising campaign underway. | Green |

Additional Key Activity Data

| NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS WHO DID NOT HAVE ONE PREVIOUSLY | 2009/10 | Q1 – 2010/11 | Q2 – 2010/11 | Q3 – 2010/11 | Q4 2010/11 |
|---|----------------|---------------------|---------------------|---------------------|-------------------|
| Older People | 51 | 22 | 25 | 25 | 20 |
| People with a learning disability | 12 | 6 | 5 | 9 | 8 |
| People with physical and sensory disabilities | 43 | 13 | 18 | 14 | 11 |
| Mental Health (18-64) | 3 | 2 | 2 | 0 | 4 |
| Substance Misuse | 0 | 0 | 0 | 0 | 0 |
| Carers | 41 | 2 | 2 | 9 | 8 |
| Total | 150 | 45 | 52 | 57 | 51 |

The number of new recipients of Direct Payments rose slightly each quarter, excepting quarter 4, with a total of 205 new recipients in 2010-11 compared to 150 in 2009-10.

Personalisation and enhancing quality of life

Some recently received feedback from people receiving self directed support is provided in an anonymous form below:

- R says of her personal budget “It is more flexible and it promotes my independence and choice. I now enjoy my support. This has not always been the case.”
- L’s mother said “I thought L would be in residential care all her life. Self Directed Support has given me back my daughter.”

Results for the statutory social care user survey show.

- 30.3% (123) of respondents felt that they were able to spend their time as they wanted, doing the things they wanted. 33.3% (135) felt they were able to do enough of the things they enjoy. 28.1% (114) felt they were able to do some but not enough of the things they enjoy and 8.4% (34) stated that they don't do anything they value or enjoy with their time.
- 56.9% (234) of respondents felt that having help made them feel better about themselves. Another 32.8% (135) stated that having help did not affect the way they think and feel about themselves. However, 9.2% (38) felt having help sometimes undermined the way they think and feel about themselves, and 1% (4) felt it completely undermined the way they felt about themselves.

Outcome 2: Preventing deterioration, delaying dependency and supporting recovery.

Summary of Key Priorities

The Peterborough *Living My Life* programme says about prevention and re-ablement:

- We want people to have access to support that will help them to stay independent for as long as possible.
- When people need some help to regain independence to live in their own home after an accident or a period in hospital, we want to be able bring all partners together to provide some intensive time limited support to help people get back to living their life as quickly and independently as possible.
- We will make sure that the council and the NHS are working jointly to make supports like telecare and telehealth (sometimes also called assistive technology) available as an option for those who need it.
- Information will be available about the assistive technology so that people can make informed choices.

NATIONAL PERFORMANCE INDICATORS:

| Indicator | Comment | Target 2011/12 | Q4 |
|--|---|----------------|--|
| Permanent admissions to residential care homes per 1,000 population | During 2010-11 we made 185 supported admissions to permanent residential or nursing care homes. 11 for people aged 18-64 and 174 for people aged 65 and over. Per 1,000 of the population this equates to 7.34 for 65+ placements and 0.12 for 18-64 year olds. Low is good. | No target set | >65 0.12 <65 7.34 Green ↕ |
| Previously NI131 - Delayed transfers of care from hospitals per 100k population | The final outturn for the delayed transfer indicator was below target despite high levels early in the year. Low is good | 5.9 | 5.34 Green ⬆ |
| Proportion of people achieving independence 3 months after entering intermediate care | High is good. 2009-10 CIPFA Average = 80.9%, 2009-10 England Average = 81.2% 86.7% of older people discharged from hospital into intermediate care services were still living independently in their own homes three months later. A slight deterioration but still above target and comparatively high. | 85% | 86.7% Green ⬇ |
| Previously NI 135 Proportion of carers receiving an assessment or review in the year | 1875 carers received an assessment or review within the year. This is a slight increase on the previous year. High is good | 36% | 34.7% Amber ⬆ |

Results for the statutory social care user survey show.

- 60.6% (246) of respondents felt that their home met their needs very well, whilst 29.1% (118) felt their home met most of their needs. 7.9% (32) felt their home only met some of their needs and 2.5% (10) felt that their home was totally inappropriate for their needs.
- 27.2% (109) respondents felt that they could get to all of the places in their local area that they wanted. 25.4% (118) reported sometimes having difficulties getting to the place that they want. 18% (72) said they could not get to all the places within the local area and 29.4% (118) said they did not leave their home.

| Preventing deterioration, delaying dependency and supporting recovery Related Projects | | | |
|--|---|---|--------|
| Project | Description | Progress update | Status |
| <i>Disability Sports Development Project</i> | A refocusing of the learning disability day services to enable people to have access to sports and recreation. | Support worker hours increased to lead on this work. Job Description/Person Specification enhances with new emphasis on social inclusion and occupation. Significant increase in sporting activities. Football team won national trophy | Green |
| <i>Commission re-ablement services</i> | To provide customers with effective re-ablement and home based support services in order that they are assisted to live as independently as possible in their own home. | Specification developed and PCS is developing options around this service. The timescale for implementing this service has slipped and we are working with PCS to commence this as soon as possible. | Amber |

Additional Key Activity Data

Intermediate Care Services

| ACTIVITY AREA | 2009/10 | Q1 – 2010/11 | Q2 – 2010/11 | Q3 - 2010/11 | Q4 – 2010/11 | Total YTD |
|---|---------|--------------|--------------|--------------|--------------|-----------|
| Intermediate Care Services to prevent hospital admissions | | | | | | |
| Number of people receiving non-residential intermediate care to prevent hospital admission | 216 | 47 | 44 | 61 | 44 | 196 |
| Number of people receiving residential intermediate care to prevent hospital admission | 221 | 88 | 72 | 45 | 37 | 242 |
| Intermediate Care Services to facilitate timely hospital discharge and / or effective rehabilitation | | | | | | |
| Number of people receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation | 722 | 192 | 210 | 173 | 166 | 741 |
| Number of people receiving residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation | 208 | 80 | 66 | 66 | 70 | 282 |

1462 people received some form of intermediate care in the course of 2010/11 an increase from the 1367 people receiving these services in 2009-10. The main area of growth was in numbers receiving residential intermediate care to support hospital discharge (+35%), although there was some smaller percentage growth in those receiving residential intermediate care to avoid a hospital admission (+9.5%).

Outcome 3: Ensuring a positive experience of care and support

Summary of Key Priorities

The Government's vision for adult social care includes a focus on ensuring a positive experience for people who use services and their carers. The Government has stated that:

- The quality of care and individuals' outcomes will be directly influenced by their experience of the care and support they receive; and
- How easy it is to find and contact services, and how people are treated when they get them will have a major impact on perceptions and expectations of social care.

All our efforts are intended to secure a positive experience of care and support for service users and carers.

| NATIONAL PERFORMANCE INDICATORS: | | | |
|--|---|--------------------------------|-------------------------|
| Indicator | Comment | Local target | Result |
| Overall satisfaction with local adult social care services | 60.8% of those responding to the statutory survey report being either extremely or very satisfied with the service they received. Baseline taken from 2008-09 older people home care survey (<i>ADASS – supported</i>) | IPF Ave = 57.05% | 60.8% |
| The proportion of people using social care and carers who express difficulty in finding information and advice about local services | 53.1% of those responding to the statutory survey stated that they found it very easy or fairly easy to find information about the support available to them. | No target set Baseline year | 53.1% |
| The proportion of carers who have reported that they have been included or consulted in discussions about the person they care for | Taken from carers survey – piloted in 2009-10 as voluntary return. 198 out of 210 carers felt that they were involved in discussions about the care and treatment of the person they care for, when they had been in contact with health professionals at a NHS hospital in the last 12 months. No benchmark available. | No target set | 09-10 94.28% |

Ensuring a positive experience of care and support Related Projects

| Project (Improvement Plan Workstreams) | Description | Progress update | Status |
|---|--|---|--------------|
| <i>Joint Planning & Capability - formalise quality assurance and performance management further</i> | Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission) | New performance report developed based upon ASC outcome framework. Work underway to create a regional performance improvement and peer review framework. Continuing issues around data quality. | Amber |

Results for the statutory social care user survey show

- 56.9% (234) respondents felt that having help made them feel better about themselves. Another 32.8% (135) stated that having help did not affect the way they think and feel about themselves. However, 9.2% (34) felt having help sometimes undermined the way they think and feel about themselves, and 1% (3) felt it completely undermined the way they felt about themselves.

Outcome 4: Protecting from avoidable harm and caring in a safe environment

Summary of Key Priorities

The Government's vision for protection is that:

- There are sensible safeguards against the risk of abuse or neglect;
- Risk is no longer an excuse to limit people's freedom.

The Peterborough *Living My Life* programme says about protection:

- We will make sure that people in the local community know what to do if they are concerned about adult abuse or neglect.
- By increasing personal control of support arrangements, we will reduce risks to people's safety and enable people to manage risks better.
- For those people who need or have purchased care in a care home we will make sure the quality of protection and personal care in regulated homes in our area is high. We will work with all partners to improve care practices and routines.

| NATIONAL PERFORMANCE INDICATORS: | | | |
|---|---|-------------------------------|------------|
| Indicator | Comment | Target 2011/12 | Result |
| The proportion of people using social care services who feel secure | 66% of respondents to the statutory survey reported feeling as safe as they wanted. | No target set – baseline year | 66% |
| The proportion of people using services who said those services make them feel safe and secure | 55% of respondents to the statutory survey reported that the social care services they received made them feel safe and secure. | No target set – baseline year | 55% |

Other results for the statutory social care user survey show

- 57.6% (235) of respondents said that they felt clean and able to present themselves as they would like. 37.7% (154) felt adequately clean and presentable. 4.7% (19) did not feel adequately clean or presentable.
- 65.4% (268) felt their home was as clean and comfortable as they wanted and 31.5% (129) felt their home was adequately clean and comfortable. With 2.4% (10) feeling their home was not quite clean or comfortable enough and 0.7% (3) feeling it was not at all clean or comfortable.

| Protecting from avoidable harm and caring in a safe environment Related Projects | | | |
|--|--|---|--------|
| Project (Improvement Plan Workstreams) | Description | Progress update | Status |
| <i>Joint Planning & Capability - new specialist safeguarding team</i> | Create and recruit to team. | Interim lead, data and performance analyst, and administrator in post. Decision taken to place team with PCC and permanent Lead and Social work consultant will be recruited via PCC process. | Green |
| <i>Prevention - strengthen the training for safeguarding</i> | Commission training to further strengthen the receiving, assessing, investigating and completing work about safeguarding concerns | Training plan developed for 2011-12 E-learning package purchased and will be trailed during June/July Training for some Direct Payment customers delivered | Green |
| <i>Response to Safeguarding Concerns - further improve how safeguarding concerns are received, assessed, investigated – and the work completed</i> | Review and refine the work stream that starts with an alert about a safeguarding concern and ends with the completion of the required work | Improvement began early 2009, and new multi-agency policy in place. Multi-agency procedures being developed and serious case review protocol being updated. | Green |

Commissioning Activity

The following is a brief summary of adult social care activity provided during 2010-11

- 2664 contacts for new clients made during the year were dealt with solely at, or near to the point of first contact, an increase from 2457 during 2009-10.
- Peterborough Community Services and Cambridgeshire and Peterborough Foundation Trust reviewed a total of 4453 existing clients during the year, an increase from 4155 during 2009-10. There was however, a small decrease in the number of reviews carried out for adults aged 18-64 with mental health problems (443 in 09/10 – 422 in 10/11), or physical disabilities (827 in 2009-10 to 790 in 2010-11).
- The number of new clients assessed for adult social care services remained around the same with 2054 being assessed during 2010-11, 576 adults aged 18-64 and 1478 older people. 1601 of these new client assessments resulted in a social care support plan and services.
- A total of 5937 people received social care services during 2010-11, an increase from 5898 in the previous year.
- Numbers of younger adults in residential or nursing care during the year decreased from 168 in 2009-10 to 145 in 2010-11. The number of older people in residential / nursing care placements also decreased from 710 to 538.
- 2235 people received either self directed support or direct payments within the year, compared to 1055 in 2009-10. IN 2010-11 418 of these people went on to receive a direct payment as all or part of their care package (18.7%) compared to 164 (15.5%) in 2009-10.
- 95 carers received either self directed support or direct payments during 2010-11, compared to 56 in 2009-10.

At a previous meeting the Scrutiny committee received some analysis produced by CQC around the quality of care homes in the City. The Committee requested information around which of the local care homes accepted the Local Authority fee structure. The table below outlines the independent provider homes providing services for older people in the City, their current rating and date of last inspection. All bar two of the homes do accept placements under the Council's existing fees structure.

| Home Name and Location | Current rating | LA fees accepted |
|--|--------------------------------------|-----------------------------|
| Park House Nursing Home – Park Crescent | Excellent (December 2008) | Individual agreement |
| Lavender House - Broadway | Excellent (December 2009) | Yes |
| Broadleigh - Broadway | Good (September 2008) | Yes |
| Longueville Court – Orton Longueville | Good (April 2010) | Yes |
| Werrington Lodge - Werrington | Good (September 2008) | Yes |
| St Margaret's Rest Home – Aldermans Drive | Good (11 July 2008) | Yes |
| Star Residential – Star Road | Good (April 2009) | Yes |
| Philia Lodge – Eastfield Road | Good (August 2008) | Yes |
| The Tudors – North Street Stanground | Good (January 2008) | Yes |
| Florence House – Park Road | Good (January 2010) | Yes |
| Clair Francis retirement home – Park Road | Good (October 2008) | Yes |
| Field House - Eye | Good (October 2008) | Yes |
| Maxey House – Deeping Gate | Adequate (November 2009) | Yes |
| Astoria Park – Park Crescent | Adequate (January 2010) | Yes |
| Wentworth Croft - Bretton | Adequate (September 2009) | Yes |
| Avery House - Hampton | Adequate (March 2010) | No |

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 6 |
| 19 JULY 2011 | Public Report |

Report of the Interim Chief Operating Officer, NHS Peterborough

Contact Officer- Russ Platt, Interim Chief Operating Officer

Contact Details – russ.platt@peterboroughpct.nhs.uk

NHS Peterborough QIPP and Reform Plan 2010-2015

1. PURPOSE

- 1.1 This report is presented to brief the Commission on the context, scope and progress of the NHS Peterborough QIPP and Reform Plan.

2. RECOMMENDATIONS

- 2.1 To note and to agree how the Scrutiny Commission for Health Issues can be appraised of progress.

3. BACKGROUND

- 3.1 As part of a national process, NHS Peterborough has been working across the Care System to ensure there is a coordinated response to the challenges of delivering increased quality across health and social care, whilst at the same time responding to the financial pressures placed on the system by the downturn in the economy.

At the same time, the demand for health services continues to grow as the population grows and ages and as new treatments and technologies are developed. Therefore, we will have to make significant productivity improvements in order to manage our finances, meet the health need of our population and improve and sustain the quality of our services for the future.

If we do nothing differently and the demand for services continues to grow at the same rate as recent years, then we will have a financial gap of £100.34 million by the end of 2014/15. Productivity opportunities of up to £128.56 million have been identified in order to close this gap and plans have been developed or are under development to deliver the improvements required.

In order to tackle this together we have established a Health and Care Transformation Board consisting of the Chief Executives of the following organisations, together with a GP commissioner representing the Peterborough Clinical Commissioning Group:-

- NHS Peterborough
- Peterborough City Council
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- Peterborough Community Services

We have also established a Director level Delivery Board with representation from the same organisations in order to coordinate the delivery of the required change and ensure that change in one organisation does not have unforeseen consequences in other organisations.

4. The priority areas for work are:

We have developed a workstream structure to deliver change across a range of patient

pathways where we believe that we can the same or better care more efficiently.

4.1 Children and Maternity

The Children and Maternity work stream is focusing on three key areas in relation to acute and community based children's health services.

- Non-elective pathway development
- Paediatric elective pathway
- Maternity – working to improve quality and productivity of maternity services in Peterborough following recent CQC recommendations.

4.2 Acute Care

- Primary and Urgent Care Strategy - The Right Care at the Right Time
- More effective community management of patients with long term conditions/ambulatory care sensitive conditions – both routine and crisis management
- Agree local targets with the Ambulance Trust to ensure alternatives in place to reduce conveyances to A&E, with more patients triaged/treated at scene
- Continued patient education/engagement programmes to reduce A&E presentations, make clear the appropriate access points to urgent care
- Development of appropriate patient pathways in A&E underpinned by triaging/signposting so that patients access the right care provided by the right professional
- Ensure effective discharge processes are in place at the acute trusts, which result in reduced numbers of delayed patients
- Reduced numbers of patients having a readmission within 30 days

4.3 Planned Care

- A process to check the invoicing and costing of invoices
- Redesign programmes – dermatology, musculoskeletal and ophthalmology
- Contractual changes applied to services, e.g. minor oral surgery
- Application and interrogation of surgical thresholds and prior approvals

4.4 Mental Health and Learning Disability

- Developing more local community-based care and support services to replace high cost acute and residential placements
- Reviewing all secure Mental Health placements to ensure that the most appropriate level of care is provided
- Reviewing the appropriateness and costs of high cost residential placements across all services
- Focus on supported living and adult placement services, which are cost effective and deliver good outcomes

4.5 Health Improvement

- Teenage pregnancy and sexual health
- Childhood obesity
- Smoking

4.6 Primary Care

- Primary and Urgent Care Strategy – The Right Care at the Right Time
- Referral management, which includes the regular peer review between GPs of referrals being made
- Prescribing productivity gains
- Dentistry productivity gains

4.7 Community and older people

- Ensuring productivity in community nursing and health visiting
- Development of capacity within reablement and rapid response services
- Implementation of personal budgets and self-directed support
- Continuing care management
- Community-based long term condition programmes and pathways
- Single point of access to an integrated pathway
- Comprehensive and integrated single assessment process for mental health, social care and specialist care
- Single interagency care plans and joined up case management

4.8 End of Life

- Support preferred place of care
- Reduce unnecessary referrals, un-planned and emergency admissions to hospital
- Reduce length of stay in hospital where appropriate

4.9 Learning Disabilities

- Reduce the use of out of area placements
- Develop more cost effective local support services
- Provide more efficient and cost effective integrated health and social care services

5. KEY ISSUES

5.1 The delivery of the transformation covered under the QIPP work underway in Peterborough is of a very significant scale and a high degree of complexity and inter-related issues. The work to date has been undertaken to ensure that the changes that we are exploring have the agreement of each organisation and stakeholders within the system, but on the clear understanding that:-

- More detailed work will continue to be undertaken, on a partnership basis, to clearly understand the nature and implications of the detailed work streams;
- That the systems needs to retain the flexibility to amend or further develop planning so that it reflects as accurately as possible the respective positions of individual organisations moving forward and as the various schemes begin to be implemented.
- That stakeholders and the public and patients are fully engaged in our proposals

It is proposed that the Scrutiny Commission for Health Issues is kept up to date with progress and guidance is sought as to how that can best be achieved.

6. IMPLICATIONS

6.1 The report deals with matters that are nationally driven and relate to the whole city.

7. CONSULTATION

7.1 The PCT is currently engaging in a consultation on Primary and Urgent Care Commissioning Strategies for Peterborough – The Right Care at the Right Time. The Consultation runs until Thursday 18 August 2011.

Many of these plans are at an early stage of development. Where significant change is proposed we will return to the Scrutiny Commission.

8. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

8.1 *None*

9. APPENDICES

9.1 *None*

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 7 |
| 19 JULY 2011 | Public Report |

Report of the Executive Director of Public Health: Dr Andy Liggins

Contact Officer(s) – Sue Mitchell, AD Public Health
Contact Details – 01733 758530

FUTURE PROVISION OF EMERGENCY HORMONAL CONTRACEPTION TO YOUNG PEOPLE

1. PURPOSE

- 1.1 To update the Scrutiny Commission on the proposed future delivery of emergency hormonal contraception (EHC) to young people. This is in relation to the cessation of the sexual health service offered through pharmacies.

2. RECOMMENDATIONS

- 2.1 To consider the proposed delivery as a viable and sustainable option for increasing access to contraception to young people.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Increasing access to contraception is linked to NI 112: reducing unintended pregnancies within the under 18 age group, a national and Local Area Agreement indicator within the priority area of creating opportunities and tackling inequalities. It also supports meeting the national and local Chlamydia Screening target to screen 35% of the 15 – 25 year old population.

4 BACKGROUND

- 4.1 The pharmacy based sexual health service was funded initially by the Strategic Health Authority (SHA) as part of a wider successful bid to test innovative new schemes to increase access to contraceptive services for young people. The scheme provided free EHC, Chlamydia Screening and condoms to the under 25 population at a cost of approximately £30,000. In 2010/11 SHA funding for the scheme ended. In the context of the financial Turnaround situation and the poorer than expected take-up of the scheme, a decision was made by NHS Peterborough not to pick-up the costs of this scheme for continued funding.
- 4.2 This decision was challenged by the Local Pharmaceutical Committee (LPC) and escalated to the Scrutiny Commission for Health, who requested a review of the service. A review was undertaken based on revised delivery of the existing programme.
- 4.3 However, in the light of major changes both locally and nationally within the NHS a further and much more in-depth review was requested by the Chief Executive, Dr Zollinger-Read, of how all the sexual health and contraceptive services need to be delivered going forward. This in-depth review of HIV and Sexual Health service provision was completed in May 2011. As part of this work, options for delivering EHC to young people were further considered. The option that has been chosen does not include reinstating the pharmacy based scheme at this time. It is proposed that this becomes a new additional service delivered through the existing school nurse role in secondary education, pupil referral units (PRUs) and the Regional College. This is an effective way of providing increased access to clinical contraceptive advice and prescribing, but also the ongoing holistic support that many young people require.
- 4.4 This decision results in improved access for young people to EHC, contraceptive and other advice and Chlamydia Screening, whilst being delivered within existing resources. An initial non-recurrent setting up / training cost of £6,000 will be required. Agreement has been reached with the provider of school nursing services, and a training and implementation programme has been designed.

5 KEY ISSUES

5.1 The key issue to be considered by the Health Scrutiny Commission is that of improving access to clinical advice to young people in secondary education, but not re-instating the pharmacy based scheme – which was available to all young people up to aged 24 years. However, as previously described, access for all young people to sexual health and contraceptive advice is already available from the following locations:

- GP practices
- Walk-in Centre
- Young People’s Contraceptive and Sexual Health Services (CaSH) based at the Rivergate Centre
- Young People’s after school drop-ins where a range of holistic advice and information is given as well as sexual health and contraceptive advice
- Community-based C-Card sites (advice and free Condom distribution through the C-Card scheme)
- Community pharmacies

5.2 Members will be concerned to ensure that young people know where to go for the help and advice they need. This is something that has been addressed with other public and voluntary sector partners. A major promotional campaign targeting young people is underway to make sure they know how and where to access sexual health and contraceptive advice when they need it. This campaign also recognises risk taking behaviour resulting from alcohol and drugs, and offers advice and sign-posting to relevant agencies. It uses promotional materials, and works through social media known and accessed by young people in Peterborough. Throughout 2011/12, a three tier, *young people, sexual health and risk training* programme is in place to support front line practitioners who work directly with young people. The training programme looks at identifying risk taking behaviour and supporting young people to address their issues as well as how making appropriate referrals.

6. IMPLICATIONS

6.1 This service will be available to all secondary schools, including PRUs and in the Regional College. However, the number of schools participating would be determined by local school policy. EHC will be available through community pharmacies; however there will continue to be a charge.

7. CONSULTATION

7.1 Those already consulted within the development of the review include: School Nurse Lead, CaSH Service including the Outreach Lead who works directly with young people within 9 Secondary Schools; multi-agency Sexual Health Strategy Group. The results of the review have also been circulated widely for feedback and comment. An engagement plan is being implemented that includes consultation with the Local Pharmaceutical Committee, Head Teachers, Governors and appropriate SRE leads and young people.

8. NEXT STEPS

8.1 Equality Impact Assessment completed: 31st July 2011
Consultation process completed by: 30th September 2011
School Nurses phased training commence: October 2011 – January 2012
Planned commencement of the Scheme: October 2011 with a review after 6 months.

9. BACKGROUND DOCUMENTS

9.1 HIV and Sexual Health Review (May 2011)

10. APPENDICES

10.1 Correspondence from Dr Paul Zollinger-Read, CEO, NHS Peterborough

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Ms Louise Tyres
Scrutiny Manager
On behalf of the Scrutiny Commission for Health Issues
Democratic Services
Peterborough City Council
Town Hall
Bridge Street
Peterborough
PE1 1HG

Dear Louise

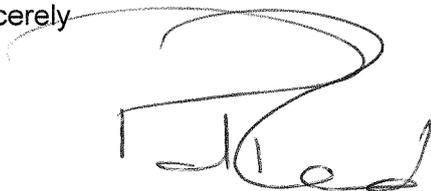
SCRUTINY COMMISSION FOR HEALTH ISSUES – PROVISION OF CONTRACEPTIVE AND SEXUAL HEALTH SERVICES

Thank you for your letter advising us of the outcome of the Scrutiny Commission to not support the NHS Peterborough decision to withdraw funding for the pharmacy based sexual health programme. I attach our responses to questions raised at the Scrutiny Commission.

As a result of the Scrutiny Commission decision, the programme is now under review with key stakeholders led by Cheryl McGuire (Public Health Specialist – Sexual Health) and Rita Bali, who represents the Local Pharmacy Committee (LPC). The review process is now almost complete and the conclusions of the review will be available by the next Scrutiny Commission. The review will provide recommendations to NHS Peterborough for the future delivery of the programme.

I assume this matter can be discussed at the next meeting of the Scrutiny Commission.

Yours sincerely



Dr Paul Zollinger-Read
Chief Executive

Enc

cc Denise Radley, Director of Adult Social Services
Sue Mitchell, Associate Director

NHS Peterborough response to Scrutiny Commission for Health Issues (held on 13 September 2010)

Response to questions raised by the Scrutiny Commission for Health to NHS Peterborough with regard to agenda item 2.1 - Decision to withdraw funding for the pharmacy based sexual health programme.

What are Sexual Health Services doing for ESOL patients?

The Contraceptive and Sexual Health (CaSH) service provides education and information to young people where English is their second language. Staff within other young people's services direct as appropriate onto CaSH services using Language Line. The Outreach programme has delivered sexual health sessions to groups in the Millfield, Gladstone and at Peterborough Regional College (PRC), targeting those young people who have English as a second language. The Sexual Health Outreach programme within the Regional College provides information and support for contraception, chlamydia screening and pregnancy testing as well as signposting onto relevant services. The CaSH service has good links with staff working with ESOL students within PRC and, when working with young people in one to one consultations Language Line would be utilised. The same process is embedded within the Department of Sexual Health whereby Language Line supports clinicians to support patients to receive accurate information in their native language.

All C-card (free condom scheme) information is written in three languages; Polish, Portuguese and Urdu, which reflects three of the largest ESOL populations in Peterborough. However, it also provides details in other languages of whom to contact for further information.

What access is there for young people to Sexual Health services who live outside the City Centre?

The Outreach delivery from the CaSH service delivers HYPAs (Health and Young People Advice) in 7 secondary schools. HYPAs are a multi agency 'drop-in' for young people to access a range of support provided by school nurses, youth workers, Drinksense and Bridgegate. The clinics have been led by the CaSH service and provide sexual health support around contraception, chlamydia screening, pregnancy testing as well as providing information/advice on other risk taking behaviour which can be linked to sexual health. They are based in Kings School; Ormiston Bushfield Academy, Thomas Deacon Academy, Stanground College, Orton Longueville School, The Voyager School and Ken Stimpson Community College. The catchment of each school can be vast and captures young people from a wide area across Peterborough. All schools have access to a school nurse who can provide Sexual Health support to young people across the school population.

The Contraceptive and Sexual Health service also promotes our clinics to some schools in Cambridgeshire and to any non-Peterborough residents attending Peterborough Regional College, who can access the clinic we provide twice per week on site. As the CaSH service is now co-located with and aligned to the Sexual Assault Referral Centre (SARC), it also promotes an integrated pathway across Peterborough and Cambridgeshire to sexual health provision.

The Youth Service also promotes our services and also offer C-card condoms in all areas of the City including the more rural areas of Peterborough. Emergency Hormonal Contraception (EHC) is accessible through CaSH clinics, HYPAs and also the Walk In Centre as well as GP surgeries. The CaSH young people team also try hard to meet the individual requirements of schools where a young person presents who urgently needs

EHC. This has once again become more widely used following the decision to withdraw funding for the pharmacy based sexual health programme.

We are currently training up more GPs and Health Practitioners to offer Long Acting Reversible Contraception (LARC) which young people can access through their local GP. This is a Department of Health led initiative which has provided some funding to roll out a training programme as the evidence is that LARC is an effective way to prevent unwanted pregnancies. The CaSH service has a LARC Clinical Lead in place to support local GPs and Health Practitioners to access the training and accreditation process locally.

In 2008 the PCT recruited a Contraceptive Nurse who has a specific remit to reduce the number of second teenage pregnancies. The post holder works with a large caseload of young women across Peterborough providing 1:1 support, advice around LARC (as well as supporting compliance), including signposting to the full range of sexual health support available. This nurse works across all boundaries in Peterborough.

What is the EHC uptake across Peterborough?

The following data relate to the 2009/10 financial year:

| | |
|--|---|
| Pharmacy based Sexual Health Programme | 256 (<25 years old only) |
| Walk in Centre | 720 (<i>approximation - all ages</i>) |
| GP surgeries | 931 (<i>all ages</i>) |
| CaSH service | 105 |
| GUM | data unavailable but small numbers only |

What is the cost of a Teenage pregnancy?

The average actual cost of an unintended teenage pregnancy is £1.050 (Bayer HealthCare report – Spring 2008). It was estimated that by investing in intrauterine system contraception (IUS or the 'coil') the total saving to NHS England in 2006 was approximately £86m. It was also estimated that by investing in EHC a saving of approximately £513m could be made.

However, the overall costs are much more than just financial. The social cost to young people who have an unintended pregnancy is huge. Evidence indicates the risk of teenage pregnancy is linked to level of deprivation and reduced life chances. It has a cyclical nature, passing from generation to generation. It prevents children and young people meeting the Every Child Matters outcomes. Additionally there is an increased risk of premature and low birth weight, a 60% higher infant mortality rate, increased risk of hospitalisation for accidental injuries, developmental delays and poor nutrition. Other factors to consider are:

- 63% increased risk of being born into poverty
- 3 x more likely to smoke throughout their pregnancy
- 50% less likely to breastfeed
- 3 x the rate of post-natal depression of older mothers
- As adults, 22% more likely to be living in poverty, unemployed or living with a partner and 20% more likely to have no qualifications

For further information/queries please contact ; cheryl.mcguire@peterboroughpct.nhs.uk

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 8 |
| 19 JULY 2011 | Public Report |

Report of the Executive Director of Adult Social Services

Contact Officer: Denise Radley
Contact Details: 01733 758444

PETERBOROUGH SAFEGUARDING ADULTS – UPDATE REPORT

1. PURPOSE

- 1.1 The purpose of this report is to ask the Scrutiny Commission to consider, challenge and comment on the latest performance report on adult safeguarding (attached as appendix 1).

2. RECOMMENDATIONS

- 2.1 That the Scrutiny Commission notes, and comments on, the performance report on adult safeguarding.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Safeguarding vulnerable adults is at the heart of the Sustainable Community Strategy. Our ambition includes working to help the people of Peterborough "be protected from abuse, discrimination and harassment".

4. BACKGROUND

- 4.1 Since the Scrutiny Commission meeting in March 2011, the Safeguarding Adults Board has met in April and June 2011. The latest performance information is attached for consideration by the Scrutiny Commission.

5. NEXT STEPS

- 5.1 Safeguarding adults reports are submitted to the Scrutiny Commission on a quarterly basis.

6. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 6.1 None.

7. APPENDICES

- 7.1 Safeguarding Adults Board report 24 June 2011.

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SAFEGUARDING ADULTS - BASED ON THE PERFORMANCE REPORT TO THE SAFEGUARDING BOARD – 24 JUNE 2011

1.0 INTRODUCTION

1.1 The Board is asked to receive and discuss this report which covers data relating to safeguarding practice by PCS [CCS] and CPFT from June 2010 up to and including May 2011. There is a particular focus on the months of April and May 2011, with the months of April 2010 to March 2011 analysed in earlier reports.

2.0 PERFORMANCE DATA

2.1 Performance data for the period June 2010 to May 2011 is attached.

3.0 ANALYSIS

3.1 There have been 469 referrals in the last 12 months, 74 of these fell in the current reporting period (32 in April and 42 in May). As a measure of activity, and by way of comparison, the rolling 12 month average is 39 referrals per month)

*(74 referrals equal around 16% of the 12 month total. If total performance for a year is 100% and performance never varied each month's performance would be one 12th of 100% or 8.3%, 2 months 16.6% and so on)

3.2 During the current reporting period there have also been 49 alerts that have not progressed to referral – adding these to the (74) referrals make a total of 123 recorded cases actioned.

49 non-progressing alerts equate to 22% of the 12 month total, with activity in April (22) and May (27) falling well above the 12 month rolling average of 19.

3.3 The most significant referral groups over the last 12 months have been White British (86% of the total referral group) female (65%) resident in their own home (55%), have a physical and sensory disability/frailty (55%) and over 65 yrs of age (60%) with 37% of these being 80 or over.

3.4 No analysis has been done so far to determine the interdependence of these factors to create a client profile.

3.5 A dip in referrals for these groups seems to have taken place from Feb-April with May activity possibly starting to show a return to more ordinary levels

3.6 Other significant trends are the increase in referrals relating to clients with Mental Health recorded as their Primary Need Category which have been consistently high over the past three months, the significant decrease in referrals from social workers/care managers (dropping to 1 in April, rising to 6 in May but still below the rolling 12 month average of 9) and the unusually high number of alerts not progressing to referrals – although more work needs to be done to see if this is a data quality/recording issue.

3.7 Further details of current and ongoing performance relating to referrals is attached.

3.8 Over the last 12 months -

- Just over 81% of Alerts have been responded to within the 24 hour deadline. Performance in April rose to 85% dropping back down to 74% in May
- Over 57% of Strategy Meetings/discussions took place within the 5 day deadline. April and May performance (76% and 78% respectively) way surpasses this.
- Just over 62% of Investigation Reports were completed within the 20 day deadline. April and May performance fell well below this at 49% and 43% respectively.

3.9 We recognise that there will always be a certain short fall due to weekends, the need for the worker to gather further information before making a decision or intervening Bank Holidays. This does perhaps need to be reflected in current reporting and should become more evident if the Board accepts the proposal to move to reporting for Key Performance Indicators on a 'cases opened in month' rather than 'cases closed in month' basis.

3.10 Over the last 12 months –

- Roughly a third of referrals have closed with the claim substantiated with a further third unsubstantiated. In April, of cases closed in month significantly more claims were unsubstantiated than substantiated (16 compared to 7)
- Around 57% of referrals had an outcome of 'no further action', the next most common outcome being 'increased monitoring' (20%). Unfortunately due to missing data it is not possible to draw an accurate picture for cases closed in April and May.

4.0 PROPOSED KEY PERFORMANCE INDICATORS

4.1 It is proposed that as part of monitoring and tracking the progress of alerts and referrals targets be set to measure our performance and effectiveness.

4.2 It is proposed that we will table our thinking on our approach to performance targets at the next Eastern regional safeguarding group for peer challenge and review.

5.0 SAFEGUARDING TRAINING

5.1 Attendance data for the current reporting period is available.

5.2 When examining the data it should be noted that attendees from the Independent sector face particular problems when attending training not faced by PCS staff including

- Not being paid to attend training
- Training occurring on their days off (not paid or refunded annual leave)
- Having to cover at short notice for other members of staff
- Being expected to attend training after a night shift

6.0 QUALITY

6.1 Quality of data on the RAISE system on safeguarding activity is a challenging issue, and one that needs to be effectively managed through systematic monitoring of the

data and timely feedback to the respective operational teams in order that data can be cleansed at a team and individual granular level.

6.2 Specific data quality and recording issues include:

- The quality of alert recording forms missing from RAISE
- The number of cases where an outcome for the victim is not recorded – typically those subsequently recorded as required ‘not further action’
- The number of cases where alerts have not be re-designated as referrals despite significant case activity
- The number of cases where a case type other than safeguarding alert or referral has been recorded
- The number of cases where more than one type of abuse has been recorded without including the ‘multiple abuse’ tag
- The length of time taken for some cases to be closed
- Data is being entered which is not consistent with the nationally agreed AVA categories

6.3 More emphasis will be placed on regular data cleansing from August 2011as follows:

- Data quality reports will be supplied to the operational teams on monthly basis and these will be issued out to the respective teams and individuals for rectification by the Safeguarding strategic unit and tracked for completion.
- This activity will be reported to the Safeguarding Adults Board. In addition to this the Strategic Safeguarding Unit will go out to teams to present the issues around safeguarding data and our expectation around this area of activity
- However due to the volume of data quality problems it is suggested that new data quality issues will be addressed each month as above, with a gradual stepped backward cleansing of older cases over time.

7.0 RECOMMENDATION

7.1 The Board is asked to consider and comment on information provided in this report.

7.2 The Board is asked to endorse the planned activity by the Strategic Safeguarding Unit to performance manage effectively in all aspects of safeguarding activity across the partnership.

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Appendix 1 Referrals data

Alert = initial safeguarding notification

| | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | YTD average |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|
| TOTAL Referrals | | | | | | | | | | | | | |
| TOTAL Referrals | 39 | 40 | 39 | 48 | 53 | 26 | 35 | 45 | 32 | 38 | 32 | 42 | 39 |
| Age breakdown | | | | | | | | | | | | | |
| 18 to 30 | 1 | 3 | 3 | 5 | 3 | 2 | 2 | 4 | 4 | 3 | 8 | 4 | 4 |
| 31 to 45 | 6 | 6 | 2 | 9 | 7 | 7 | 3 | 5 | 6 | 8 | 1 | 2 | 5 |
| 46 to 64 | 5 | 7 | 7 | 8 | 7 | 5 | 7 | 12 | 4 | 6 | 5 | 9 | 7 |
| 65 to 79 | 11 | 5 | 9 | 13 | 11 | 6 | 9 | 8 | 9 | 11 | 6 | 10 | 9 |
| 80+ | 16 | 19 | 18 | 13 | 25 | 6 | 14 | 16 | 9 | 10 | 12 | 17 | 15 |
| Whereabouts at time of incident | | | | | | | | | | | | | |
| Care home permanent | 1 | 4 | 3 | 1 | 5 | 0 | 4 | 7 | 0 | 4 | 5 | 4 | 3 |
| Day Centre / service | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Local acute hospital | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 |
| Multiple | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 1 | 1 |
| Nursing home permanent | 8 | 2 | 4 | 7 | 11 | 0 | 6 | 2 | 8 | 4 | 2 | 3 | 5 |
| Own Home | 15 | 22 | 20 | 26 | 27 | 21 | 20 | 28 | 16 | 20 | 18 | 26 | 22 |
| Public place | 3 | 1 | 2 | 1 | 0 | 2 | 0 | 1 | 1 | 1 | 0 | 0 | 1 |
| unknown | 2 | 1 | 3 | 3 | 3 | 2 | 2 | 0 | 2 | 3 | 2 | 5 | 2 |
| Care home temporary | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Supported accommodation | 6 | 5 | 3 | 1 | 0 | 0 | 1 | 2 | 0 | 3 | 1 | 1 | 2 |
| Alleged perpetrator's home | 1 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 1 | 0 | 1 |
| Other health setting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mental health in patient setting | 2 | 0 | 1 | 2 | 2 | 0 | 2 | 1 | 2 | 1 | 1 | 1 | 1 |
| Education / Training / Workplace | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Community Hospital | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nursing home temporary | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Gender | | | | | | | | | | | | | |
| Female | 28 | 24 | 22 | 32 | 35 | 17 | 27 | 29 | 22 | 22 | 23 | 25 | 26 |
| Male | 11 | 16 | 17 | 16 | 18 | 9 | 7 | 16 | 9 | 16 | 9 | 16 | 13 |
| Unknown yet | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 1 | 0 |

67

| | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | YTD average |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------------|
| Ethnic origin | | | | | | | | | | | | | |
| 1 - White | 36 | 38 | 35 | 37 | 46 | 18 | 31 | 40 | 27 | 27 | 28 | 38 | 33 |
| 2 - Mixed | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 3 - Asian or Asian British | 2 | 1 | 2 | 3 | 2 | 4 | 2 | 3 | 1 | 4 | 1 | 2 | 2 |
| 4 - Black or Black British | 0 | 1 | 0 | 0 | 4 | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 1 |
| 5 - Other Ethnic Groups | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 - Not stated | 1 | 0 | 1 | 7 | 0 | 1 | 2 | 1 | 3 | 5 | 2 | 2 | 2 |
| Ethnic origin - White break down | | | | | | | | | | | | | |
| White - British | 33 | 35 | 33 | 35 | 41 | 17 | 30 | 38 | 26 | 25 | 28 | 35 | 31 |
| White - European | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White - Irish | 2 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 1 |
| White - Italian | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White Other | 1 | 0 | 1 | 2 | 4 | 1 | 0 | 2 | 1 | 1 | 0 | 2 | 1 |
| unknown | 1 | 0 | 1 | 6 | 0 | 1 | 2 | 1 | 3 | 4 | 1 | 2 | 2 |
| Vulnerable adult client group | | | | | | | | | | | | | |
| Learning Disability | 10 | 5 | 3 | 4 | 8 | 4 | 1 | 1 | 4 | 4 | 2 | 2 | 4 |
| Mental Health | 3 | 1 | 2 | 15 | 11 | 11 | 7 | 11 | 8 | 14 | 13 | 14 | 9 |
| of which Dementia | 1 | 0 | 0 | 4 | 5 | 2 | 0 | 3 | 4 | 6 | 2 | 3 | 3 |
| Physical And Sensory Disability/frailty | 25 | 33 | 31 | 25 | 33 | 9 | 27 | 30 | 18 | 18 | 15 | 24 | 24 |
| of which Sensory | 4 | 3 | 2 | 3 | 2 | 1 | 2 | 3 | 1 | 2 | 0 | 5 | 2 |
| Other Vulnerable People | 0 | 0 | 3 | 2 | 1 | 2 | 0 | 3 | 2 | 1 | 0 | 1 | 1 |
| Substance Misuse | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| not recorded | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 1 | 1 |
| Self funding | | | | | | | | | | | | | |
| Commissioned by Another CASSR | 1 | 0 | 1 | 1 | 3 | 0 | 2 | 0 | 3 | 2 | 1 | 0 | 1 |
| No Service | 4 | 5 | 8 | 14 | 7 | 13 | 9 | 13 | 5 | 13 | 3 | 2 | 8 |
| not recorded | 3 | 6 | 4 | 9 | 7 | 2 | 2 | 5 | 6 | 9 | 18 | 17 | 7 |
| Own Council Commissioned Service | 23 | 25 | 23 | 18 | 30 | 10 | 20 | 21 | 15 | 12 | 8 | 22 | 19 |
| Self Funded service | 0 | 1 | 1 | 4 | 3 | 1 | 2 | 4 | 1 | 0 | 2 | 0 | 2 |
| Service funded by Health | 8 | 3 | 2 | 2 | 3 | 0 | 0 | 2 | 2 | 2 | 0 | 1 | 2 |

| | Jun-10 | Jul-10 | Aug-10 | Sep-10 | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | YTD average |
|--|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| Type of Abuse | | | | | | | | | | | | | |
| Emotional (including as element of multiple abuse) | 6 | 7 | 11 | 13 | 13 | 16 | 8 | 16 | 7 | 9 | 6 | 12 | 10 |
| Financial (including as element of multiple abuse) | 17 | 18 | 14 | 16 | 18 | 12 | 13 | 15 | 11 | 11 | 10 | 18 | 14 |
| Multiple | 7 | 8 | 13 | 20 | 20 | 13 | 10 | 15 | 7 | 9 | 7 | 10 | 12 |
| <i>of which Physical</i> | 3 | 7 | 6 | 15 | 13 | 6 | 7 | 11 | 4 | 8 | 7 | 8 | 8 |
| <i>of which Sexual</i> | 1 | 0 | 2 | 3 | 0 | 2 | 0 | 1 | 3 | 2 | 1 | 1 | 1 |
| <i>of which Emotional</i> | 3 | 5 | 8 | 12 | 10 | 12 | 6 | 13 | 6 | 6 | 3 | 10 | 8 |
| <i>of which Financial</i> | 3 | 3 | 7 | 6 | 9 | 7 | 4 | 6 | 4 | 2 | 3 | 5 | 5 |
| <i>of which discriminatory</i> | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>of which Institutional</i> | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| <i>of which Neglect</i> | 4 | 2 | 6 | 5 | 9 | 3 | 2 | 2 | 1 | 2 | 1 | 0 | 3 |
| Neglect (including as element of multiple abuse) | 6 | 11 | 14 | 11 | 14 | 3 | 3 | 4 | 5 | 8 | 3 | 3 | 7 |
| not recorded | 0 | 1 | 2 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 3 | 3 | 1 |
| Physical (including as element of multiple abuse) | 15 | 9 | 11 | 23 | 26 | 10 | 19 | 26 | 14 | 18 | 17 | 17 | 17 |
| Sexual (including as element of multiple abuse) | 2 | 3 | 3 | 4 | 1 | 2 | 1 | 2 | 6 | 2 | 1 | 2 | 2 |
| Institutional (including as element of multiple abuse) | 0 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 |
| Has a Direct Payment + Financial Abuse | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | | | | 0 |
| Had a Direct Payment + Financial Abuse | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | | 0 |
| Referral Source | | | | | | | | | | | | | |
| Care Quality Commission | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 |
| Day care staff | 0 | 0 | 1 | 3 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 1 |
| Domiciliary staff | 0 | 1 | 2 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 0 | 1 | 1 |
| Education/training/workplace establishment | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Family member | 3 | 3 | 2 | 2 | 5 | 0 | 0 | 1 | 2 | 5 | 3 | 3 | 2 |
| Friend/neighbour | 0 | 0 | 0 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Health primary/community health staff | 0 | 3 | 4 | 5 | 1 | 3 | 3 | 0 | 0 | 3 | 6 | 2 | 3 |
| Health secondary | 2 | 2 | 1 | 2 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 2 | 1 |
| Housing | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 2 | 0 | 2 | 3 | 2 | 1 |
| Mental Health | 3 | 0 | 3 | 12 | 9 | 9 | 10 | 9 | 10 | 8 | 9 | 12 | 8 |
| Other | 4 | 9 | 6 | 8 | 9 | 5 | 7 | 7 | 5 | 3 | 4 | 3 | 6 |
| Police | 1 | 1 | 2 | 3 | 0 | 2 | 1 | 2 | 1 | 2 | 2 | 0 | 1 |
| Residential care staff | 3 | 3 | 5 | 2 | 6 | 0 | 2 | 7 | 6 | 9 | 3 | 7 | 4 |
| Self referral | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 3 | 0 | 1 | 0 | 1 | 1 |
| Social care Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Social worker/Care manager | 21 | 17 | 13 | 9 | 14 | 5 | 8 | 11 | 4 | 2 | 1 | 6 | 9 |
| Alerts | | | | | | | | | | | | | |
| Alerts not progressing to a referral | 22 | 13 | 14 | 14 | 13 | 8 | 11 | 17 | 26 | 36 | 22 | 27 | 19 |

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 9 |
| 19 JULY 2011 | Public Report |

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

FORWARD PLAN OF KEY DECISIONS

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Council's Forward Plan.

2. RECOMMENDATIONS

- 2.1 That the Commission identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

- 3.1 The latest version of the Forward Plan is attached at Appendix 1. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 3.2 The information in the Forward Plan provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 A new version of the Forward Plan will be issued on 15 July and copies will be tabled at the meeting.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan.

5. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

None

6. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

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**PETERBOROUGH CITY
COUNCIL'S FORWARD PLAN
1 JULY 2011 TO 31 OCTOBER 2011**

FORWARD PLAN OF KEY DECISIONS - 1 JULY 2011 TO 31 OCTOBER 2011

During the period from 1 July 2011 To 31 October 2011 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

This Forward Plan should be seen as an outline of the proposed decisions and it will be updated on a monthly basis. The dates detailed within the Plan are subject to change and those items amended or identified for decision more than one month in advance will be carried over to forthcoming plans. Each new plan supersedes the previous plan. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to alexander.daynes@peterborough.gov.uk or by telephone on 01733 452447.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed and the papers listed on the Plan can be viewed free of charge although there will be a postage and photocopying charge for any copies made. All decisions will be posted on the Council's website: www.peterborough.gov.uk. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this plan.

NEW ITEMS THIS MONTH:

St Michael's Primary School, Cardea - KEY/01JUL/11

Amendment to terms of the Affordable Housing Fund Allocation for Stanground South phases, 3E, 3F, 3G, 3H and 3I - KEY/02JUL/11

Energy Services Company - KEY/03JUL/11

Expansion to Hampton College - KEY/04JUL/11

Traffic Signals LED Project - award of contract - KEY/03SEP/11

JULY

| KEY DECISION REQUIRED | DATE OF DECISION | DECISION MAKER | RELEVANT SCRUTINY COMMITTEE | CONSULTATION | CONTACT DETAILS / REPORT AUTHORS | REPORTS |
|--|------------------|--|-----------------------------|---|--|---|
| <p>Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10</p> <p>To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Vawser Lodge</p> | <p>July 2011</p> | <p>Cabinet Member for Resources</p> | <p>Sustainable Growth</p> | <p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate</p> | <p>Sandra Neely Temp Capital Projects Officer Tel: 01733 384541 sandra.neely@peterborough.gov.uk</p> | <p>A public report will be available from the governance team one week before the decision is taken</p> |

| | | | | | | |
|---|-----------|---|--------------------|---|--|---|
| <p>Security Framework Contract - lot 2 - KEY/09DEC/10 Award lot 2 of framework contract; cash collection and cash in transit services, delivering services for the council such as collecting cash from parking meters and banking it securely.</p> | July 2011 | Cabinet Member for Resources | Sustainable Growth | Internal and external stakeholders as appropriate | Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk | A public report will be available from the governance team one week before the decision is made |
| <p>Section 75 Agreements with Cambridgeshire Community Services, NHS Peterborough and Cambridge & Peterborough Foundation Trust - KEY/12FEB/11 Approval of s.75 Agreements with Cambridgeshire Community Services for the provision of Adult Social Care; with NHS Peterborough for the provision of Learning Disability Services; and with Cambridge & Peterborough Foundation Trust for the provision of mental health services.</p> | July 2011 | Cabinet Member for Adult Social Care | Health Issues | Relevant internal and external Stakeholders | Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk | A public report will be available from the Governance Team one week before the decision is taken. |

| | | | | | | |
|--|-----------|--|--|--|---|---|
| <p>Adult Drug Treatment Plan 2011-2014 - KEY/04MAR/11 To approve the plan.</p> | July 2011 | <p>Cabinet Member for Community Cohesion and Safety</p> | Strong and Supportive Communities | Safer Peterborough Partnership Board; SPP Delivery Board; SPP Adult Joint Commissioning Group for Drugs; local service providers; and the local service user group, SUGA | <p>Karen Kibblewhite Safer Peterborough Manager - Cutting Crime Tel: 01733 864122 karen.kibblewhite@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken</p> |
| <p>Social Work Practice Pilot - KEY/01APR/11 Agree arrangements for the procurement and provision of Social Work Practice Pilots for children in care.</p> | July 2011 | <p>Cabinet Member for Children's Services</p> | Creating Opportunities and Tackling Inequalities | Social work staff; children in care; corporate parenting panel members and Trade Unions | <p>Andrew Brunt Assistant Director - Families and Communities andrew.brunt@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is made.</p> |
| <p>Museum Redevelopment Project - part 2 - KEY/02MAY/11 To approve the contract award for the fit-out and exhibition display element of the redevelopment works</p> | July 2011 | <p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p> | Strong and Supportive Communities | Consultation will take place with relevant internal stakeholders as appropriate | <p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken</p> |

| | | | | | | |
|---|-----------|--|-----------------------------------|---|---|--|
| <p>Collaboration agreement with Registered Providers of Affordable Housing - KEY/06JUN/11 Authorise the Chief Executive in consultation with the Cabinet member for Growth, Strategic Planning and Economic Development and the Cabinet member for Housing, Neighbourhoods and Planning to negotiate final terms allowing the Council to enter into a non-binding collaboration agreement with Register Providers of Affordable Housing</p> | July 2011 | <p>Cabinet Member for Housing, Neighbourhoods and Planning</p> | Strong and Supportive Communities | Internal and External Stakeholders as appropriate | <p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk</p> | <p>A public report will be available from the governance team one week before the decision is taken.</p> |
| <p>Key Theatre - Phase 3 Extension - KEY/07JUN/11 To award the contract for the extension to house the following:- changing rooms, office accommodation, storage, rehearsal area and rewire to original building.</p> | July 2011 | <p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p> | Strong and Supportive Communities | With Vivacity, Enterprise and City Council officers | <p>Steven Morris Partnership & Procurement Commissioning Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken.</p> |

| | | | | | | |
|---|-----------|--|--|---|---|---|
| <p>Termination of Transitions Contract - KEY/08JUN/11 To terminate the transitions contract due to budget constraints - the total contract value is over £500k.</p> | July 2011 | Cabinet Member for Children's Services | Creating Opportunities and Tackling Inequalities | Consultation has been carried out with the Assistant Director for Education & Resources, Legal Services and the 8-19 service. | Jonathan Lewis Assistant Director - Resources, Commissioning and Performance jonathan.lewis@peterborough.gov.uk | A public report will be available from the Governance Team one week before the decision is taken |
| <p>Extension of Home to School Contracts - KEY/10JUN/11 To extend the current home to school contracts.</p> | July 2011 | Cabinet Member for Education, Skills and University | Creating Opportunities and Tackling Inequalities | Internal departments as appropriate. | Cathy Summers Team Manager - Passenger Transport Contracts and Planning cathy.summers@peterborough.gov.uk | A public report will be available from the Governance Team one week before the decision is taken. |
| <p>Orton Longueville School and Stanground College - KEY/13JUN/11 To vary the Ormiston Bushfield Academy (OBA) Design and Build Contract with Kier Regional Ltd (trading as Kier Eastern) to allow for the design and build of Orton Longueville School and Stanground College</p> | July 2011 | Cabinet Member for Education, Skills and University, Cabinet Member for Resources | Creating Opportunities and Tackling Inequalities | Executive Director Children Services, Executive Director Resources, Solicitor to the Council, Ward Councillors | Brian Howard PFI Project Manager Tel: 01733 863976 brian.howard@peterborough.gov.uk | A public report will be available from the governance team one week before the decision is taken |

| | | | | | | |
|---|-----------|--|---|---|---|--|
| <p>St Michael's Primary School, Cardea - KEY/01JUL/11 To authorise payment for building St Michael's Primary School to the Diocese of Ely</p> | July 2011 | <p>Cabinet Member for Education, Skills and University</p> | <p>Creating Opportunities and Tackling Inequalities</p> | <p>Relevant internal stakeholders as appropriate</p> | <p>Alison Chambers Asset Development Officer alison.chambers@peterborough.gov.uk</p> | <p>A public report will be available from the Governance team one week before the decision is taken.</p> |
| <p>Amendment to terms of the Affordable Housing Fund Allocation for Stanground South phases, 3E, 3F, 3G, 3H and 3I - KEY/02JUL/11 To approve conversion of the tenure of rented units to be provided on this site from 'social rented' tenure to 'affordable rented' tenure.</p> | July 2011 | <p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p> | <p>Sustainable Growth</p> | <p>Relevant internal Departments and external stakeholders.</p> | <p>Anne Keogh Housing Strategy Manager anne.keogh@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken.</p> |
| <p>Energy Services Company - KEY/03JUL/11 To consider potential future developments of energy related products.</p> | July 2011 | <p>Cabinet Member for Environment Capital, Cabinet Member for Resources</p> | <p>Environment Capital</p> | <p>Internal and External Stakeholders</p> | <p>John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken.</p> |

| | | | | | | |
|---|------------------|---|---|---|---|--|
| <p>Expansion to Hampton College - KEY/04JUL/11 To approve the forward build of phase 2 of Hampton College.</p> | <p>July 2011</p> | <p>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p> | <p>Creating Opportunities and Tackling Inequalities</p> | <p>Internal and external stakeholders</p> | <p>Jonathan Lewis Assistant Director - Resources, Commissioning and Performance jonathan.lewis@peterborough.gov.uk</p> | <p>A public report will be available from the Governance team one week before the decision is taken.</p> |
|---|------------------|---|---|---|---|--|

AUGUST

There are currently no Key Decisions scheduled for August

SEPTEMBER

| KEY DECISION REQUIRED | DATE OF DECISION | DECISION MAKER | RELEVANT SCRUTINY COMMITTEE | CONSULTATION | CONTACT DETAILS / REPORT AUTHORS | REPORTS |
|---|------------------|-------------------------------------|---|--|--|---|
| Draft Housing Strategy - KEY/04JUN/11 To approve the draft Housing Strategy 2011-2014 for the purposes of public consultation. | September 2011 | Cabinet | Strong & Supportive Communities | Internal and External as appropriate | Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk | A public report will be made available from the governance team one week before the decision is made. |
| Manor Drive Managed Service – Procurement through the Services Competitive Dialogue Process - KEY/01SEP/11 To approve contract award to preferred bidder. | September 2011 | Cabinet Member for Resources | Sustainable Growth | Internal departments, Unions, Staff | Andrew Cox Senior Category Manager andy.cox@peterborough.gov.uk | A public report will be available from the governance team one week before the decision is taken |
| Single Equality Scheme - KEY/02SEP/11 To approve the final scheme following consultation | September 2011 | Cabinet | Creating Opportunities and Tackling Inequalities. | Public consultation via stakeholders and partnerships. | Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk | A public report will be available from the governance team one week before the decision is taken. |

| | | | | | | |
|---|-----------------------|---|----------------------------|--|---|--|
| <p>Traffic Signals LED Project - award of contract - KEY/03SEP/11 Contract to replace all traffic signal head lamps in Peterborough with LED as LED Heads are more efficient brighter, safer and have a much longer life.</p> | <p>September 2011</p> | <p>Cabinet Member for Housing, Neighbourhoods and Planning</p> | <p>Environment Capital</p> | <p>Internal and external stakeholders as appropriate</p> | <p>Amy Wardell Team Manager - Passenger Transport Projects Tel: 01733 317481 amy.wardell@peterborough.gov.uk</p> | <p>A public report will be available from the Governance Team one week before the decision is taken.</p> |
|---|-----------------------|---|----------------------------|--|---|--|

OCTOBER

There are currently no Key Decisions scheduled for October.

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**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2011/12**

| Meeting Date | Item | Progress |
|---|--|--------------------|
| 14 June 2011 <i>Draft report 3 June</i> <i>Final report 27 May</i> | Primary Care and Urgent Care Review To be consulted on the Primary Care and Urgent Care Review and make any recommendations. Contact Officer: Peter Wightman, NHS Peterborough | Meeting adjourned. |
| 27 June 2011 | Primary Care and Urgent Care Review – reconvened meeting from 14 June 2011 | |
| 19 July 2011 <i>Draft report 1 July</i> <i>Final report 8 July</i> | Future Provision of Emergency Hormonal Contraception to Young People To consider the review of the provision of contraceptive and sexual health services. Contact Officer: Sue Mitchell/Cheryl. McGuire, NHS Peterborough | |
| | Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, NHS Peterborough | |
| | QIPP (Quality, Innovation, Productivity and Prevention) Plan To receive a report on the new Quality Innovation Productivity and Prevention Plan which lays out the system wide work over the next four years to deliver significant quality improvement in the context of the financial pressures on the health system. Contact Officer: Russ Platt, Interim Chief Operating Officer, NHS Peterborough | |

| Meeting Date | Item | Progress |
|--|---|----------|
| | <p>Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Officer: Denise Radley</p> | |
| | | |
| <p>13 September 2011 <i>Draft report 26 August</i> <i>Final report 2 Sept</i></p> | <p>Evaluation of the NACRO Young Men’s Project To scrutinise the evaluation of the NACRO Young Men’s Project. Contact Officer: Sherry Peck</p> | |
| | <p>Review of Day Services To consider and scrutinise the review of day services. Contact Officer: Jacqueline Hanratty, NHS Peterborough</p> | |
| | <p>Primary Care and Urgent Care Review – Outcome of Consultation To scrutinise the outcome of the Primary Care and Urgent Care Review Consultation. Contact Officer: Peter Wightman, NHS Peterborough</p> | |
| | | |
| <p>15 November 2011 <i>Draft report 28 Oct</i> <i>Final report 4 Nov</i></p> | <p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, NHS Peterborough</p> | |
| | <p>Mental Health Trust – Inpatient Services To consider inpatient services at the Mental Health Trust. Contact Officer: Cathy Mitchell, NHS Peterborough</p> | |

| Meeting Date | Item | Progress |
|---|---|----------|
| | <p>Peterborough and Stamford Trust – Update</p> <p>Contact Officer: Jane Pigg</p> | |
| | <p>Peterborough Safeguarding Adults – Quarterly Report</p> <p>To scrutinise the latest Safeguarding Adults quarterly report.</p> <p>Contact Officer: Denise Radley</p> | |
| | | |
| <p>5 January 2012</p> <p>(Joint Meeting of the Scrutiny Committees and Commissions)</p> | <p>Budget 2012/13 and Medium Term Financial Plan</p> <p>To scrutinise the Executive’s proposals for the Budget 2011/12 and Medium Term Financial Plan.</p> <p>Contact Officer: John Harrison/Steven Pilsworth</p> | |
| | | |
| <p>17 January 2012</p> <p><i>Draft report 30 Dec</i></p> <p><i>Final report 6 Jan</i></p> | <p>Quality of Care Homes in Peterborough</p> <p>To consider the quality of the care homes in the City, including dementia care</p> <p>Contact Officer: Denise Radley</p> | |
| | | |
| <p>13 March 2012</p> <p><i>Draft report 24 Feb</i></p> <p><i>Final report 2 March</i></p> | <p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To scrutinise the performance on adult social care services and make any appropriate recommendations.</p> <p>Contact Officer: Tina Hornsby, NHS Peterborough</p> | |
| | <p>Peterborough Safeguarding Adults – Quarterly Report</p> <p>To scrutinise the latest Safeguarding Adults quarterly report.</p> <p>Contact Office: Denise Radley</p> | |

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