PETERBOROUGH CITY COUNCIL

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 13 SEPTEMBER 2011
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. Apologies

2. Declarations of Interest and Whipping Declarations

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.

3. Minutes

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

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.

The full detailed report will be published on 9 September 2011

8.	**Forward Plan of Key Decisions**	**43 - 56**
9.	**Work Programme**	**57 - 60**

10. Date of Next Meeting

Tuesday, 15 November 2011

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Paulina Ford on 01733 452508 as soon as possible.

Emergency Evacuation Procedure – Outside Normal Office Hours

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Committee Members:

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

NHS Peterborough have requested that the following comments be noted with regard to the minutes from the meetings held on 14 and 27 June 2011

COMMENTS REGARDING MINUTES OF MEETING HELD ON 14 JUNE 2011

Page 3 – First response bullet
Add sentence – "Dr Caskey is the only GP on the PCT Board and would not be allowed to vote on this matter due to his potential conflict of interest."

Page 4 – bullet 4 (Out of hours appointments)
Replace "Yes" with "Virtually all practices currently offer bookable appointments in extended hours (evenings or Saturday mornings)"

Page 4- bullet 9
Suggest replacement of PCT response text with the following: "If the Alma Road services continues (as in option 1 or 2) the practice needs to move from current temporary premises to permanent premises. The PCT is looking at potential locations, near to the current facility. This includes current NHS buildings that are not fully utilised. One option would be the Healthy Living Centre. This option has been discussed and identified as suitable with Alma Road surgery team"

Page 5 – Bullet 8 North Street
Add sentence: "Option 3 is to move the North Street surgery to new premises and leave their current building."

Page 6 – Bullet 5 Orton building

Edit text as follows: "the existing surgery building was **originally** [not "only"] designed for one practice **and** [add word] would be reconfigured to ….."

Page 6 – Bullet 6 Orton budget

First part of PCT response, replace : "The" with "Most of the"

Page 6 – Bullet 9 Finance
Add extra sentence at the end… "NHSP would be willing to meet with members who wanted to discuss financial information in more detail."

COMMENTS REGARDING MINUTES OF MEETING HELD ON 27 JUNE 2011

Page 11, bullet 9 - range of options
PCT response after "only included options" add "in the consultation document"

Page 12 – bullet 5 – section 106 monies
Edit text - "The monies contributed were [add – "used for health care premises, but"]"

Page 12 – bullet 8 – Minor injuries unit hours
Replace PCT response with, “During 8am to 8pm sports injuries would be seen at the Minor injuries unit. Outside these hours they would be seen at the Hospital Emergency Department. These hours replace to the period of the day when minor attendances are highest.

Page 12 - bullet 9 – Hospital Emergency Department
Replacement text “During that time the PCT expects less minor cases attending the ED therefore releasing staff at ED to focus on more serious cases.”

Page 12 – bullet 10 – super surgery investment concern
“because a lack of [replace “access” with “services due to the current facilities”

PETERBOROUGH CITY COUNCIL

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 Commissiong Strategies were required because the NHS services needed to adapt to change.

5.1 The key issues for change were:

<u>Primary care</u>

- 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* d*ocuments 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 duel 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

PETERBOROUGH CITY COUNCIL

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

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 19 JULY 2011

Present:	Councillors B Rush (Chairman), D Lamb, J Stokes, M Todd, K Sharp, Shabbir, D Fower
Also present	David Wiles, Chair of LINk
NHS Peterborough:	Jessica Bawden - Joint Director of Communications and Patient Experience Russ Platt, Interim Chief Operating Officer Tina Hornsby, Head of Performance and Informatics Sue Mitchell, Associate Director, Public Health
Officers Present:	Denise Radley, Director of Adult Social Services Kim Sawyer, Head of Legal Commercial Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

Apologies for absence were received from Councillor Nash. Councillor Todd was in attendance as substitute for Councillor Nash.

2. Declarations of Interest and Whipping Declarations

Councillor Sharpe declared a personal interest in item 6, NHS Peterborough QIPP and Reform Plan 2010-2015.

3. Minutes of the Meeting held on 14 June and 27 June 2011

Members were informed that the Senior Governance Officer had received a list of comments from the PCT regarding the minutes of the meetings held on 14 June and 27 June 2011. Further clarification was required from the PCT on the comments received, therefore the approval of the minutes were deferred to the next meeting of the Commission on 13 September 2011.

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

There were no requests for call-in to consider.

5. Quarterly Performance report on Adult Social Care Services in Peterborough

The report informed the Committee on the progress against adult social care key outcomes and targets for the year 2011-12 and gave the position at the end of the annual performance cycle. The report included:

- 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 were underway to achieve the priorities
- Additional activity data where this was appropriate;
- Examples of the impact of work on service users and carers in Peterborough

Also included in the report was information around which of the local care homes accepted the local authority fee structure. A performance report outlined the independent provider homes providing services for older people in the city, their rating and date of last inspection. All, except two, of the homes did accept placements under the council's existing fee structure. This assured the Members that there was no direct link between local authority fee levels and quality.

Observations and questions were raised and discussed including:

- The Director of Adult Social Services informed members that there was currently a programme in place to replace the current ICT system for Adult Social Care data collection. The new system would be in place for May 2012. This would have a particular impact on the self directed support indicator and safeguarding. The current system was not fit for purpose for data quality on these two areas.
- Members wanted to know who would pay for the new system. *Funding was being provided from the Councils capital programme, there was an allocation of approximately £400K for the programme. The current ICT system had been in place since 2003.*
- Regarding the indicator showing the proportion of those using social care that have control over their daily life. 32.6% had indicated that they had as much control as they wanted over their daily lives and 44.4% said they had adequate control. Are you therefore assuming that the remaining 23% who did not respond were happy? *The remaining 23% had answered and the range of answers were that they had some control to only one person who answered that they had no control what so ever.*
- How can you capture the people who did not respond to the survey? *Members were informed that there was always recognition that more work needed to be done to get a higher response rate (although it was noted that as a survey response rate, the % was high). One of the initiatives being looked at was to involve LiNK to visit care home residents to support those who may not have family or friends to help them complete the survey.*
- The random survey was sent to 878 service users. What percentage of service users did this equate to? *The total number of service users at the time the survey had been completed was around 4000 therefore equating to around 20%.*
- Members were concerned at the timescale of when the care homes had last been inspected in 2008/09. In view of the recent care home scares they felt this was an unacceptable timeframe. *Members were informed that the Quality Care Commission had downsized and changed its way of working and were no longer running the same inspection regime. They were now inspecting homes using a risk based approach. Therefore an excellent home may not receive an inspection for a number of years unless a concern was raised. The PCT did carry out annual monitoring visits at care homes that they had contracts with or more regularly if there were particular concerns. Social care staff visited care homes on a regular basis and would report any concerns. The Safeguarding Adults Board had asked for a report on the arrangements in Peterborough for care homes and this could be provided to the Committee.*
- Are the four homes that are rated as adequate being monitored? *Focused attention and support was being given to these homes to raise standards.*
- A member of the public addressed the Committee and asked if there was a form of self assessment for care services and if there was a target figure for the prevention of ill health. *Members were informed that there was no self assessment but supported self assessment was in place. A number of targets were in place for example, the target that measured how effective the intermediate care services were which covered people who used services that might other wise have gone into hospital e.g. who had a fall or coming out of hospital. It measured how effective the rehabilitative type services were at getting people back on their feet. Peterborough performs very well against this indicator.*
- A member of the audience addressed the Committee and asked if the care home ratings could be updated. They also asked if when the new ICT system was implemented that an indicator could be included to measure how people spent their time in care homes and what activities took place. *The ratings could not be updated until the Care Quality*

Commission brought in a new rating system. People's activities and wellbeing was important and there were results included in the survey to cover this.

- Members suggested that a letter be sent to the Care Quality Commission from the Commission asking that they expedite work on putting in place a new rating inspection system for care homes.

ACTION AGREED

The Commission requested that:

1. The Safeguarding Adults Board report on the arrangements in Peterborough for care homes to be circulated to members of the Commission.

2. A letter to be sent to the Care Quality Commission on behalf of the Scrutiny Commission for Health Issues asking that they expedite work on putting a new rating inspection system for care homes in place.

6. NHS Peterborough QIPP and Reform Plan 2010-2015

The report informed the Commission on the Quality, Innovation, Productivity and Prevention (QIPP) System Reform Plan. The QIPP plan 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. A Health and Care Transformation Board consisting of the Chief Executives of the following organisations, together with a GP commissioner representing Peterborough Clinical Commissioning Group had been formed.

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

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

The following priority areas of work had been identified:

- Children and Maternity
- Acute Care
- Planned Care
- Mental Health
- Health Improvement
- Primary Care
- Community and older people
- End of Life
- Learning Disabilities

Observations and questions were raised and discussed including:

- You have stated that there is a financial gap of £100 million across several services. What percentage does this equate to in the overall budget? *The figures quoted were Peterborough's share of the nationally quoted £15bn-£20bn. There was currently a £330 million budget per annum and this budget would continue to rise over the next 3 years.*

The £100 million quoted represented the pressure that would occur if spending continued to rise as it had in past years and thus represented the challenge to be addressed.

- Can you please explain what End of Life – reducing unnecessary referrals, un-planned and emergency admissions to hospital means? *This was about making sure that in the final period of a patient's life being very clear of the patients needs and wishes e.g. making sure that if they wish to stay at home to receive treatment then their wishes were met.*
- How do you ensure that a quality service is still provided whilst providing prevention so that people lived longer, growth and cut backs? *There was a continual watch on any work that was undertaken to ensure that the quality of service and safety was not compromised. We are absolutely clear that quality and patient safety will not be compromised through this process and indeed there is considerable evidence that quality improvements very often yield productivity improvements.*
- Members were concerned about setting targets for the Ambulance Trust to ensure alternatives were in place to reduce conveyances to A&E, with more patients triaged/treated at the scene. How could they ensure that the right treatment would be given at the scene? *It was important that the correct assessment and treatment was given on arrival at the scene and that it might not be appropriate to take the patient to hospital. There would be options available to the patient and the decision on the course of action would be made with the Ambulance Trust on what was safe to do.*
- The cost of running the NHS and PCT has gone up. How are you going to reduce the administration costs? *The PCT were already engaged in a process of reducing its running costs through a reduction in management and administration staff.*
- The report mentioned productivity opportunities. Can you explain what these are? *The main approach was through benchmarking. Benchmarking indicators would be used to compare Peterborough with other systems to identify areas where there was evidence of things that work. This would enable the system to look at the cost effectiveness of certain areas of health and compare it with the National picture and then make an assessment as to where the local system should be on the efficiency curve.*
- You state in the report that stakeholders and the public and patients would be fully engaged in the proposals. Do you intend to continue to have regular consultations*? There would be continuous engagement with any patients that would be affected by talking to the patient groups, their families and carers to help redesign a service. If there were to be a full scale major change then a full consultation would take place.*
- What are you going to do regarding saving money in respect of the rising cost of utilities? *Members were informed that the PCT did have a Green Agenda but it had not been mentioned in the report.* Members requested further information regarding this.
- Members wanted to know if there was a QIPP plan in place and how it would impact on Peterborough City Council financially. *Members were advised that there was no formalised QIPP Plan but as each idea evolved it would be reported back to the Commission in detail with any financial impact. The NHS Peterborough had the responsibility of coordinating the process and part of that process was to ensure that something was not changed in one part of the partnership that impacted on another.*
- A member of the public addressed the Commission and voiced concerns about the reduction of staff and that there may not be enough trained staff to deliver the service going forward. *The model of delivery going forward was about changing the shape of care and not necessarily relying on admission to hospital. There was a strong commitment to invest in the right staff for the future.*

ACTION AGREED

The Commission requested that a regular report be provided on the development of the Quality Innovation Productivity and Prevention Plan (QIPP) and Reform Plan.

7. Future Provision of Emergency Hormonal Contraception to Young People

The report updated the Commission on the proposed future delivery of emergency hormonal contraception (EHC) to young people. This was in relation to the cessation of the sexual health service offered through pharmacies. Peterborough had for a number of years had a high rate of teenage pregnancy and poor sexual health for some young people. The latest data for 2009 was 171 pregnancies for young women under the age of 18 in Peterborough. Work was being done to improve services in Peterborough for children and young people. Teenage pregnancy rates had continued at the rate of 168 to 170. Members were informed that there was evidence that teenage pregnancy rates would fall over time by having access to long acting reversible contraception and that young people's sexual health would improve. Funding for the pharmacy based sexual health service which provided free EHC, Chlamydia Screening and condoms to the under 25 population had ended in August 2010. The PCT took the decision not to main stream the scheme going forward because the uptake of the scheme had not been popular to young people due to access issues through the pharmacies. Young people's contraceptive and sexual health services had been reviewed and as a result of the review there had been a greater uptake of long acting reversible contraception. The numbers had doubled between 2008/09 and 2009/10 with over 300 extra young women requesting long acting reversible contraception. A decision was taken to increase the skills of school nurses to enable them to support young people and talk about the issues around sexual health, providing contraceptive advice and where necessary prescribing emergency hormonal contraception. A more sustainable approach was being looked at like offering access in secondary schools, the drop in clinics, the contraceptive and sexual health services at Rivergate, increasing access to the young people's contraceptives service in GP practices and a range of other services. The Assistant Director for Public Health provided the Commission with examples of marketing and publicity material for young people which promoted the sexual health services and where they could get advice.

Observations and questions were raised and discussed including:

- How do you reach the young people who leave school at 14 and also those at schools which do not have the Health and Young People Advice (HYPA) clinics? *Young people not attending secondary schools that may be at high risk and were attending Pupil Referral Units would be covered by this scheme. There was still a lot of work to be done with the schools who were not part of the scheme to convince them of the benefits of providing a HYPA clinic at school. The marketing campaign targeted places that young people go to like pubs and clubs. An example was beer mats giving details of where to get advice. Facebook and Twitter was also being used.*
- Members commented that the marketing was very good.
- Where were the hotspots in the city and could statistics be provided to show each area and how the campaign had impacted on those areas. *Information would be provided on the hotspots and any current data available.*
- Was it the intention to have a HYPA clinic in every secondary school? *Currently they were provided in the hotspot areas but ideally every school would have one.*
- Councillor Fower felt that the marketing and publicity had missed some key areas to engage with young people. *The Assistant Director for Public Health requested a meeting with Councillor Fower to discuss further ways of getting the message across to young people.*
- To what extent have young people been consulted about the access to services? *Young people had been widely consulted and the results of consultations had informed the process.*
- What do the pharmacies think about the new proposals? *The Pharmaceutical Committee had been consulted on the review and there would be further discussions with them about targeting hotspots across Peterborough.*

ACTION AGREED

1. That the Commission noted the report.

2. The Assistant Director for Public Health to contact Councillor Fower to discuss different ways to engage with young people through marketing and publicity.

3. That further information to be provided to the Commission on the hotspot areas of the city and the impact the marketing campaign may have had on these areas.

8. Peterborough Safeguarding Adults Update Report

The report provided an update on the latest performance on adult safeguarding. The report had been presented to the Safeguarding Adults Board for consideration at its meeting in June.

Some key points of the report were:

- There had been 469 referrals in the last 12 months and the rolling average was 39 per month which had shown an increase in referrals.
- Terms used throughout the report were Alert and Referral. Alert was when someone contacted the service to report something which might potentially be a safeguarding issue but a referral was when it had been determined as a safeguarding matter for investigation.
- The most significant referral groups over the last 12 months had been White British (86% of the total referral group) female (65%) resident in their own home (55%), had a physical and sensory disability/frailty (55%) and over 65 yrs of age (60%) with 37% of these being 80 or over.
- Roughly a third of referrals had closed with the claim substantiated with a further third unsubstantiated. In April, of cases closed in month significantly more claims had been 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%).
- There had been some reporting issues on how things were recorded. The data had not been very helpful to frontline staff and a lot of manual checking had been required. The new ITC system would address this.
- A data analyst had been appointed to conduct detailed analysis of the data for better reporting in the future.

Observations and questions were raised and discussed including:

- One of the issues in the report was that the quality of alert recording forms were missing from RAISE. *This was more about the fact that the forms had not been completed and recorded properly. This was a staff issue and was being addressed.*
- Do you get repeat referrals? *Yes but the data had not been recorded in the report. In the future repeat referral rates may be one of the outcome indicators in the new outcome framework.*

ACTION AGREED

The Commission noted the report.

9. Forward Plan of key Decisions

The Committee received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet

Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Committee noted the Forward Plan and agreed that there were no items for further consideration.

10. Work Programme

Members considered the Committee's Work Programme for 2011/12 and discussed possible items for inclusion.

Additional item for inclusion:

- Joint Strategic Needs Assessment

ACTION AGREED

To confirm the work programme for 2011/12.

11. Date of Next Meeting

Tuesday, 13 September 2011

CHAIRMAN
7.00 - 9.20 pm

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
13 SEPTEMBER 2011	Public Report

Report of the Executive Director of Children's Services

Contact Officer(s) – Sherry Peck
Contact Details – 01733 864139

TEENAGE PREGNANCY STRATEGY UPDATE AND EVALUATION OF PETERBOROUGH YOUNG MENS PROJECT

1. PURPOSE

1.1 This report outlines the success of the implementation of the teenage pregnancy strategy over the past ten years. Within this remit the young men's project was created and highlights the strong supporting evidence and independent review that indicate that this work had a positive impact on young men. As a result the learning from the project has been used to re-commission the project but with a wider remit.

2. RECOMMENDATIONS

2.1 This report has been written for member's information only and no further action is required by members.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 Reducing inequalities

4. BACKGROUND

4.1 The conception rates in Peterborough are higher than both the national and regional averages. To address this, the Peterborough Strategy for Reducing Teenage Pregnancy was formulated with the aim of meeting national targets by 2010. This would mean a target reduction rate from 50.2 per 1,000 to 22.6 per 1,000 for under-18 year olds. Despite the interventions and hard work of a number of agencies over this 10 year period, the latest figures released for 2009 were 54.6 per 1000 an increase of 4.4 per 1,000 for under – 18 year olds. It is worth noting here the time lag in monitoring activities impact on conception rates due to the nature of what is being measured.

Therefore a project engaging young men (aged 13 to 19 years) was created in order to be innovative and culturally appropriate when raising the awareness of sexual health and risk-taking behavioural issues since much of the work undertaken to that point had had young women as a focus.

The pilot project used innovative and culturally appropriate initiatives to raise awareness of sexual health and risk-taking behavioural issues. The challenge for the project was to minimize harmful behaviours and reduce the numbers of STIs and unplanned pregnancies with those considered to be high risk.

The project has, we believe, played a key role in the teenage pregnancy strategy to reduce the rate of teenage pregnancies, improve sexual health and reduce social exclusion by working directly with boys and young men across the city in partnership with the agencies who provide services and / or support to boys and young men in the Peterborough area.

Various tools have been used to target and engage young people such as the street bus,

sporting activities, and music events etc. The value of this approach has been that the project has been able to identify and target the right areas through communication and have an impact on the vulnerable young people.

In the current economic climate this project represents good value for money particularly in terms of the numbers reached and the shifts in behaviour it appears to demonstrate. The work needs continuity and funding over longer periods (i.e. three years) so that it continues to work with young people.

The young men's project was re-commissioned by Peterborough City Council, Childrens Services and the scope of the project, due to its success has been to work with a wider group of vulnerable young people including girls who are displaying showing risky behaviours.

5. KEY ISSUES

5.1 The following issues were addressed and explored by the project:

- Methods for engaging young people in difficult and sensitive conversations about sexual health
- Screening mechanism for fast diagnosis of 'at risk' young people
- Sexual health awareness activity to young men via specialist teams
- Signposting young people in need of additional support to a dedicated young men's worker or specialist agencies
- Influencing sexual behaviour through the promotion of sexual health awareness and training to individual young men
- Increasing numbers of young men registered for C Card or tested for STI'S
- Challenged current behavioural practices most importantly increased condom use and reduction in partners

The evaluation contains evidence that the project has been successful as:

- Young men are interested in sexual health where they need to protect their own or sexual partners
- The service appeals to young men since it offers what they want, not what service providers want or choose to offer
- The numbers of young men attending the service represents good value for money
- Young men are demonstrating a change in behaviour
- 65% were already c card registered and they informed the project that they did use it. This shows us that despite having contraception, when under the influence of drugs/alcohol this affected their decision to have unprotected sex. A significant factor may be that only 25% of the young men reported to accessing previous sexual health training prior to this project. Young men seen also had higher numbers of c card registrations and frequency of use.
- Interviews undertaken in March 2011 with young men during the project evaluation indicated that 75% of the young men regularly use condoms as a direct result of the information they had received through the project confirming that the project has had a positive impact in terms of the uptake of condom use.

Teenage Pregnancy Budget

Despite the positive evaluation the Teenage Pregnancy Partnership agreed that it would not be possible to continue to fund the young men's project with such a small budget for teenage pregnancy for 2011/12. The local evidence base demonstrates the relationship between multiple risk factors such as alcohol and substance misuse linking to sexual violence and other unhealthy behaviours.

It was however agreed to fund two projects – the first based on the Young Mens project but widened to include young women and other risk taking behaviours. This project is funded partially from the Teenage Pregnancy Grant and from the Early Intervention Grant.

1. **Programme aimed at increasing resilience and reducing the risks presented by unhealthy and risk taking behaviours**
   This project intends to identify and engage young people currently participating in risky and unhealthy activity and support them in positively changing their behaviour. The emphasis is on early intervention to prevent identified unhealthy behaviours and prevent health related issues escalating. It seeks to ensure young people at risk of unwanted teenage pregnancy and STIs have sufficient knowledge and understanding to make healthy and informed choices about their sexual activity, including delaying it until they feel ready. It will have a particular focus on young men who have not previously engaged with relevant information services.

2. **Contract for weekly support to all Health and Young Person's Advice (HYPAs') in Peterborough schools for support and advice on alcohol.**
   The CAsH service have identified that 90% of the young people seen in HYPA's have identified issues with alcohol. There is a strong correlation between alcohol and the increase in sexual behaviour which can lead to pregnancy. With the reduction in budgets to alcohol early intervention funding until 31 December 2011 and subsequently no funding for early intervention in 2012, the current alcohol provider will not have the capacity within their funding to attend HYPA's on a regular basis.

Data for Teenage Pregnancy rates
The latest (2010) ONS data which indicated very little movement in terms of a significant reduction.

Under 18 conception rate per 1,000 females aged 15-17 years
Latest available data: Q1 2010 (Jan-Mar) Latest Peterborough Rate: 54.6
Date published: 24th May 2011 Latest National Rate: 37.9

- The data for Q1 2010 shows a slight increase in the rate of teenage conceptions in Peterborough, moving from 54.2 in Q4 of 2009 to 54.6 in Q1 of 2010
- However, the figure for England has continued to decline, decreasing from 38.2 in Q4 of 2009 to 37.9
- The East of England figure has risen slightly too, moving from 31.3 to 31.8
- Peterborough remains significantly higher than both the East of England and England rates.
- The Peterborough figure for Q1 2010 is inline with Q1 rates in previous years, with very little difference in these rates.

Source: Performance Management Team

Profile of the young women becoming teenage mothers
Local data is collected via a form completed by the Midwife at a visit with the young person. Due to data capture complications; we are not able to produce accurate figures from the forms. However, looking back over several years worth of data, it is possible to get a profile of the young women becoming teenage mothers.

- The majority of girls were aged 16-17
- Ethnicity: White British
- Nationality: English / British
- Language: English
- Smoking: Even split between non smokers and smokers
- Looked after child: Majority answered that they were not, and had never been, a looked after child.
- Social care involvement: Majority answered that they hadn't had any involvement with social care, either current or previous.
- Living arrangements: Majority were living with parents and their parents were aware of the pregnancy

Source: Performance Management Team

6. IMPLICATIONS

6.1 There are no implications that would need to be reviewed at this moment in time due to the project being re-commissioned to a wider remit.

7. CONSULTATION

7.1 This project requires no formal consultation process at the moment and the only form of consultation that would take place is the service user feedback we would acquire.

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8. NEXT STEPS

8.1 The project has been widened and re-commissioned as a 'risk and resilience' contract to be monitored to ensure its successful delivery.

9. BACKGROUND DOCUMENTS

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

9.1 None

10. APPENDICES

10.1 ***Appendix A: Evaluation of Peterborough Young Men's Project- see below***

Evaluation of Peterborough Young Men's Project

Asare Bonsu
Blumintmedia.co.uk

March 2011

Peterborough Young Men's Project

Summary: This is a pilot project engaging young men (aged 13 to 19 years) in innovative and culturally appropriate initiatives to raise awareness of sexual health and risk-taking behavioural issues. One of the main concerns has been the effectiveness of services in providing information, referral and clinical sexual health services for young men in a way that resonates with their lifestyles and value systems. The challenge for the project is to minimize harmful behaviours and reduce the numbers of STIs and unplanned pregnancies with those considered to be high risk. To understand how services can be shaped to secure efficiencies and outcomes in the current climate will need more time to learn from the pilot than this evaluation has covered. The project has gained in momentum but will need more time to deliver.

Background / Context:
The young men's project was commissioned by Peterborough City Council, Childrens Services in June 2010 paid for from the Teenage Pregnancy grant and will end on March 31st 2011 if no further funding is found. The project is expected to play a key role in the teenage pregnancy strategy to reduce the rate of teenage pregnancy, improve sexual health and reduce social exclusion by working directly with boys and young men across the city in partnership with the agencies who provide services and / or support to boys and young men in the Peterborough area.

The outcomes Peterborough City Council asked the project to achieve were:
- Young men demonstrating positive changes in risk taking behaviour leading to pregnancy or terminations
- Young men expressing a positive change in their behaviour
- Young men reporting an increase in condom use
- Young men remain engaged in the project

Nacro were awarded the contract to provide an outreach service working directly with young men in Peterborough. Young men aged 13-19 (and up to 21 years for those with particular needs) are targeted to provide a programme of activities, services and facilities designed to meet their needs, with particular reference to sexual health and risk-taking behaviour.

Methodology
This independent evaluation was conducted in conjunction with a youth worker familiar with working with 'hard to reach groups'. A sexual health worker undertook face to face interviews with the project lead and a sample of 20 young people who have accessed the service.

The views of an independent sexual health practitioner was considered valuable to assess what degree of learning the young people had developed and what level of information they had been exposed to through their contact with the project.

Following fieldwork the sexual health practitioner commented:

'The young people seem to have taken on board the seriousness of their own sexual health – Nacro has made a big impact on all the young people we have spoken to in terms of their attitude towards themselves and their sexual health. The young people have a good understanding of the subject and feel the information they have been given is useful and easy to understand. It also seems to have had a big impact on their self esteem. It is my opinion as an experienced sexual health worker that the young people I spoke with had gained and retained valuable information from the sexual health training they received. I believe that they had not only developed their knowledge regarding the risks of unprotected sex but also gained a deeper sense of self esteem and self worth and a realisation that they need to protect themselves against STI's and protect their future from unplanned pregnancy'

Key Achievements of the project

Implemented new methods for engaging young people in difficult and sensitive conversations about sexual health
Developed a screening mechanism for fast diagnosis of 'at risk' young people
Offered sexual health awareness to young men via specialist teams
Signposted young people in need of additional support to a dedicated young men's worker or specialist agencies
Influenced sexual behaviour through the promotion of sexual health awareness and training to individual young men
Increased numbers of young men registered for C Card or tested for STI'S
Challenged current behavioural practices most importantly increased condom use and reduction in partner

Models and Approaches

The project has developed a variety of hook techniques including an X box tournament, football and music events to bring a good number of young people into the project. Based on previous experience successful engagement builds on activities that are stimulating and of interest to young men. The project benefits from the involvement of a core group of young men who determine when and what sort of activities should be promoted through a steering group. The events provide an opportunity to carefully introduce complex ideas in a non-threatening and supportive environment.

The consultants attended a football tournament that 54 young people attended. For many of these young people it was their first contact with Nacro and demonstrates that 'word of mouth' is the most effective communication strategy alongside leaflets and promotional materials. The ethos that 'young *people are the best messengers'* works. Young men are encouraged to attend future activities where some real learning can happen and details are taken to provide impetus for future contact. Referring to quarterly data monitoring submitted by the project it is clear that this is not an untypical number. The project is likely to far exceed its original goals.

The project also organises tailored trips/activity sessions where possible for those who might be considered more hard to reach. Intensive work is underway to target a small number of young men who are reluctant to access support. It is clear that the close relationship Nacro has developed with young people allows them to collect intelligence regarding particular young peoples activities. It may be worthwhile considering how these informants could be skilled to support initial discussions with these individuals. Families, girlfriends and peers have a role to play in providing information.

At all events a pre - registration process is set up to gather basic information including age, ethnicity, fatherhood status, sexual behaviours and attitudes towards contraception, STIs and unplanned pregnancy. This is used to flag up potential recruits for the project and then signpost those to a dedicated young men's worker. He has the opportunity to follow up and talk to them in a variety of ways without overwhelming or taking away their sense of control.

A street bus is often used to provide a dedicated space for talking with the young men's worker if necessary.

Sexual health training is delivered in conjunction with partner agencies who have the specialist skills necessary. Nacro have been active in seeking out advice and guidance on how these workshops should

be delivered. These sessions are used to explain the dangers and consequences of unprotected sexual activity.

The value of this approach has been that the project has identified areas of great interest to young people that have captured their interest. Also their knowledge base on issues such as sexual and reproductive health has been explored.

It is early days for the project but partners are beginning to make referrals to the service.

Evaluation

Nacro designed in house service user impact forms but quickly established that these may not give a true measure of what was happening. Therefore it has been agreed that interactive models using evaluation workshops are favoured where more detail can be sought around what worked, what didn't work and what can be done differently. Going forward it may be useful to begin to have research led sessions to explore and unpack attitudes behind the behaviours in more detail. Challenging inaccurate knowledge and beliefs among young men (i.e. that women are the site of transmission) would allow the project to respond to a number of city wide initiatives.

The project lead is already thinking about how to expand the service including outreach sessions in clubs or other settings where young people meet. It is clear that a significant number of young people outside formal education will have little opportunity to gain any information on sexual health and this needs to be noted if the project is funded going forward. Where sexual health services already exist within the city, there should be an examination of current service reach and of the potential barriers that prevent practitioners from meeting the needs of all young people. It would be wise to ensure that services are working in partnership and not in silos. Equally what opportunities might exist for the co location of staff and knowledge transfer between specialist young peoples teams and specialist sexual health practitioners?

The 'Open door policy' at Nacro is considered a real strength as services are easy to use, non stigmatising and can blend a number of pressing agendas. Gangs, knife crime, substance misuse and now sexual health can all be discussed seamlessly if young people need to, as there is always someone on hand and teams are multi skilled. As previous research with young people noted, sharing with a single worker, is an approach that works for them. The tension is whether staff have sufficient skill to talk across all these agendas or whether the quality of provision could be compromised. In response to this tension it should be noted that Nacro are active in signposting to specialists when they acknowledge they lack specialist skills. It has been noted that the young men's dedicated worker would benefit from training in sexual health if this is to be a large element of the portfolio as partners may not be able to respond quickly to requests for information. Nacro have stated that meeting needs as they respond through multi skilled teams is a reason for the retention rates they can demonstrate.

It is important to qualify that Nacro is a unique setting due to the organisation, commitment and passion of the staff. Modelling this approach may be difficult for other agencies.

Key learning:

Current delivery of sexual health awareness has not engaged young men consequently they do not see this as an interesting or important aspect of their identity. Overcoming this will take time.

A high level of young male participants do not recall or acknowledge having received sexual health education prior to accessing the project and the reasons why there is such a gap needs to be explored further.

A large proportion of young men were engaged in unsafe sexual practices before engaging with the project. Many of the young men have no experience of using condoms.

A high degree of encouragement is needed to motivate young men to attend formal sexual health training which calls for innovative approaches.

It is important to motivate young people to use the service and to facilitate those difficult discussions

It is clear that focusing on STI's and their prevention via barrier methods is a different way of focusing on reducing teenage pregnancy rates and with young men this may be a more realistic approach.

The Project has identified an unmet need for more work in this area which needs to be sustained through future funding.

The project demonstrates that it is possible to deliver using appropriate ways of working with this hard to reach group. Infrastructure needs to be developed to ensure that it is not limited or short term.

A lack of capacity in the city may have affected the potential development of this kind of work. If there is a sexual health strategy across providers, partnership working needs to establish clear agreements/agendas including a discussion about who is responsible for what. Moving towards an approach that looks at teams around a setting may be more beneficial than recruiting numerous specialists in individual settings, or 'experts' that cannot operate within certain communities.

Identifying and responding to factors which influence the way young people make decisions about sexual health will take time and trust.
The work needs continuity and funding over longer periods (i.e. three years) so that it continues to work with young people. In the current economic climate this project represents good value for money particularly in terms of the numbers reached and the shifts in behaviour it appears to demonstrate. (see below)

It cannot be understated that Alcohol and substance misuse were acknowledged as influential factors in sexual behaviour, including relationships with girls that were known to have casual sex and a factor in proceeding to have unprotected sex despite knowing the risks. A potential opportunity may exist to develop interventions through closer ties with other providers.

Finding ways to improve teenage sexual health can only happen with consideration of the factors presented. Nacro are responding to perceived barriers to using sexual health services and filling a need but need time to examine what those barriers are and to work with partners to eradicate them.

It has been acknowledged that Young men have difficulties with communication and accessing services. It is accepted that work with young men needs to be active and more informal than work with young women and Nacro are achieving this.

Summary of Views of Young People *(20 young people)*

All the young people who took part in the survey reported that they had little or no sexual health knowledge prior to engaging with Nacro, they stated that any sex education they had received through the statutory education system had been ineffective for them.

All of the young people said that they were sexually active and had previously not taken any contraceptive precautions due to a lack of knowledge regarding the risks.

Reflecting on the training, young people demonstrated a strong sense of understanding regarding Condoms and their use; they seemed confident in this knowledge and reported that they felt able to pass accurate information on to their friends.

75% of the young people reported that they regularly use condoms as a direct result of the information they had received through the Nacro course. Others were not yet sexually active.

The young people were aware of the C card condom distribution scheme and most reported that they regularly used the scheme.

The young people were aware of STI testing and some reported that they had been tested for Chlamydia; they showed a good awareness of the importance of STI screening.

Most or all of the young people said that they had or would refer friends to the Nacro programme. It was apparent that the information they had received had been delivered in a straight forward way that engaged with the young people effectively.

Five of the young men reported a change in their attitude towards women and relationships due to the information they received from Nacro, saying that they now have fewer sexual partners and are more likely to become involved in steady monogamous relationships.

The young people also reported an increased willingness to have open and frank discussion with sexual partners regarding contraception.

Upon talking with young people who were due to start the Nacro course it was apparent that the level of sexual health knowledge they had was little or none although they were sexually active. They said that they wanted to learn about sexual health and were willing to change any behaviours that they found to be putting them at risk, most had been referred to the group by their peers.

My sexual health knowledge previously came from school but it didn't feel right Nacro has given me the knowledge about contraception and STI's that means now I always use condoms

I used to sleep around and never used contraception because I didn't know anything about it but now I always protect myself

I haven't been on the programme yet but I am up for learning no-one has showed me how to use a condom and I was too embarrassed about asking at school but I feel comfortable at Nacro and can bring it up there and learn

I would say that if it hadn't been for Nacro giving me sexual health education I definitely would have got a girl/girls pregnant by now my attitude to girls has changed now

The course has really helped and I am totally aware about the dangers of not using condoms

I don't know anything about sexual health I have sex but I never use condoms I' ve never been shown how to use condoms I came here today because my friends came and I am not confident that I know anything about sex.

At school sex education was not very in-depth more about biology and it was given too young. The information about STI's that Nacro told me has really stuck and now I know how to protect myself . I know use condoms regularly because of the information I got and I tell all my friends.

In this context, it is recommended that the young men's project continues, to ensure that the primary focus of work with young men demonstrating risky behaviours is the provision of condoms alongside broader education about sexual health. Thinking about how to promote the service more widely should be considered.

The project may wish to consider links with commercial outlets through which young men can access condoms easily, anonymously and without intervention. There may be an opportunity here to develop referrals.

The evaluation suggests that the project has been successful as:

- young men are interested in sexual health where they need to protect their own or sexual partners
- The service appeals to young men as if offers what they want, not what service providers want or choose to offer
- The numbers of young men attending the service represents good value for money

- Young men are demonstrating a change in behaviour

Research has indicated that young men who experience multiple deprivation and inequalities can have poor health. In addition early sexual activity, multiple sexual partners and low condom use have been identified as possible reasons for the high prevalence of STI's in this age group. Research also indicates a relationship between risky sexual behaviours and those young men over represented in other arenas such as those experiencing substance misuse problems, having poorer mental health and an increased likelihood that they have come to the attention of the criminal justice system. This might suggest that for hard to reach groups, effective services will be those that can offer a breadth of specialisms within a single setting. This model of work calls for joined up working and a reconsideration of job roles.

Peterborough Young Men's Project March 2011

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
13 SEPTEMBER 2011	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny
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SCRUTINY REVIEW OF MENTAL HEALTH SERVICES – JOINT COMMITTEE

1. PURPOSE

1.1 To set up a Joint Health Scrutiny Committee to respond to the forthcoming consultation on proposals for the redesign of mental health services in Cambridgeshire and Peterborough.

2. RECOMMENDATIONS

2.1 That the Commission agrees to:

1. The setting up of a Joint Health Scrutiny Committee with Cambridgeshire County Council for the purpose of scrutinising the proposals for the redesign of mental health services.
2. Nominate up to five members plus substitutes to a Joint Health Scrutiny Committee.

3. BACKGROUND

3.1 NHS Cambridgeshire, NHS Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust will be consulting on a range of proposed changes to how specialist services are provided locally to people with mental health needs. Proposals include a redesign of inpatient and community based mental health services for adults of working age and older people across Cambridgeshire and Peterborough. These proposals have been developed over the past few months in discussion with GPs.

NHS Cambridgeshire (NHSC) and NHS Peterborough (NHSP) are responsible for commissioning these services for the people of Cambridgeshire and Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is the main provider of NHS mental health services across the county.

All three organisations face significant challenges to deliver efficiency savings during the next three years due to the Government's requirement for Primary Care Trusts to make 4% a year savings. The current annual funding for the CPFT is around £50m for Cambridgeshire, and £18m for Peterborough.

3.2 The proposals are currently being worked on with GPs, including Huntingdonshire GPs in relation to wards at Hinchingbrooke Hospital, and with groups such as Local Involvement Networks. The Cambridgeshire User Network is also being briefed.

3.3 The Cambridgeshire Adults Wellbeing and Health (AWH) Overview and Scrutiny Committee's mental health working group, which now includes members from the Peterborough Scrutiny Commission for Health Issues, has been meeting with CPFT, NHS Cambridgeshire and NHS Peterborough over the summer to discuss and comment on the draft proposals.

The draft proposals are subject to a clinical review by the National Clinical Advisory Team, and a 'gateway' review which will consider the proposed consultation process. Working group members are feeding their views into both reviews.

Formal consultation is expected to commence at the beginning of October.

3.4 The detailed terms of reference and work programme for the Committee would be agreed by its members. It is likely to have three or four formal meetings during the consultation period; the location and timing of these meetings will be determined once the consultation dates are known. The Committee would meet in public and its papers would be publicly available.

3.5 Cambridgeshire County Council have agreed to host the joint committee and the meetings will be held either at Peterborough or Cambridge.

4. KEY ISSUES

4.1 Current legislation, in the form of a Direction issued by the Secretary of State for Health in July 2003, requires that where a local NHS body consults more than one Overview and Scrutiny Committee (OSC) on a proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such a service, the local authorities of these OSCs shall appoint a joint OSC for the purpose of the consultation. Only that joint OSC may:

- Make comments on the proposal consulted on to the local NHS body
- Require the local NHS body to provide information about the proposal
- Require an officer of the local NHS body to attend to answer questions in relation to the proposal.

It is therefore proposed that the Commission set up a time limited joint OSC with Cambridgeshire County Council, to consider and respond to the forthcoming proposals for mental health services. A similar proposal is being considered by the Cambridgeshire AWH Scrutiny Committee, at its meeting on 15 September.

The members of the Joint OSC will agree its specific terms of reference, and how it conducts its business, such as frequency, time and location of meetings, and how it obtains evidence.

The Committee would be supported by the Cambridgeshire Scrutiny and Improvement Officer.

5. BACKGROUND DOCUMENTS

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

5.1 None

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
13 SEPTEMBER 2011	Public Report

Report of Director of Communications and Patient Experience, Jessica Bawden, NHS Peterborough

Contact Officer(s) – Peter Wightman
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INTERIM REPORT ON OUTCOME OF THE CONSULTATION FOR PRIMARY AND URGENT CARE SERVICES

1. PURPOSE

1.1 This paper is an interim summary paper to brief the members of the Scrutiny Commission on NHS Peterborough's Primary and Urgent Care Strategy consultation and responses received. The formal responses to consultation are currently being analysed by MRUK research and NHS Peterborough and a full update will be available for Scrutiny Commission members on 9 September and for discussion with the Commission on 13 September as agreed with the Chair. We are grateful for the Commission in understanding the time constraints in analysing the responses and producing a report and full recommendations and for allowing additional time for a full report to be produced.

2. RECOMMENDATIONS

2.1 To note this interim paper and that a full report will be available on 9 September for further discussion on 13 September.

To note that the contents of the paper provided on 9 September will include the following:

- Full details of the consultation process
- Consultation responses, including the full report from MRUK Research
- Key themes from the formal responses, meetings and petitions
- NHS Peterborough's responses to the key themes and questions raised
- Urgent Care analysis and conclusions
- Primary Care analysis and conclusions
- Provisional recommendations to the Board following consultation
- Provisional implementation timetable

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The strategy is an important part of NHS Peterborough's work to

- Reduce Health Inequalities
- Ensure GP practices meet Care Quality Commission standards
- Improve access to primary care
- Reduce A&E waiting times
- Meet its financial duties

4. BACKGROUND

4.1 Following extensive pre-consultation with key stakeholders, NHS Peterborough began a formal public consultation on 18 May 2011. This ran until 18 August 2011.

4.2 **Documentation and communication**

At the beginning of the consultation, NHS Peterborough sent out approximately 30,000 letters. We wrote to all registered patients at the GP practices that were affected by this consultation informing them that we were starting the consultation and inviting them to attend a range of public meetings to discuss how the consultation options could affect their GP practice.

Throughout the consultation, NHS Peterborough distributed 10,000 consultation documents and 250 posters to libraries, GP practices, pharmacies, dentists and other community locations. We sent consultation documents to all of our key stakeholders along with a letter offering to attend their meetings should they require it. Our detailed business case was also available on the website

NHS Peterborough also sent out consultation documents to individuals who contacted us, as well as supplying documents at public meetings.

Requests were received from GP practices and individuals for the document to be translated into other languages. In order to facilitate this we developed a consultation summary document and had this translated into Czech, Kurdish, Lithuanian, Polish, Portuguese and Urdu. We also translated the response form into these languages so that people could respond to the consultation in their own language. 1000 of each of these translations were distributed to all GP practices and were available at all of the public meetings. We also had a facility for people to talk through the consultation document with a translator and translators were provided at the two Town Hall public meetings and on request.

We developed an easy-read version with pictures to enable people with learning disabilities to respond to the consultation. This was distributed through the Learning Disability Partnership Board network as well as the Carers network.

We also had requests for the document in Text Rich and HTML versions, as well as larger print versions for people who were either blind or had a visual impairment. We also read out the document with people who found this easier.

All of the consultation documents including the translations, alternative formats (where appropriate), summaries and supporting business case were available on our website from their print date to the end of the consultation.

Alongside the distribution of the documents, we also arranged 8 public meetings. These were spread across the city in areas that were mentioned in the consultation document as being affected by change. These meetings were well attended and raised a variety of issues and viewpoints that are being considered as part of our response to consultation, which will be presented to the NHS Peterborough Board.

4.3 **Public consultation meetings organised by NHS Peterborough**

25 May	Gladstone Park Community Centre (Central Ward)
26 May	St John's School, Orton Goldhay
6 June	Parnwell Primary School
7 June	Hampton Vale Primary School
30 June	Town Hall, Bridge Street, (City Centre) afternoon meeting
30 June	Town Hall, Bridge Street, (City Centre) evening meeting
6 July	Queen's Drive Infants School (Park Ward)
18 July	Dogsthorpe Infants School

We recorded a total of 320 attendances at our public meetings. Some people attended all of the public meetings to give their viewpoint.

4.4 **Meetings attended by NHS Peterborough as part of the consultation**

As well as arranging these public meetings, NHS Peterborough arranged to attend 17 meetings to discuss the consultation further. We were also invited to attend other meetings by groups of people who wanted to discuss the consultation with us in detail.

19 May	Dogsthorpe Residents Association AGM
14 June	Scrutiny Commission for Health Issues
14 June	Borderline Patients Forum
16 June	Central and North Neighbourhood meeting
16 June	Peterborough Emergency Care Network
21 June	Orton with Hampton Neighbourhood meeting
21 June	Peterborough Local Involvement Network (LINk)
22 June	North Neighbourhood meeting
28 June	Stanground and Woodston Neighbourhood meeting
27 June	Scrutiny Commission for Health Issues
7 July	Walk-in Centre staff meeting
7 July	Rural North Neighbourhood meeting
11 July	Clifton Court Coffee Morning (informal meeting)
14 July	Walk-in Centre staff meeting
14 July	NHS Public Consultation Forum
27 July	Senior Citizens' Forum

5. KEY ISSUES

5.1 Set out below are the responses that we received. NHS Peterborough is delighted by the way that the public, patients and staff affected have engaged in this consultation. MRUK and NHS Peterborough are in the process of analysing these responses in order to inform the recommendations that will be given to the NHS Peterborough Board to consider on 21 September and to present to the Scrutiny Commission on 13 September.

5.2 Attached to the consultation document, available online and in translation was a response form prepared with the advice of MRUK research. NHS Peterborough received 384 completed responses in this format. Analysis of this data is in progress and will be presented to Scrutiny in the paper on 9 September.

5.3 In addition to these questionnaire responses, we received a number of consultation responses in other ways.

34 E-mails
71 Telephone calls
15 Letters
13 Formal responses from organisations or groups
9 Petitions and local campaigns

The petitions and local campaigns received around 9000 total signatures. Details by campaign below.

Title	Number
Supporting Developments	
North Street – support for new premises	2588
63 Lincoln Road – support for new premises	1351
Hampton – support for extended/new premises	169
Supporting new option	
Supporting Burghley Road and Church Walk service merging and moving to the Healthy Living Centre	715
Opposing closure	
Alma Road Primary Care Centre Patient Participation and Action Group – Keep Alma Road surgery open	2310*
Pavillion Residents opposing closure of Alma Road	19

Residents of Parnwell opposing closure of Parnwell Health Centre	327
Parnwell Residents Association – Save Our Surgery	248
Orton Medical Practice – opposing closure of Orton Medical Practice	1347

*plus 149 online voting button opposing closure, 229 responses to letters campaign.

5.4 We also received formal written responses from the following elected representatives and organisations (some organisations responded using the questionnaires, which are being analysed):

Stewart Jackson MP
Shailesh Vara MP
Councillor John Peach

Peterborough LINk
Ailsworth Medical Centre Patients' Group

Cambridgeshire Local Medical Committee
Cambridgeshire and Peterborough Local Pharmaceutical Committee
First Health
North Street
63 Lincoln Road
3Well Medical

Peterborough and Stamford Hospitals NHS Foundation Trust
Cambridgeshire Community Services

These letters will be published in the full response available for members of the Commission on 9 September. Themes from all the responses will also be published on 9 September.

6. NEXT STEPS

6.1 The Scrutiny Commission is asked to note this early report on the number and range of responses and to note that a full paper will be provided on 9 September as detailed above.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
13 SEPTEMBER 2011	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny
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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.

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 SEPTEMBER 2011 TO 31 DECEMBER 2011

APPENDIX 1

FORWARD PLAN OF KEY DECISIONS - 1 SEPTEMBER 2011 TO 31 DECEMBER 2011

PETERBOROUGH CITY COUNCIL

During the period from 1 September 2011 To 31 December 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:

Street Lighting Policy - KEY/04SEP/11
Consolidation of Property Assets - KEY/05SEP/11
Budget and Medium Term Financial Strategy - KEY/06SEP/11
Peterborough's Transport Partnership Policy for pupils aged 4-16 years - KEY/01NOV/11

SEPTEMBER						
KEY DECISION REQUIRED	**DATE OF DECISION**	**DECISION MAKER**	**RELEVANT SCRUTINY COMMITTEE**	**CONSULTATION**	**CONTACT DETAILS / REPORT AUTHORS**	**REPORTS**
Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10 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	September 2011	**Cabinet Member for Resources**	Sustainable Growth	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate	Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

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.	September 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
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.	September 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.

Social Work Practice Pilot - KEY/01APR/11 Agree arrangements for the procurement and provision of Social Work Practice Pilots for children in care.	September 2011	**Cabinet Member for Children's Services**	Creating Opportunities and Tackling Inequalities	Social work staff; children in care; corporate parenting panel members and Trade Unions	Andrew Brunt Assistant Director - Families and Communities andrew.brunt@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is made.
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	September 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
Energy Services Company - KEY/03JUL/11 To consider potential future developments of energy related products.	September 2011	**Cabinet Member for Environment Capital, Cabinet Member for Resources**	Environment Capital	Internal and External Stakeholders	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

Expansion to Hampton College - KEY/04JUL/11 To approve the forward build of phase 2 of Hampton College.	September 2011	**Cabinet Member for Education, Skills and University, Cabinet Member for Resources**	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders	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.
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.
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.

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.	September 2011	**Cabinet Member for Housing, Neighbourhoods and Planning**	Environment Capital	Internal and external stakeholders as appropriate	Amy Wardell Team Manager - Passenger Transport Projects Tel: 01733 317481 amy.wardell@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
Street Lighting Policy - KEY/04SEP/11 To agree the street lighting policy for PCC.	September 2011	**Cabinet Member for Housing, Neighbourhoods and Planning**	Environment Capital	With internal and external stakeholders as appropriate.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
Consolidation of Property Assets - KEY/05SEP/11 Authority to enter into a lease to streamline Council property requirements	September 2011	**Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement**	Sustainable Growth	Internal Consultation with relevant members and officers.	Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

Budget and Medium Term Financial Strategy - KEY/06SEP/11 To confirm the approach to take in delivering the Medium Term Financial Strategy	September 2011	**Cabinet**	Sustainable Growth	Relevant internal departments and Cabinet	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	A public report will be available from the Governance team one week before the decision is taken.

OCTOBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
Manor Drive Managed Service – Procurement through the Services Competitive Dialogue Process - KEY/01SEP/11 To identify the preferred bidder (the Council's partner) for Manor Drive Managed Service.	October 2011	**Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning, Cabinet Member for Resources**	Sustainable Growth	Internal departments, Unions, Staff	Margaret Welton Principal Lawyer (Manor Drive) Tel: 01733 452226 margaret.welton@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

NOVEMBER

There are currently no Key Decisions Scheduled for November.

Peterborough's Transport Partnership Policy for pupils aged 4-16 years - KEY/01NOV/11 To approve the new for September 2012.	November 2011	**Cabinet Member for Education, Skills and University**	Creating Opportunities and Tackling Inequalities	Internal and public consultation	Rowena Sampson Transport Officer rowena.sampson@peterborough.gov.uk	A public report will be available from the Governance team one week before the decision is taken.

DECEMBER

There are currently no Key Decisions scheduled for December.

CHIEF EXECUTIVE'S DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications
Strategic Growth and Development Services
Legal and Democratic Services
Policy and Research
Economic and Community Regeneration
HR Business Relations, Training & Development, Occupational Health & Reward & Policy

STRATEGIC RESOURCES DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Finance
Internal Audit
Information Communications Technology (ICT)
Business Transformation
Strategic Improvement
Strategic Property
Waste
Customer Services
Business Support
Shared Transactional Services
Cultural Trust Client

CHILDRENS' SERVICES DEPARTMENT Bayard Place, Broadway, PE1 1FB

Safeguarding, Family & Communities
Education & Resources
Children's Community Health

OPERATIONS DEPARTMENT Bridge House, Town Bridge, PE1 1HB

Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management)
Commercial Operations (Resilience, Strategic Parking and Commercial CCTV, City Centre, Markets & Commercial Trading, Passenger Transport)
Neighbourhoods (Strategic Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion)
Operations Business Support (Finance)
Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management)

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Last Updated: 2 September 2011

SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2011/12

Meeting Date	Item	Progress
14 June 2011 *Draft report 3 June* *Final report 27 May*	**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**	Outcome of the consultation to be presented at the meeting of the Commission on 13 September 2011.
19 July 2011 *Draft report 1 July* *Final report 8 July*	**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
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. **Contact Office: Denise Radley**	
13 September 2011 *Draft report 26 August* *Final report 2 Sept*	**Teenage Pregnancy Strategy Update And Evaluation Of Peterborough Young Men's Project** To scrutinise the evaluation of the NACRO Young Men's Project and progress of the Teenage Pregnancy Strategy. **Contact Officer: Sherry Peck**	
	Scrutiny Review of Mental Health Services – Joint Committee To establish a Joint Scrutiny Committee with Cambridgeshire County Council. **Contact Officer: Paulina Ford**	
	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**	
15 November 2011 *Draft report 28 Oct* *Final report 4 Nov*	**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**	
	Mental Health Trust – Inpatient Services To consider inpatient services at the Mental Health Trust. **Contact Officer: Cathy Mitchell, NHS Peterborough**	

Meeting Date	Item	Progress
	Joint Strategic Needs Assessment **Contact Officer: Andy Liggins**	
	Peterborough and Stamford Trust – Update **Contact Officer: Jane Pigg**	
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. **Contact Officer: Denise Radley**	
5 January 2012 **(Joint Meeting of the Scrutiny Committees and Commissions)**	**Budget 2012/13 and Medium Term Financial Plan** To scrutinise the Executive's proposals for the Budget 2011/12 and Medium Term Financial Plan. **Contact Officer: John Harrison/Steven Pilsworth**	
17 January 2012 *Draft report 30 Dec* *Final report 6 Jan*	**Quality of Care Homes in Peterborough** To consider the quality of the care homes in the City, including dementia care **Contact Officer: Denise Radley**	
13 March 2012 *Draft report 24 Feb* *Final report 2 March*	**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**	

Meeting Date	Item	Progress
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. **Contact Office: Denise Radley**	

To be programmed into work programme:

- **Review of Day Services** - To consider and scrutinise the review of day services - Contact Officer: Jacqueline Hanratty, NHS Peterborough
- **Adult Social Care Report – Andrew Brunt – Tim (March 2012)**