

## SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 15 NOVEMBER 2011

7.00 PM

The Boardroom (PCH) - Peterborough City Hospital

### 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 of Meeting Held on 13 September 2011

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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.*

5. Quarterly Performance Report on Adult Social Care in Peterborough

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6. Update Report on Peterborough and Stamford Hospitals NHS Foundation Trust

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7. Forward Plan of Key Decisions

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8. Work Programme

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## 9. Date of Next Meeting

### Thursday 5 January 2012

Joint meeting of Scrutiny Committees and Commissions to scrutinise the Budget 2011/12 and Medium Financial Strategy to 2015/16

### Tuesday 17 January 2012

Scrutiny Commission for Health Issues



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: M Todd, 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](mailto:paulina.ford@peterborough.gov.uk)

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL  
ON 13 SEPTEMBER 2011**

- Present:** Councillors B Rush (Chairman), D Lamb, P Nash, J Stokes,  
K Sharp, N Shabbir, N Sandford
- Also present** David Wiles, Chair of LINK  
Luke Pagliaro, Youth Council Representative  
Alex Hall, Youth Council Representative  
Councillor Fitzgerald, Cabinet Member for Adult Social Services  
Councillor Peach, Ward Councillor for Park Ward  
Councillor Burton Ward Councillor for Werrington
- 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
- Officers Present:** Sherry Peck, Head of Commissioning  
Denise Radley, Director of Adult Social Services  
Marie Southgate, Lawyer  
Paulina Ford, Senior Governance Officer, Scrutiny  
Dania Castagliuolo, Governance Officer

**1. Apologies**

Apologies for absence were received from Councillor Fower. Councillor Sandford was in attendance as substitute for Councillor Fower.

**2. Declarations of Interest and Whipping Declarations**

No declarations of interest were made.

**3. Minutes**

3.1 The Commission agreed to note the comments received from NHS Peterborough on minutes from meetings held on 14 June and 27 June 2011.

3.2 Minutes of the meeting held on 14 June 2011 were approved as an accurate record.

3.3 Minutes of the meeting held on 27 June 2011 were approved as an accurate record.

3.4 Minutes of the meeting held on 19 July 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. Teenage Pregnancy Strategy update and Evaluation of Peterborough Young Men's Project

The report informed the Committee on the progress of the implementation of the teenage pregnancy strategy over the past ten years and the outcomes of the evaluation of the young men's project. Strong supporting evidence and an independent review had indicated that the work had a positive impact on young men. The evaluation contained evidence that the project has been successful in that:

- Young men were interested in sexual health where they needed to protect their own or sexual partners
- The service appealed to young men since it offered what they wanted, not what service providers wanted or choose to offer
- The numbers of young men attending the service represented good value for money
- Young men were demonstrating a change in behaviour
- 65% were already c card registered and they informed the project that they did use it.
- 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.

As a result the learning from the project had been used to re-commission the project but with a wider remit including targeting young women with risky behaviour. The current project was being delivered by NACRO. The teenage pregnancy figures had remained static.

Observations and questions were raised and discussed including:

- *What age is sex education taught in schools? The officer could not confirm the age but believed it was between the ages of 13 and 16 years old. Young men had commented that the sex education received at schools was more from a biological approach. What had been taught at NACRO had been more about emotional and risky behaviours. Young people were being trained to peer educate.*
- *Will this project show us returns in the near future? The project would target hard core young men and would challenge their behaviour. It was difficult to say if this would change behaviours in the short term.*
- *The teenage pregnancy rates in Peterborough were still one of the highest in the country. Members felt that young men and young women should be targeted together. The Youth Council could be used to get the message across. When the project was re-commissioned the brief had included young women as well as young men. Young people were also being used to deliver the message to their peers through the youth inspectors programme.*
- *Had the programme looked at focusing on young peoples aspirations? The early intervention programme was being refocused to include looking at the aspirations of young people and would also include alcohol and substance misuse. Evidence had shown that there was a link between inappropriate sexual behaviour and lack of aspiration.*
- *The report had mentioned 'the success of the implementation of the Teenage Pregnancy strategy over the past ten years'. The figures for teenage pregnancy had not improved. How would you therefore define success? Members were advised that it had been difficult to assess success as it would be difficult to know what the figures would have been like if the Teenage Pregnancy Strategy had not been introduced. Teenage pregnancies may have escalated without the strategy in place. The c Card had been a success in that 75% of young people were using it. The figures had remained relatively static.*

## **ACTION AGREED**

That the Head of Commissioning report back to the Commission in twelve months time on the impact and progress made with the Young Men's Project. The report to also include the outcomes of the refocus of the Early Intervention Programme.

### **6. Scrutiny Review of Mental health Services – Joint Committee**

The report informed the Commission of the proposal to set up a Joint Health Scrutiny Committee to respond to a forthcoming consultation on proposals for the redesign of mental health services in Cambridgeshire and Peterborough. The Commission were asked to agree to:

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

## **RECOMMENDATION**

The Commission recommended that a Joint Health Committee between Cambridgeshire County Council and Peterborough be set up for the purpose of scrutinising the proposals for the redesign of mental health services.

## **ACTION**

The Senior Governance Officer to receive nominations for membership of the Joint Health Committee from the membership of the Scrutiny Commission for Health Issues.

### **7. Interim Report on Outcome of the Consultation for Primary and Urgent Care Services**

The report informed the Commission of the NHS Peterborough's Primary and Urgent Care Strategy consultation and responses received. The report detailed:

- 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

Responses to the consultation had been as follows:

- PCT Questionnaire submissions 384
- E-mails 34
- Telephone calls 71
- Letters 15
- Formal responses from organisations or groups 26
- Petitions and local campaigns 9

The results from the consultation had shown that:

- there was a strong majority of support (87%) for NHSP's vision for urgent care

- there was a strong majority of support (78%) for NHSP's vision for primary care
- there was a majority support for option 3 (77%) to fully implement the vision.
- there was significant minority support for option 1 (39%) to do nothing.

Two changes highlighted from the original option three for Urgent Care provision that had been put forward was:

1. The proposal for a telephone triage via a three digit 111 local number from March 2013 to improve patient experience and the efficiency of the urgent care system.
2. Integration of urgent care functions in one provider (i.e. call handling and triage services; GP out of hours; Minor Injury Unit services).

### **Primary Care**

Seven practices in Peterborough were in the lowest 10% nationally for patient satisfaction levels. Recovery plans for those surgeries had been put in place and the Thomas Walker Surgery had already seen satisfaction levels improve. It was therefore proposed to implement the Primary Care Access plan.

GP practices had the physical capacity and access to workforce to supply double the capacity needed to meet the need for additional registrations at practices in the North, Central and Park areas should Burghley Road and/or Alma Road close. There was also sufficient capacity in Orton should Orton Medical Practice close.

Further proposals from the following practices had been received:

**North Street and 63 Lincoln Road** described what they could provide from the new premises in terms of additional services and additional opening hours (8am to 8pm weekdays and Saturday mornings). The outline business case met the PCT's criteria, potential sites were available and could proceed to Full Business Case if funding were available.

**East and Dogsthorpe** – the two practices running services at Parnwell, Welland and Dogsthorpe had described a proposal to merge and provide services from new premises based on the border of Dogsthorpe and East ward (with formal merger under one contract by March 2013). The provider had formed an implementation group, which included patient representatives from Welland, Parnwell and Dogsthorpe and proposed working with the group to define the satellite services it could deliver. Stagecoach had indicated a willingness to consider changes to bus routes to ensure the Parnwell bus stopped outside the new surgery. Getting confirmation of transport routes would be important to the decision regarding the nature of satellite services in Parnwell. The outline business case met the PCT's criteria, potential sites were available and could proceed to Full Business Case. The premises' costs were self funding through savings made by vacating existing premises.

**Alma Road, Burghley Road and Church Walk** - the three providers of these services had submitted a proposal to move services to the Healthy Living Centre and combine as one clinical team operating under one contract from March 2013. The proposal had been received after the consultation period. Whilst it had potential further work was needed to develop the proposal to consider it further, including the best option for location of long term condition services currently sited at the Health Living Centre.

**Orton** – Orton Bushfield had submitted proposals to develop as an 8000 list practice to manage the transition from 4000 to 8000. The practice would welcome applications from nurses and doctors at Orton Medical Practice (OMP). The opportunity for new premises funded by the landlord remained. The PCT would need to identify another practice to provide enhanced services to Longueville Court care home, if the caretaker contract with OMP ended. Another practice in Peterborough had shown an interest in providing the service.

**Hampton** – had described at a high level the services they could provide from the new premises. Further information was needed, including proposed opening hours. The outline business case met the NHSP's criteria, potential sites were available and the scheme could proceed to Full Business Case if funding was available.

**Other** smaller proposals had been put forward by the Grange, Thistlemoor and Millfield Medical and further time was needed to give those proposals due consideration.

Proposed recommendations which were to be presented to the NHS Peterborough Board were:

1. **Adopt the proposed Urgent Care Vision** as the strategic principles to guide commissioning of urgent care services in NHS Peterborough, adapted to include a more central role for telephone triage services.
2. **Urgent Care Services** - undertake a competitive procurement exercise to appoint a provider to deliver:
  - Telephone triage services as the entry point for all urgent care services outside of GP practices
  - Out of hours GP services (current hours)
  - Consolidate GP, nurse and minor injury services at the City Care Centre (seven days 8am to 8pm)
  - undertake a regular 'Call First' campaign to communicate how to access services

### 3. **Four New Health Centres**

Approve in principle the proposals made by practices to move to **four new health centre premises** at:

- City Centre (63 Lincoln Road and North Street)
- East and Dogsthorpe Wards
- Hampton
- Orton Bushfield

The final approval of each scheme would be subject to the agreement of a **full business case**. This would include a practice development plan for service quality and access; evaluation of potential sites; optimum size allowing for best practice use of space and decisions on strategic location of community health services; value for money; premises and environment standards.

The business case approval for the practice located in **East** wards would depend on approval of a local access plan for services to patients from Welland, Dogsthorpe and Parnwell, including transport arrangements and satellite services.

**Orton** Medical Practice caretaking contract and services to end in December 2011 with Orton Bushfield growing to take on the management of the majority of patients.

- NHS Peterborough to agree a clear transition plan with Orton Bushfield and Orton Medical Practice. NHS Peterborough and the practices to communicate to patients the arrangements for transfer. Particular care to be taken agreeing transition for vulnerable patients.
- NHS Peterborough to ensure a GP practice was procured to take on the contract for GP support to Orton Longueville (currently provided by Orton Medical Practice) in place by December 2011.

#### 4. Services at Burghley Road, Alma Road and Church Walk

- (a) Walk-in services at Alma Road to end on 30 September 2012
- (b) Further work to be undertaken to develop and explore the proposal by First Health, Welland and 3Well to join as one service at the Healthy Living Centre (HLC). Further work to include:
  - A local involvement process with patients and affected stakeholders
  - Careful consideration of the options for location of long term condition services currently located at HLC
  - A detailed proposal by the 3 practices including benefits, costs and a delivery plan

To complete this by 4 November, to allow the Board to decide in November the future of services for patients registered at these locations.

#### 5. Other Primary Care Commissioning Matters

- a) Implement access improvement plan with quarterly reporting to the Board
- b) Publish further information on practice accessibility and clinical quality to support patient choice of practice and encourage use by practices of NHS Choices website.
- c) Practices to lead local involvement processes to clarify future plans for:
  - Move of practices to the Healthy Living Centre (led by Welland, First Health, 3Well)
  - Use of sites at Dogsthorpe, Eye Road (Welland) and Parnwell prior to new health centre being available (led by Welland and First Health)
  - Branch services at Werrington (led by 63 Lincoln Road)
- d) NHS Peterborough to take further time to consider proposals for high priority small premises schemes

Observations and questions were raised and discussed including:

- Members were concerned about the ability of patients to access GP Practices in particular with regard to not being able to book appointments in advance and opening hours of practices. What was the PCT doing to ensure all practices across the City were providing a good degree of accessibility? *Personal medical service contracts were in place with the majority of contractors. The contract was currently in the process of being revised to amend the terms of reference to include a requirement that the GP Practices achieve as a minimum standard of performance a ranking in the upper quartile of the top 25% nationally ranked GP Practices.*
- Some members felt that if all GP Practices were able to bring their accessibility inline with Alma Road with regard to advanced booking appointments and opening hours there would not be as greater need for Alma Road.
- Members were concerned about access to public transport and felt it was a key issue particularly with regard to the proposed new surgery at East and Dogsthorpe ward. *The Full Business Case for this new surgery would not be signed off until the transport issues had been sorted out. Discussions were taking place with Stagecoach and a proposal had been put forward to change the route of an existing bus route to include a stop at the new Health Centre.*
- Which practice had put forward an interest in servicing Longueville Court? *The procurement process for the contractor was an open process and therefore as there may be more than one contractor applying it was not appropriate to mention who they were at this stage.*



- The report states that evidence suggests the Alma Road service had not reduced A&E attendance and that another PCT (Stockport) recently closed its walk-in service and saw no rise in attendance at A&E or Out of Hours GP services. Were there any other PCT's who had closed their walk-in services? *Three other PCT's who had closed their walk-in services had been contacted but it had been difficult to obtain information from them. Evidence had shown that when the Alma Road service opened there had been no change in the use of A&E. There was a need for an urgent care service in Peterborough but the best way to provide it would be in one location not two, to make it linked to the out of hours doctors surgeries, to have doctors and nurses working side by side and to integrate it with the 111 telephone service and to have diagnostics included.*
- In the report there is a table which shows the GP Peterborough Practices National Ranking April 2010 to March 2011. Alma Road ranked 2711 in the mid range national ranking table. Can you explain why you are proposing to close Alma Road but keep open some practices which were much lower in ranking? *Alma Road was being paid £730K to run the walk-in centre on top of the registered practice service and this was reflected in the ranking. Members were asked to note that some of the other practices were able to achieve much higher satisfaction levels with less funding per head. There was a need to be realistic about the commissioning budgets and the opportunity costs that were available.*
- What would happen to the 21,000 walk-in patients that attend Alma Road if it is closed? *A third of the 21,000 were double attending with their own surgery. They either went to their own surgery first or then also went to Alma Road for another opinion or the other way round. Some patients would attend the urgent care service that was being proposed and others would go back to general practice.*
- Members felt that Alma Road was not a duplication of service and that people were going there because they could not get an appointment with their own GP. By taking away the walk-in service the PCT were deciding what people wanted and not giving them a choice. *The choice was not being taken away it would be replaced if the proposal went ahead with integration at the City Care Centre where a medical opinion would be available and an enhanced service. Members were advised that they should also consider that there were other aspects to be considered with regard to quality of service and not just access. Members should be aware of the whole performance issue not just one part of it.*
- It was a requirement of the previous government that all PCT's would have one of the walk-in centres. Have you completed any research in to how many PCT's have closed the walk-in centres and what impact it has had. *A third of the PCT's were looking at closing or making a change to their walk-in centres. Peterborough was ahead of the curve with this proposal. Those that had closed them had not had sufficient time to assess the impact.*
- Cllr Shabbir informed the Commission that he had been given a copy of an advert for a replacement GP at the Thomas Walker Centre to start in April 2012. His concern was that the advert had also stated "that it was currently a four partner practice with exciting opportunities to expand to an eight partner centre in 2013". Could someone clarify what this meant? *Dr John Hasty a Senior Partner at the Thomas Walker Centre addressed the Commission to respond. He explained that one of the partners was about to retire and therefore there would be a vacancy for the current practice. He also explained that the three independent practices that had originally set up at the Thomas Walker Centre had been in discussions with the PCT to discuss the proposal of the three practices merging into one larger group practice. The ultimate aim was to grow the practice from its current 13,000 patients to 20,000 patients. The PCT were aware of the proposal.*
- The Director for Adult Social Services noted that a statement from the Thomas Walker Centre had been handed round to the members of the Commission at the beginning of the meeting and that Dr Hasty had been referring to the content of that statement. The Director for Adult Social Services asked the Interim Director of Primary Care to explain how the new proposal would fit in with proposals already being put forward.
- The Interim Director of Primary Care advised the Commission that the three providers of services at Alma Road, Burghley Road and Church Walk had submitted a late proposal to move services to the Healthy Living Centre and combine as one clinical team

operating under one contract from March 2013. This proposal had been received after the consultation period and was high level. Whilst it had potential further work was needed to develop the proposal to consider it further, including the best option for location of long term condition services currently sited at the Healthy Living Centre. The Thomas Walker Site had a pharmacy, the Thomas Walker Medical Centre and the Healthy Living Centre. People occupying the site had been given an opportunity to respond to the proposal and the statement handed out at the meeting was an expression of concerns from the GP Practices at the Thomas Walker Medical Centre. Given the consultation and the views expressed about the new proposals it had been appropriate to delay recommendations to the Board on proposals regarding the Thomas Walker Medical Centre.

- Members noted that there was nothing in the report to state how Stanground surgeries were going to accommodate patients from 17,000 houses. *Members were advised that there was extra capacity across Orton Bushfield, Hampton and Nene Valley. The two closest surgeries to Stanground were Fletton and Nene Valley and they did have space for extra patients. The PCT were aware of the need to plan for the Stanground Community.*
- Councillor Fitzgerald, Cabinet Member for Adult Services addressed the Commission and advised Members that the issues that they had raised had also been raised by him with the PCT and had been looked at in depth over the past weeks. Councillor Fitzgerald was broadly supportive of the proposals from the PCT and recognised the work that had been done to provide a compromise. The facility at Thorpe Road would offer a better enhanced service and GP's would be available. The walk-in centre would not be cut it would just be moved to Thorpe Road. The Alma Road facilities would not cease operating until the new services were in place.
- Members had noted that the Government had recently announced that there had been a £2.1 Billion increase in funding to the NHS and yet the PCT had stated that there had been a decrease in its budget. *Members were informed that NHS spending had doubled in the last ten years and the Chief Executive of the Peterborough Primary Care Trust had also inherited a deficit which he had been charged with reducing and managing the recovery plan. There had been cuts in budgets despite there being a slight increase in funding. Health Care inflation had been much greater than the average CPI, people were living longer and there had been much greater need for health care. New technology and increase in the cost of drugs had also contributed. All PCT's across the country were charged with having to make savings.*

The Chair invited members of the public and Ward Councillors to address the Commission.

Observations and questions were raised and discussed including:

- Councillor Burton, Ward Councillor for Werrington and patient at Alma Road addressed the Commission. Members were asked to note that the Joint Strategic Needs Assessment (JSNA) was a document that was a foundation for the formulation of the PCT's Strategy. The new JSNA had not yet been completed and therefore the PCT should have waited until it had been completed before they produced the Strategy. The last JSNA completed in 2007 had stated that reducing health inequalities within Peterborough and between Peterborough and the rest of the country were priorities. The Quality Impact Assessment provided by the PCT for the consultation based on the preferred Option 3 stated that health care needs of vulnerable and exclusive groups may not be adequately provided. Was the PCT therefore planning to ignore its own guidance? *Dr Caskey responded that the JSNA was in existence and still current but was being refreshed. The strategy and current JSNA were synergistic. The timing of the consultation had been important and there was a need to get on with it.*
- Rob Bailey, GP at Minister Medical Practice within the Thomas Walker Medical Centre addressed the Commission. Members were informed that the Minister Medical Practice had had discussions with the PCT to discuss the increased medical services they could offer at the Thomas Walker Medical Centre. They felt that the proposal for an additional

three surgeries at the Healthy Living Centre would lead to complete chaos and the increase in traffic would cause problems with residents. The Health Living Centre had been specifically built to provide a service to the people of Peterborough particularly in diabetes care which had been needed most in the Park and Central wards. The practices at the Thomas Walker Medical Centre did not feel that the proposals from 3Well, Burghley Road and Church Walk would be workable or that the efficiencies in cost would be realised. The proposal from 3Well, Burghley Road and Church Walk had come as a complete surprise to the current incumbents of the Healthy Living Centre and it had been poorly managed.

- Geoff Catlin a member of the Patient Participation Action Group representing Alma Road and Boltoph Bridge Surgeries addressed the Commission. He stated that the sum total of the respondents to the consultation that voted for Option 3 was only 0.16% of the population of Peterborough. He was concerned that the PCT did not have financial plans in place to support the proposed strategy and that the PCT had not used the latest data to base their proposals on. He advised the Commission that the Alma Road and Boltoph Bridge patient Participation Action Groups had lodged an official complaint against Peterborough PCT in respect of its conduct and actions in respect of the consultation. Mr Catlin was concerned about the walk-in services as he had recently been in contact with Cambridgeshire Community Care Trust who had advised Mr Catlin that they were in consultation with the PCT and were hoping to come to an agreement to take over services on 31 December 2011. Mr Catlin was concerned that there had been no mention of the involvement of Cambridgeshire Community Care Trust. *The PCT advised that the City Care Centre walk-in services were currently being provided by the Peterborough Community Services and they are working with the Cambridgeshire Community Care provider. The proposals clearly state that the PCT would go out to procure a new provider to provide an integrated urgent care service. It would therefore be a competitive procurement process.*
- Members noted that Mr Catlin had referred to more recent data being available and therefore wanted to know if the more recent data would have impacted on the proposals put forward by the PCT. *Members were advised that the data would not have made any difference to the proposals as it was only one piece of the jig saw which had helped reach the conclusion of what was the best overarching principle about the overall size of practices.*
- Mary Cook representing the Peterborough Pensioners Association addressed the Commission and wanted to know if Peterborough was a demonstration site for health care. She was also concerned about the removal of the Alma Road walk-in centre and leaving only one walk-in centre. She also raised concerns about the lack of information regarding the proposed new 111 telephone triage service and how the strategy would support the health care needs of the future. *Members were informed that Peterborough had always been one of the leaders in innovative health care and that the whole strategy was based on being able to support for the cities health care needs of the future. There was a need to develop and support primary care in order to provide for the future.*
- A member of the public addressed the Commission who was concerned that the consultation had not reflected the patient's needs and the demographics of the city. He was also concerned that the various petitions that had been submitted had also not been taken into account and there had been no mention of the amount of people who had signed the petitions. He requested that the consultation be returned for further development and consultation. *The PCT responded advising that the needs of the population had been taken into consideration and this had been done with integrity and honesty. With regard to the process of the consultation there had been a long period of pre engagement prior to the consultation commencing and external advice had been taken with regard to the process of the consultation. The PCT had said that they had listened and as a result of that new proposals may come forward which would allow the PCT to better meet the needs of the people and would reflect some of the concerns and wishes that had been expressed. With regard to the petitions it should be noted that when a petition had been submitted only the numbers of signatures on the petition could be accepted not the number of people in the household.*

- Councillor Peach, representing Park Ward addressed the Commission. He was concerned that the report presented containing the detailed outcomes of the consultations was at odds with the interim report giving high level results of the consultation. Could the PCT confirm that the 77% support for Option 3 related only to the 384 PCT questionnaire responses? Councillor Peach was concerned that the consultation had ignored approximately 9000 other responses received and that it was therefore unrepresentative of the whole consultation result. Councillor Peach requested that the Commission should take into consideration all of the comments and new issues highlighted during the meeting and request that they advise the PCT Board that the outcome of the consultation was unsafe and inadequate to make a strategic decision about the Primary and Urgent Care in the city.
- *The PCT advised that the 77% figure in support of Option three had related to the PCT questionnaire responses. It had been difficult to make a like for like comparison of the other responses as they had all been framed differently. The questionnaire had provided like for like responses. There had been extensive consultation and engagement with a large number of people during the consultation. Through the extensive consultation and listening to what people had wanted some of the options had been modified as a result of that listening exercise. The Primary and Urgent Care Strategy was for the whole of Peterborough.*
- Members were concerned that not all of the responses had been taken into account in the outcome of the consultation. Had all of the responses been included? *Members were advised that all the responses had been included in the report on the outcome of the consultations and all points raised had been considered and that was why Option three had been amended.*

The Commission requested that the PCT note the following key points raised that were made under the sections set out in the “Recommended Strategy” section of the draft PCT Board report (section 6).

### **Recommendation 6.1 – Adopt the Proposed Urgent Care Vision**

Some individuals had expressed some anxieties regarding telephone services which hopefully could be considered further.

### **Recommendation 6.2 – Urgent Care Services**

The Commission expressed concern because they were unclear of the links between the proposed services at the City Care Centre in the future and the recommendations in 6.4 which related to the registered patient GP services at Alma Road. The Commission would welcome the opportunity to reconsider this recommendation alongside the more detailed proposals for recommendation 6.4.

### **Recommendation 6.3 – Four New Health Centres**

The Commission recommends to the PCT Board that these proposals must be dependent upon:

- Resolution of any relevant transport issues, particularly in relation to Parnwell
- The identification of a GP surgery to be aligned to Longueville Court Nursing Home by 9 December 2011, with the name of the identified surgery being shared as soon as possible

### **Recommendation 6.4 – Services at Burghley Road, Alma Road and Church Walk**

The commission were unable to support this recommendation at the current time as the PCT had highlighted that further work was needed to explore recent proposals by a number of practices to develop services within the Healthy Living Centre. The Commission asked that this return to its meeting on 15 November 2011 ahead of the PCT Board in November.

The Commission was surprised to hear of the representations from the Thomas Walker Medical Centre objecting to these proposals and that there did not appear to be any reference to these issues within the PCT's reports. The Commission would ask that these matters are considered within the further work to be undertaken and included within the proposals to be represented.

### **Recommendation 6.5 – other primary Care Commissioning Matters**

The commission supported these recommendations with the following comments:

- The Commission believes there is a need to continue to improve GP access across the Board.
- That the report to the PCT Board make clear if there is more up to date information (for example on GP comparative performance and costs) since the start of the consultation and indicate if this has any implications for the proposals.
- That plans for growth in particular areas e.g. Stanground is taken into account in the plans

### **Other Comments**

The Commission also recommends:

- That the presentation of information on the questionnaire and other consultation analysis is made clearer within the reports to the PCT Board and the analysis of petition views in particular is more clearly articulated.
- That new services must be in place first before any closures of services.
- That information on any similar proposals elsewhere in the country is assessed in terms of learning and drawn into the report and proposals moving forward.

## **RECOMMENDATIONS**

The Scrutiny Commission for Health Issues recommends that the NHS Peterborough Board are asked to consider and respond to the following recommendations from the Scrutiny Commission for Health Issues in relation to the recommended strategy proposed by NHS Peterborough following the outcome of the Primary Care and Urgent Care Strategy Consultation.

### **1. The Proposed Urgent Care Vision.**

The Commission agree by a majority of 6 voting in favour and 1 abstention to support the adoption of the proposed Urgent Care Vision.

### **2. Urgent Care Services**

The Commission agree by a majority of 6 voting against and 1 abstention not to recommend the proposal for Urgent Care Services as it believes that it can not support it without consideration of the detailed business case in relation to the proposals for services at Burghley Road, Alma Road and Church Walk

### **3. Four New Health Centres**

The Commission supports the proposals for four new Health Centres at

- City Centre (63 Lincoln Road and North Street)
- East and Dogsthorpe Wards
- Hampton

- Orton Bushfield

#### **4. Services at Burghley Road, Alma Road and Church Walk**

The Commission can not take a view on this proposal until such time as it has considered the detailed business case at its meeting on 15 November 2011.

#### **5. Other Primary Care Commission matters**

The Commission support in principal the proposals for other primary care commission matters subject to NHS Peterborough considering the observations and comments made at the meeting held on 13 September 2011.

#### **8. Forward Plan of key Decisions**

The Commission 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 Commission noted the Forward Plan

#### **9. Work Programme**

Members noted the Commissions Work Programme for 2011/12.

#### **10. Date of Next Meeting**

Tuesday, 15 November 2011

CHAIRMAN  
7.10 - 10.35 pm

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>15 NOVEMBER 2011</b>	<b>Public Report</b>

## **Report of the Executive Director of Adult Social Services**

Contact Officer(s) – Tina Hornsby – Head of Performance and Informatics  
Contact Details - [tina.hornsby@peterboroughpct.nhs.uk](mailto:tina.hornsby@peterboroughpct.nhs.uk) 01733 758558

### **QUARTERLY PERFORMANCE REPORT ON ADULT SOCIAL CARE SERVICES IN PETERBOROUGH**

#### **1. PURPOSE**

- 1.1 The attached report provides an update on the delivery of Adult Social Care services in Peterborough against the four outcome domains contained within the national Adult Social Care outcomes framework, and information on safeguarding adults at risk.
- 1.2 The report also presents the draft Local Account for Adult Social Care to the Commission for consideration and discussion.

#### **2. RECOMMENDATIONS**

- 2.1 The Scrutiny Commission is asked to review and comment on the performance information within the report.
- 2.2 The Scrutiny Commission is asked to review the draft Local Account for 2010-11, and comment and agree the content.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 The Adult Social Care outcomes have strong links to the health and wellbeing aspects of the community strategy.
- 3.2 The report details performance against all available national indicators from the national outcomes framework.
- 3.3 The Local Account evidences outcomes delivered which impact on health and wellbeing

#### **4. BACKGROUND**

- 4.1 The attached report has been constructed to provide summarised information on the following:
  - An overview of progress on priority areas within the four national outcome domains (including safeguarding);
  - An updated position with regard to progress against national and local performance indicators;
  - An update on the status of key projects which are underway to achieve these priorities;
  - Additional activity data where this is appropriate;
  - Examples of the impact of our work on service users and carers in Peterborough.
- 4.2 This report covers the second quarter of 2010-11, and gives the position at the end of the annual performance cycle.
- 4.3 The Department of Health has set out a requirement for all Local Authorities to publish an Annual Local Account for Adult Social Care in December 2011. Appendix 6 contains the draft

## **5. KEY ISSUES**

5.1 The following performance indicators are rated as amber:

- Percentage of adults and older people receiving self directed support.
- Percentage of adults with learning disabilities in settled accommodation.
- Delayed transfers of care from hospitals per 100k population.
- Proportion of carers receiving an assessment or review in the year.

5.2 We have included full adult safeguarding reporting within outcome 4 of the performance report.

## **6. IMPLICATIONS**

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

## **7. CONSULTATION**

7.1 None.

## **8. NEXT STEPS**

8.1 The Local Account will be published by the Council in December 2011.

8.2 A performance update for the third quarter of 2011-12 will be provided to the Scrutiny Committee in February 2012.

## **9. BACKGROUND DOCUMENTS**

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

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

## **10. APPENDICES**

10.1 Main report – Quarter 2 performance report performance report  
Appendix 1 self directed support dashboard  
Appendix 2 Safeguarding summary  
Appendix 3 Safeguarding alerts and targets  
Appendix 4 Safeguarding training  
Appendix 5 Safeguarding dashboard  
Appendix 6 draft Local Account



## Adult Social Care – Quarter 2 2011-12 Performance Report

Tina Hornsby – Head of Performance and Informatics – NHS Peterborough

### Introduction

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

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

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

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

### Key

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

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

### Direction of Travel



Improving



Deteriorating



Remaining static

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

**Summary of Key Priorities**

**Personal budgets and self directed support:**

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

**Information and Advice:**

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

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Target 11/12	Q2
<b>NI 127 Self reported patient experience (expressed as a score out of 24)</b>	Social Care users' perceptions of services they receive are an essential aspect of assessing whether the personal outcomes that people want from care and support services are being delivered. Taken from statutory user survey. High is good	No target set 2010-11 provisional results – comparator average = 18.6	<b>18.8</b> <b>2010-11</b>
<b>Percentage of adults with learning disabilities in paid employment</b>	Numbers of adults with learning disabilities who were supported in paid employment increased in Q2. High is good. Provisional 2010-11 England Average = 7.2% - IPF Average = 5.7%	<b>13.7%</b>	<b>18.83%</b> <b>Green</b> ↑
<b>Percentage of adults and older people receiving self directed support</b>	2507 clients were receiving self directed support, as at 30 September. This has been set against a newly profiled figure for all users, which evidences better performance than previous reported but still a slight deterioration in overall percentages month on month (see appendix one) High is good. Provisional 2010-11 Comparator Ave = 33.8% National Ave = 30.1%	<b>60%</b>	<b>57.59 %</b> <b>Amber</b> ↓
<b>Percentage of adults in contact with secondary mental health services in paid employment</b>	82 out of the 1046 adults in contact with secondary mental health services were in paid employment at end August 2011. Provisional 2010-11 national average (9%) and comparator average (8.7%)  High is good.	<b>7.5%</b>	<b>8.0%</b> <b>Green</b> ↑
<b>Percentage of adults with learning disabilities in settled accommodation</b>	478 out of 650 adults with learning disabilities are in settled accommodation. High is Good. Provisional 2010-11 Comparator Ave = 57.3% England average = 61.0%	<b>75%</b>	<b>73.5%</b> <b>Amber</b> ↓
<b>Percentage of adults in contact with secondary mental health services in settled accommodation</b>	649 out of the 1010 adults in contact with secondary mental health services were in settled accommodation. High is good Provisional 2010-11 England average (66.6%) and Comparator average (67.2%).	<b>63%</b>	<b>64.3%</b> <b>Green</b> ↑

<b>Promoting personalisation and enhancing quality of life for people with care and support needs</b>			
<b>Related Projects</b>			
<b>Project</b>	<b>Description</b>	<b>Progress update</b>	<b>Status</b>
<i>Living My Life - Support planning</i>	Putting in place support planning and personal budgets for 60% of all Adult Social Care customers	As at 30 the September 2011 57.59% of customers had personal budgets. A system is now in place to audit all reviews within which take place within PCS and do not result in a personal budget, in order ensure personal budgets are always being offered when appropriate.	<b>Amber</b>
<i>Living My Life - Risk enablement</i>	Developing a risk enablement policy and guidance that supports customers making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control.	Risk enablement is now included in PCS training modules.	<b>Green</b>
<i>Living My Life - Advice and information</i>	Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers.	A preferred directory provider has been selected, approval gained at the ASC Systems Project Board on 17 June. Work with Peterborough Direct on wider advice and information delivery is ongoing and on schedule.	<b>Green</b>
<i>Adult Placement Scheme for people with learning disabilities</i>	Expanding the number of people who can benefit from this scheme which has good outcomes and is cost-effective. Investment in marketing and capacity to promote	The Scheme continues to expand and now provides support to 24 people by 11 families. The marketing exercise has been delayed but will take place in the next 2 months.	<b>Green</b>

### **Additional Key Activity Data**

<b>NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS WHO DID NOT HAVE ONE PREVIOUSLY</b>	<b>2010/11</b>	<b>Q1 – 2011/12</b>	<b>Q2 – 2011/12</b>	<b>Q3 – 2011/12</b>	<b>Q4 2011/12</b>
Older People	92	13	20		
People with a learning disability	28	2	2		
People with physical and sensory disabilities	56	13	13		
Mental Health (18-64)	8	12	13		
Substance Misuse	0	0	0		
Carers	21	2	0		
<b>Total</b>	<b>205</b>	<b>42</b>	<b>48</b>		

The numbers of new people receiving Direct Payments increased again slightly within the second quarter. With a marked increase in older people.

The Self Directed Support Dashboard is attached at Appendix 1

## **Personalisation and enhancing quality of life**

### **Support Planning Pilot Case Study (Circles Network)**

A young man has historically refused to take part in activities outside of the home unless supported by his parents. He does not want to employ anyone to "follow him around" and does not want to access any services that are available for people with a disability or Autism. The development of his Support Plan has encouraged him to think about the things he enjoys and opportunities he would like to have but has previously be unable to financially afford. He has now approached a family friend to support him to access some of his interests in the community like watching football games and visiting places of interest. He is using a direct payment to pay for the activities and to cover the expenses of the family friend. This has given the young man a huge boost of confidence and has decreased the dependency on his parents but maintains his safety, health and wellbeing. In time these positive experiences will enable him to think seriously about his dream of living independently.

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

### Summary of Key Priorities

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

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

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Target 2011/12	Q2
<b>Permanent admissions to residential care homes per 1,000 population</b>	In the first 6 months of the year we have placed very few older people into permanent residential or nursing care and look set to be below the full year target. However, our placements for those aged under 18-64, despite being low overall numbers, are nearing the full year target, Low is good.	FY 7.9 > 65 FY 0.11 < 65	>65 2.7 <65 0.09 Green ↓
Previously NI131 - <b>Delayed transfers of care from hospitals per 100k population</b>	The year to date average number of delayed transfers of care rose in August 2011, reflecting a rise in numbers in both acute and mental health settings, this has impacted on the ytd weekly average, despite the levels falling again in September. Low is good	5.9	6.09 Amber ↓
<b>Proportion of people achieving independence 3 months after entering intermediate care</b>	Between Apr – Aug 2011 90.7% of older people discharged from hospital into intermediate care services were still living independently in their own homes three months later. In August 100% was achieved for the first time. High is good. Provisional 2010-11 benchmarking: Comparator Average = 79.6%, England Average = 83.1%	85%	90.7% Green ↑
<b>Previously NI 135 Proportion of carers receiving an assessment or review in the year</b>	1475 carers received an assessment or review within the last rolling 12 months. Although this is deteriorating performance and significantly below target it is still within the top quartile of comparator performance (24.7%) High is good	36%	27.3% Amber ↓

Initial evaluation of the re-ablement service, has shown the following positive impacts:

Of the five people leaving the end of the service following re-ablement:

- 4 required no support at the end of the re-ablement period
- 1 required ongoing support, however, this was reduced by 50% at point of discharge from re-ablement
- Average improvement in health and wellbeing ratings between start and end of re-ablement: 38%

	Average start hours per week	Average end hours per week	Average duration (weeks)	Completers			
				No ongoing support required	Reduced ongoing support required	No change to ongoing support	Increased ongoing support required
Expected	8.64	7.61	5.80	56%	18%	18%	9%
Actual	8.28	0.70	5.90	80%	20%	0%	0%

Preventing deterioration, delaying dependency and supporting recovery Related Projects			
Project	Description	Progress update	Status
<i>Disability Sports Development Project</i>	A refocusing of the learning disability day services to enable people to have access to sports and recreation.	This post has not be mainstreamed and discussions are continuing to mainstream it. The service has focused initially on promoting access to football with a team being established which has participated in a number of local and regional competitions.	<b>Amber</b>
<i>Living My Life – Reablement</i>	To provide customers with effective re-ablement and home based support services in order that they are assisted to live as independently as possible in their own home.	Phase 1 implemented; reablement service available at discharge from hospital. Service capacity to deliver required outcomes and unit costing under review. Initial outcome monitoring indicates a 38% improvement in social care outcomes for those completing a period of re-ablement.	<b>Amber</b>
<i>Learning Disability Intensive Community Support Team</i>	Provision of an intensive community support service to support people returning ton Peterborough from out of area residential placements.	The Intensive Support Team has identified 30 people who can return to Peterborough over the next 3 years. Seven people are already in new support and care packages in the City with another 6 planned before the end of March 2012. Preparatory work is underway for the next group of people who are likely to return in 2012-13.	<b>Amber</b>

## Additional Key Activity Data

### Intermediate Care Services

ACTIVITY AREA	2010/11	Q1 – 2011/12	Q2 – 2011/12	Q3 - 2011/12	Q4 – 2011/12	Total YTD
<b>Intermediate Care Services to prevent hospital admissions</b>						
Number of people receiving <b>non-residential</b> intermediate care to prevent hospital admission	196	81	43			124
Number of people receiving <b>residential</b> intermediate care to prevent hospital admission	242	49	43			92
<b>Intermediate Care Services to facilitate timely hospital discharge and / or effective rehabilitation</b>						
Number of people receiving <b>non-residential</b> intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	741	58	36			94
Number of people receiving <b>residential</b> intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	282	102	94			196

The numbers going through intermediate care services have dropped slightly in Quarter 2

### Re-ablement Case Study

Mrs W Came to the Re-ablement service in June 2011, she had been admitted to Hospital with a severe diarrhoea & vomiting, and then contracted Pneumonia so had spent approximately 3 weeks in Hospital. When she joined our service she was extremely upset, fatigued and was unable to climb her stairs, unable to carry out any personal care or food preparation. At first she was very anxious about doing any task's for herself and needed a lot of encouragement to carry out any personal care or food preparation. Within 3 weeks of being with the service she was able to get halfway up her stairs and back again but only with staff present, as she did not feel safe to practise this goal when on her own. This was a big step for Mrs W. She was also starting to do certain tasks of food preparation without any prompting from our re-ablement staff. At the 4/5 week visit Mrs W was much more independent, she was now going up and down her stairs without any support, had returned to sleeping back in her bedroom and was doing all her own personal care. Mrs W had gained over ½ a stone in weight since her discharge from Hospital and was very happy with the progress she had made. Mrs W was discharged from the service in mid-August requiring no further support.

## Outcome 3: Ensuring a positive experience of care and support

### Summary of Key Priorities

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

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

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

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Local target	Q2
<b>Overall satisfaction with local adult social care services</b>	60.8% of those responding to the statutory survey report being either extremely or very satisfied with the service they received. Baseline taken from 2008-09 older people home care survey ( <i>ADASS – supported</i> )	IPF Ave = 57.05%	<b>60.8%</b> <b>No update</b>
<b>The proportion of people using social care and carers who express difficulty in finding information and advice about local services</b>	53.1% of those responding to the statutory survey stated that they found it very easy or fairly easy to find information about the support available to them.	No target set Baseline year	<b>53.1%</b> <b>No update</b>
<b>The proportion of carers who have reported that they have been included or consulted in discussions about the person they care for</b>	Taken from carers survey – piloted in 2009-10 as voluntary return. 198 out of 210 carers felt that they were involved in discussions about the care and treatment of the person they care for, when they had been in contact with health professionals at a NHS hospital in the last 12 months. No benchmark available.	No target set	<b>09-10 94.28%</b> <b>No update</b>

### Southern Cross home successful transfer

Astoria Park a home formerly run by Southern Cross has been successfully transferred to a local high quality independent provider



Ensuring a positive experience of care and support Related Projects			
Project (Improvement Plan Workstreams)	Description	Progress update	Status
<i>Joint Planning &amp; Capability - formalise quality assurance and performance management further</i>	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	Reviewing activity and finance reporting as part of the overall transitions work to bring services back into the Council. Developing enhanced specifications for delivery of social care services including quality metrics and data quality metrics, currently ongoing. The first Local Account for Peterborough is on schedule for publication in December 2011. National benchmarking reports are now available.	<b>Amber</b>
<i>Closure of residential homes</i>	Planned closure of residential homes and development of extra care housing	Two further residential care homes have close and The Spinney – extra care at Eye has opened.  Further developments are being planned and consulted on.	<b>Green</b>
<i>Implementation of electronic call monitoring</i>	The implementation of a Homecare Electronic Call Monitoring System, which will allow remote tracking and monitoring of care delivered by paid carers in people's own homes	Tender exercise completed and preferred provider selected subject to NHSP and PCC final approval. Go live date now pushed back due to organisational changes leading to some delays.	<b>Amber</b>

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

### Summary of Key Priorities

The Government's vision for protection is that:

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

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

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

NATIONAL PERFORMANCE INDICATORS:			
Indicator	Comment	Target 2011/12	Q2
<b>The proportion of people using social care services who feel secure</b>	66% of respondents to the statutory survey reported feeling as safe as they wanted.	No target set – baseline year	<b>66%</b> <b>No update</b>
<b>The proportion of people using services who said those services make them feel safe and secure</b>	55% of respondents to the statutory survey reported that the social care services they received made them feel safe and secure.	No target set – baseline year	<b>55%</b> <b>No update</b>

The following Safeguarding specific reports are attached for information

- Appendix 2 – Safeguarding summary report
- Appendix 3 – Safeguarding alerts and targets
- Appendix 4 – Safeguarding Training
- Appendix 5 – Safeguarding dashboard

Protecting from avoidable harm and caring in a safe environment Related Projects			
Project (Improvement Plan Workstreams)	Description	Progress update	Status
<i>Joint Planning &amp; Capability - new specialist safeguarding team</i>	Create and recruit to team.	Interim lead, data and performance analyst, and administrator in post. Decision taken to place team with PCC and permanent Lead and Social work consultant will be recruited via PCC process.	Green
<i>Prevention - strengthen the training for safeguarding</i>	Commission training to further strengthen the receiving, assessing, investigating and completing work about safeguarding concerns	E-learning package has been trailed and will be launched in late October Assessment of learning process in place and positive feedback from staff and managers. National competencies adopted and incorporated into basic level training. Further training for Direct Payment customers delivered and for Appropriate Adults volunteers.	Green
<i>Response to Safeguarding Concerns - further improve how safeguarding concerns are received, assessed, investigated – and the work completed</i>	Review and refine the work stream that starts with an alert about a safeguarding concern and ends with the completion of the required work	Improvement began early 2009, and new multi-agency policy in place. Multi-agency procedures being developed and serious case review protocol being updated.	Green

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Year to date up to 30 September 11

**SUMMARY**

**Mental Health**

Age Band	YTD	Of which DP
Adults	229	46
Older People	44	3
Unknown Age	0	0
<b>Total Numerator</b>	<b>273</b>	<b>49</b>

<b>2010-11 Denominator</b>	<b>543</b>
<b>Current NI130 Value</b>	<b>50.28%</b>

**PCS**

Age Band	YTD	Of which DP
Adults	745	265
Older People	1488	181
Unknown Age	1	0
<b>Total Numerator</b>	<b>2234</b>	<b>446</b>

<b>2010-11 Denominator</b>	<b>5374</b>
<b>Current NI130 Value</b>	<b>41.57%</b>

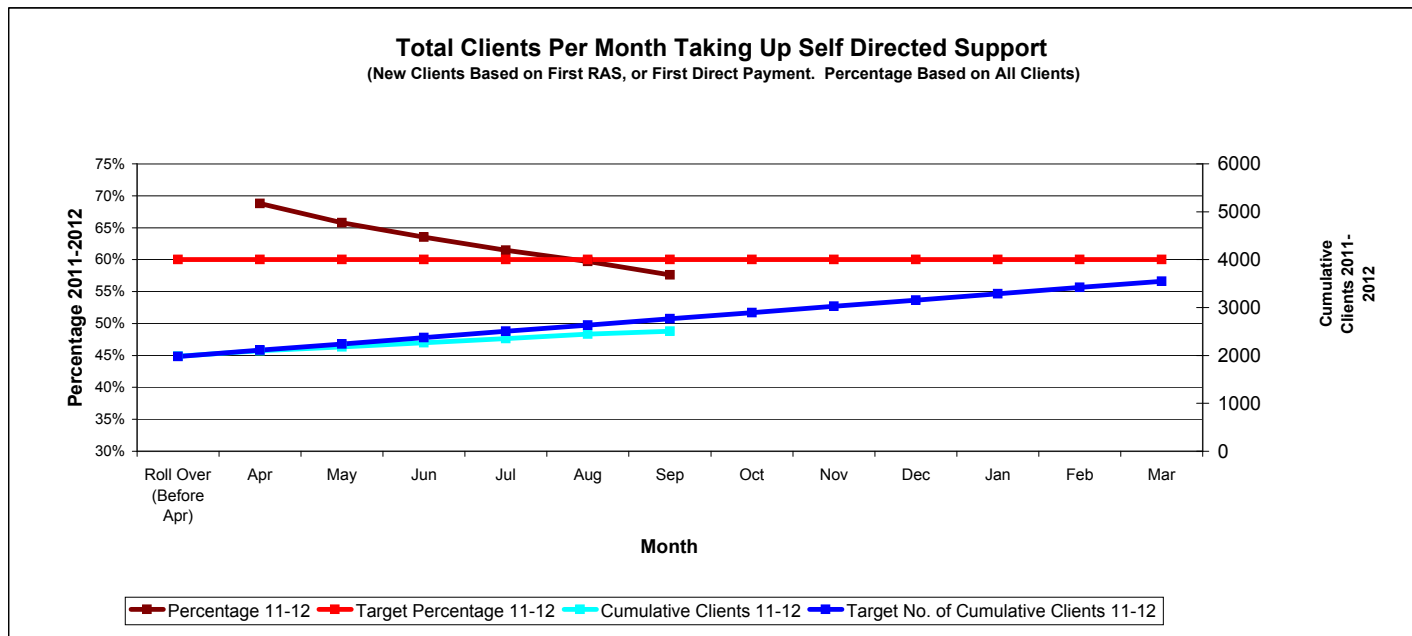
**Overall National Indicator NI130**

NI130	YTD	Target
Numerator	2507	3550
Denominator	5917	5917
Percentage	<b>42.37%</b>	<b>60%</b>

18+ who received SDS in year  
Service users receiving community based services + carers receiving carers's specific services  
(5917 is year end figure for 10-11)

	Roll Over (Before Apr)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Year End Total	Year End Target
No. of New Clients 11-12		115	79	90	88	88	64								
Cumulative Clients 11-12	1983	2,098	2,177	2,267	2,355	2,443	2,507							2507*	3,550
Target Denominator 11-12	2788	3,049	3,310	3,570	3,831	4,092	4,353	4,613	4,874	5,135	5,396	5,656	5,917		5,917
Percentage 11-12		68.81%	65.77%	63.50%	61.47%	59.70%	57.59%							42.37%	60.00%
Target Percentage 11-12	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6		60
Target No. of Cumulative Clients 11-12	1979	2110	2241	2372	2503	2634	2765	2895	3026	3157	3288	3419	3550		3550
Variance against Target Clients 11-12		-12	-64	-105	-148	-191	-258								

\* Year End Total is different to monthly cumulative total due to certain exclusions which occur in the RAP return



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## Summary report for Scrutiny Commission

1 This report covers data relating to safeguarding practice from October 2010 up to and including September 2011. There is a particular focus on the months of August and September, with the months of October 2010 to July 2011 analysed in earlier reports.

### 2 PERFORMANCE DATA

2.1 Detailed performance and training data is attached.

### 3 ANALYSIS

3.1 There has been a slight decrease in the number of safeguarding alerts being recorded

- Last reporting period (Jun/Jul) there were 76 recorded alerts, this has dropped to 63 in the current reporting period
- This is a much higher rate of activity than recorded in the same reporting period last year ( Aug/Sept 2010 = 31 alerts)
- There have been 266 alerts reported in the last 12 months however if we look at activity in the first six months from Oct to Mar (90) and last 6 months April to Sept (176) you can see that activity has nearly doubled.

3.2 Activity relating to safeguarding referrals has fallen over the last 2 months

- 68 referrals were recorded Aug/Sept – substantially lower than the previous reporting period (91) and the same reporting period last year (88)
- There have been 511 referrals in the last 12 months – Oct to Mar 259, Feb to July 252.

3.3 The other main points relating to activity in the current reporting period are

- September's referrals showed an increase in the proportion of referrals relating to clients over 65 (72% of all referrals recorded compared to 12 month average of 60%)
- In August in total 17 more cases were closed than opened. However in the last 12 months 228 more cases have been opened than closed with completed paperwork/tracker.
- Update of training is slowing improving

### 4 LOCAL PERFORMANCE INDICATORS

4.1 The Safeguarding Board has chosen a range of indicators (appendix 5) and highlighted here:

Over the last 12 months to September 2011

- 75% of alerts have been responded to within the 24 hour deadline. – August's performance is slightly above this at 78% and September at 75% - well above July's performance of 66%

## Appendix 2

- 60% of strategy meetings were held within the 5 day deadline – September at 74% and August at 67% is well above the current average for the year and the 58% comparator average.
- 61% of Investigation Reports were completed within the 20 day deadline. Septembers at 68% shows improvement but August at 61% falls below the 64% comparator target.

### **5 DATA QUALITY**

#### **5.1 From 1 November the following new arrangements will be in place with regard to data quality management**

- Currently the forms that we use to capture data are opened, completed and locked by the operational team. As from 1 November the operational team will inform the strategic lead when documents are ready for closure so that they can be quality checked and any necessary changes notified to and completed by the operational team before the documents area locked down
- Currently cases ready for closure are locked down by the operational team managers – from 1 November a final formal checking procedure will be undergone before any case is locked down

This should ameliorate the current problems we experience with data quality issues relating to locked documents and cases (i.e. technical issues and time demand of reopening documents on RAISE and auditing and data integrity issues of making amendments to closed safeguarding cases/documents) and lead to a significant increase in overall data quality.

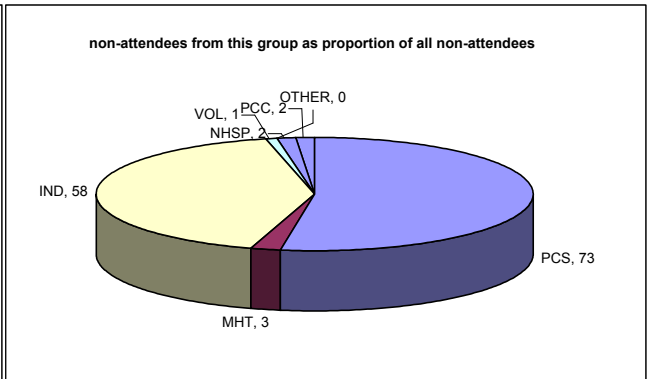
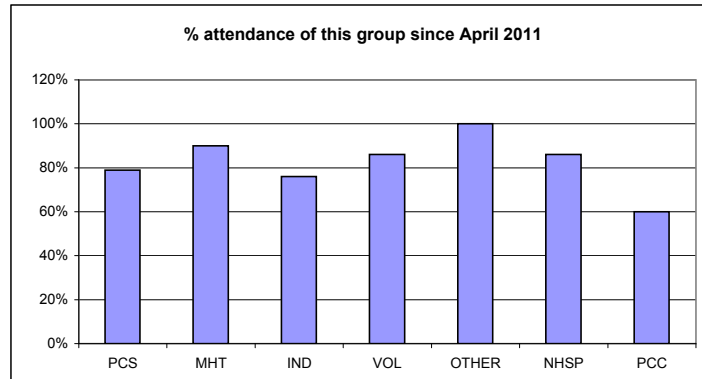
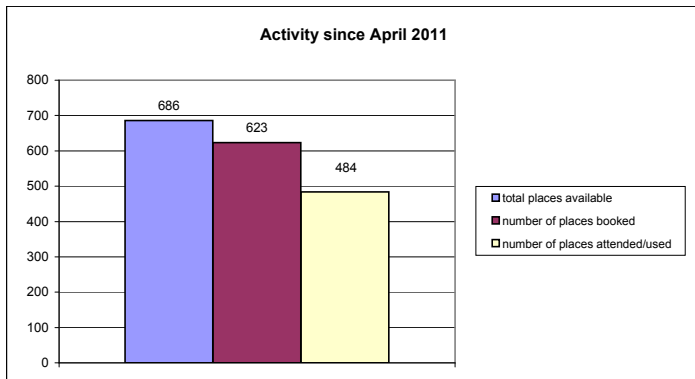
This process will be trialled and monitored and if effective will become set practice.



Figures for Aug and Sept 2011  
training data

Appendix 4 - Safeguarding training

Name of course	target groups	length of course	current reporting period						since April 2011							
			number of times course run <b>current reporting period</b>	number of sessions cancelled and why <b>(current reporting period)</b>	places available <b>(current reporting period)</b>	total places available since (April 2011 )	number of people booked on to the course <b>current reporting period</b>	actual number of attendees <b>current reporting period</b>	% attendance of this group	number of non-attendees from this group	non-attendees from this group as % of all non-attendees	number of people booked on to the course <b>since April 2011</b>	actual number of attendees <b>since April 2011</b>	% attendance of this group since April 2011	non-attendees from this group since April 2011	attendees from this group as % of all non-attendees
<b>Safeguarding Raising Awareness</b>		half day	5	0	124	393	118	86	73%	32		350	275	79%	75	
PCS	*						64	45	70%	19	59%	138	110	80%	28	38%
MHT	*						2	2	0%	0	0%	15	13	87%	2	3%
IND	*						38	27	71%	11	34%	177	135	76%	42	58%
VOL	*						0	0	0%	0	0%	6	5	83%	1	1%
NHSP	.						12	10	83%	2	6%	12	10	83%	2	3%
PCC	.						1	1	100%	0	0%	1	1	100%	0	0%
Other	.						1 (PRC)	1	100%	0	0%	1	1	100%	0	0%
<b>Safeguarding Enhanced</b>		1 day	2	0	43	127	41	43	105%	12		123	88	72%	35	
PCS	*						29	23	79%	6	50%	89	64	72%	25	74%
MHT	*						2	1	50%	1	8%	9	8	89%	1	3%
IND	*						10	5	50%	5	42%	19	12	63%	7	21%
VOL	*						0	0	0%	0	0%	1	1	100%	0	0%
NHSP	.						0	0	0%	0	0%	4	3	75%	1	1%
<b>Leading Safeguarding Investigations</b>		2 days	1	0	18	18	11	10	91%	1		11	10	91%	1	
PCS	*						6	5	83%	1	100%	6	5	50%	1	100%
MHT	*						4	4	100%	0	0%	4	4	40%	0	0%
IND	*						0	0	0%	0	0%	0	0	0%	0	0%
NHSP	.						1	1	100%	0	0%	1	1	10%	0	0%
<b>Mental Capacity Act 2005 Awareness</b>		half day	1	0	46	148	41	33	80%	8		139	111	80%	28	
PCS	*						28	23	82%	5	63%	96	77	80%	19	68%
MHT	*						0	0	0%	0	0%	2	2	100%	0	0%
IND	*						13	10	80%	3	38%	41	32	78%	9	32%
VOL	*						0	0	0%	0	0%	0	0	0%	0	0%
<b>TOTAL ALL COURSES</b>					231	686	211	158	75%	53		623	484	78%	139	
PCS							127	96	76%	31	58%	329	256	79%	73	53%
MHT							8	7	88%	1	2%	30	27	90%	3	2%
IND							61	42	69%	19	36%	237	179	76%	58	42%
VOL							0	0	0%	0	0%	7	6	86%	1	1%
OTHER							1 (PRC)	1 (PRC)	100%	0	0%	1	1	100%	0	0%
NHSP							15	11	73%	4	8%	14	12	86%	2	1%
PCC							1	1	100%	0	0%	5	3	60%	2	1%





Safeguarding Performance Indicator	National Average Performance	Locality Performance Average	Current performance		Status of performance	RAG Rating	Comments	Acceptable range/KEY to RAG rating
			Month	Percentage				
Decision to refer or close as an alert made within 24 hours of receipt of alert	Not collected nationally	Not available	August	78%	ACCEPTABLE	AMBER	Falls within acceptable limits	<b>Acceptable range 73-89%</b> Red/poor – below 73% Amber/acceptable between 73-80% Dark green/ good – meets or exceeds last years 12 month average but does not exceed top of range 81-89% Light green/exceptional – above 89%
			September	75%	ACCEPTABLE	AMBER	Falls at lower end of acceptable limit	
			Rolling 12 month av (comparator = 81%)	75%	WELL BELOW	RED	12 month av as at April 2011 was 81% a drop of 6%	
1 <sup>st</sup> strategy meeting or discussion held within 5 calendar days of receipt of alert	Not collected nationally	Not available	August	67%	GOOD	DARK GREEN	Falls at top end of acceptable range and exceeds last year's average	<b>Acceptable range 48-68%</b> Red/poor – below 48% Amber/acceptable – between 48-57% Dark green/good – meets or exceeds last years 12 month average but does not exceed top of range 58-68% Light green/exceptional – above 68%
			September	74%	EXCEPTIONAL	LIGHT GREEN	Falls well above the upper performance band	
			Rolling 12 month av (comparator =58%)	60%	ABOVE	DARK GREEN	12 month av as at April 2011 was 58% - a small increase of 2%	
Investigation report completed within 20 calendar days of receipt of alert	Not collected nationally	Not available	August	61%	ACCEPTABLE	AMBER	Falls within the acceptable range	<b>Acceptable range 47-81%</b> Red/poor – below 47% Amber/acceptable – between 47-63% Dark green/good – meets or exceeds last years 12 month average but does not exceed top of range 64-81% Light green/exceptional – above 81%
			September	68%	GOOD	DARK GREEN		
			Rolling 12 month av (comparator =64%)	61%	BELOW	AMBER	12 month av as at April 2011 was 64% - a drop of 3%	
Decision – outcome of allegation - due 28 calendar days of receipt of alert	Not collected nationally	Not available	August	60%			Not enough data to currently monitor	
			September	44%				
			6 month av	56%			Not enough data available to currently monitor	

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Because of inconsistencies in the interpretation of the National Framework guidelines, on which these indicators are based no national performance average is available . Working is currently ongoing with our colleagues in Eastern Region to see if a locality performance average can be determined.

The thresholds used in this dashboard are drafts subject to revision after a year's trial.

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## **Peterborough Adult Social Care Local Account – Draft**

### **Introduction**

The Department of Health have set out a requirement for all Local Authorities to publish an Annual Local Account to inform residents of how the Council has delivered Adult Social care services over the previous year.

This is Peterborough's Local Account where we aim to share information about how the Adult Social Care funding has been spent and to tell you how we have done against the four outcomes for Adult Social Care which have been identified by the Department of Health:

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

### **What services we provide and how we spend the money**

#### **About Peterborough's population**

Peterborough had an estimated 172,800 people living within the City Council boundaries in 2010. Of these approx 24,000 were aged 65 and over, with an estimated 2,654 people having a learning disability and 8,103 people estimated to have a moderate physical disability and 2,340 a serious one.

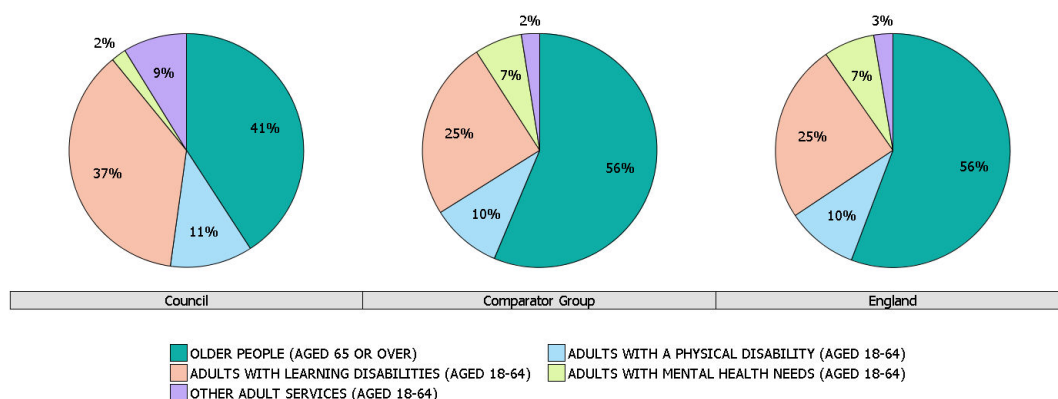
#### **Providers of adult social care services**

Adult Social Care Services in Peterborough are provided by a range of organisations including:

- Peterborough Community Services (PCS), part of NHS Peterborough which provides a range of community health and social care services in local settings
- Private, independent and voluntary sector providers support people to maintain their independence through a range of care settings and services including residential, home based and community support services.
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provide mental health services.

#### **Services provided**

The charts below show the break down of funding by client group for Peterborough and for our comparator Councils and England averages for 2010-11.



The council spends 25.5% of its expenditure on Adult Social Care services, slightly less than the average of similar councils (28.1%).

The council spends comparatively less on residential care than on community based care packages compared to similar councils. This is the case for all service user groups, reflecting our focus on supporting people in their own homes wherever possible.

During the year Peterborough Adult Social Care provided the following services for residents:

- 2664 contacts for new service users made during the year were dealt with solely at, or near to the point of first contact by provision of appropriate information or advice, an increase from 2457 during 2009-10.
- 2054 new service users were assessed for adult social care services during 2010-11, 576 adults aged 18 to 64 and 1478 older people. 1601 of these new assessments resulted in a social care support plan and services being provided.
- Peterborough Community Services and Cambridgeshire and Peterborough Foundation Trust reviewed a total of 4453 existing people using services during the year, an increase from 4155 during 2009-10.
- A total of 5937 people received social care services during 2010-11, an increase from 5898 in the previous year.
- Numbers of younger adults in residential or nursing care during the year decreased from 168 in 2009-10 to 145 in 2010-11. The number of older people in residential / nursing care placements also decreased from 710 to 538.
- 2235 people received either self directed support or direct payments within the year, compared to 1055 in 2009-10. In 2010-11 418 of these people went on to receive a direct payment as all or part of their care package (18.7%) compared to 164 (15.5%) in 2009-10.
- During 2010-11 1875 carers received an assessment or review and 509 subsequently received a service. 307 carers benefitted from a carers break on one or more occasion during that year.
- 95 carers received either self directed support or direct payments during 2010-11, compared to 56 in 2009-10.

**Ensuring everyone has access to adult social care**

Peterborough has a very diverse population and this is reflected in our social care activity. During 2010-11 10.94% of new social care assessments for those aged 18

to 64 were carried for people with non white ethnicities. For older people this rate was 6.03%.

Diversity was also reflected in the make up of people receiving social care services with 16.27% of those aged 18 to 64 and 6.1% of those aged 65+ being from non white ethnicities. Looking at service types 17.38% of adults aged 18 to 64 receiving community based services were from non white ethnicities compared to 8.3% of those receiving residential / nursing home care. For older people 5.68% of those receiving community services were from non white ethnicities, compared with 2.2% of those receiving residential / nursing home care.

We also want to ensure that people who pay for their own care:

- Access our universal information and advice system which gives information on available services and their quality.
- Exercise their right to have us assess their needs – to help them plan for what services will give them best quality of life and control over their life.
- Access our planned re-ablement service (without charge) in time of crisis to help prevent them becoming dependent on a service they may not need.
- Have choice of an array of services and support arrangements (including buying or renting houses or flats with care) that they see as attractive options.

By doing this we wish to avoid the possibility that people who are not eligible for the council to pay for their care, are left to find their own way in what can be a bewildering environment, where they have little idea where to begin. For such people this can lead inappropriately or prematurely to residential care, through their lack of awareness of the alternatives.

### **Delivering against outcomes**

In previous years we have worked with users, carers and voluntary sector groups to decide what are the key outcomes we should be delivering locally in response to the national frameworks for Adult Social Care. The following sections detail those local priorities and how we have sought to deliver them, and what difference this has made for residents.

Some examples have been taken from the survey of Adult Social Care service users carried out during February 2010 and others are individual case studies reported back through users and staff themselves.

The Department of Health's Adult Social Care Outcomes Framework set out some measures against which we can compare our performance, against all other English Councils (England Average) and against those areas most similar to Peterborough (comparator average). We include these indicators under the outcomes to which they relate.

**Outcome 1 - Ensuring quality of life for people with care and support needs****You told us we should:**

Support everyone eligible to access personal budgets and self directed support.

**We said we would:**

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

**You told us we should:**

Make adequate information and advice available to everyone.

**We said we would:**

- Create a universal information and advice system for adult social care. Everyone needs universal access to information and advice to ensure they can live their lives and choose the best support regardless of how that is funded. All people should be able to access universal services such as transport, leisure and education facilities, housing, health services and opportunities for meaningful occupation and get on with living their lives; and
- Provide good information (which is current, relevant and accurate) and that is essential for all adults and their relatives who need, or may need support in order to live their lives is made available. Good information should help people make wise choices, enable them to take control and help prevent people from losing their abilities, skills and independence.

Our challenge is to ensure that everyone with a social care need (no matter how large or small) can find the information to meet their need, in a form and through a channel appropriate to them.



**Ensuring quality of life for people with care and support needs****How did we do this?**

We have focused in on the following key projects to help us to do these things.

<b>Project</b>	<b>Description</b>	<b>Progress update</b>
<i>Living My Life - Support planning</i> Helping people to set up their own support plans.	Putting in place support planning and personal budgets for 60% of all Adult Social Care customers.	39.39% (as of 31 March 2010) of customers had personal budgets and self directed support plans.  By 30 September 2011 this had risen to 57.59% of customers. As at 30 June 2011, 58 people were accessing support planning assistance from the voluntary sector.
<i>Living My Life - Risk enablement</i> Supporting people to take informed risks.	Developing a risk enablement policy and guidance that supports people making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control.	Policy completed and signed off by policy group.  Risk enablement is now part of core staff training modules.
<i>Living My Life - Advice and information</i> Making the right information and advice available to everyone	Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers.	A preferred directory provider has been selected, approval sought at the Adult Social Care project board on 17 June. Work with Peterborough Direct (the council's Customer Call Centre) on wider advice and information delivery is ongoing and on schedule.
<i>Adult Placement Scheme for people with learning disabilities</i>	Expand the number of people who can benefit from this scheme which has good outcomes and is cost-effective. Investment in marketing and capacity to promote	Seven new users and five new families were recruited during 2010-11. An advertising campaign was set up to promote further.

## **Ensuring quality of life for people with care and support needs**

### **You said and found**

Recent feedback from people receiving self directed support is provided in an anonymous form below:

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

### Support Planning Pilot case study (Circles Network)

A young man has historically refused to take part in activities outside of the home unless supported by his parents. He does not want to employ anyone to "follow him around" and does not want to access any services that are available for people with a disability or Autism. The development of his Support Plan has encouraged him to think about the things he enjoys and opportunities he would like to have but has previously been unable to financially afford. He has now approached a family friend to support him to access some of his interests in the community like watching football games and visiting places of interest. He is using a direct payment to pay for the activities and to cover the expenses of the family friend. This has given the young man a huge boost of confidence and has decreased the dependency on his parents but maintains his safety, health and wellbeing. In time these positive experiences will enable him to think seriously about his dream of living independently.

Results for the statutory social care user survey show.

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

### Changing Places toilet facility

Work has finished on the Changes Places toilet facility at Haven Car Park and is open for public use. The facilities are designed for people with profound disabilities and their carers, and other disabled people who cannot access standard accessible toilets.

**Ensuring quality of life for people with care and support needs**

<b>NATIONAL PERFORMANCE INDICATORS:</b>			
<b>Indicator</b>	<b>Comment</b>	<b>Target 10/11</b>	<b>2010-11</b>
<b>Self reported experience of social care service users (expressed as a score out of 24)</b>	<p>The proportion of respondents who answered positively to the quality related questions in the Peterborough user survey.</p> <p>High is good</p> <p>Peterborough service users self reported experience was just outside the top quarter of all English councils (19.0) and above both the England and comparator averages.</p>	<p><b>Provisional England Average = 18.6%</b></p> <p><b>Comparator Average = 18.6%</b></p>	<b>18.8%</b> <b>2010/11</b>
<b>Percentage of adults with learning disabilities in paid employment</b>	<p>Numbers of adults with learning disabilities who were supported in paid employment increased to 93 (14.6%) of all those known to the council.</p> <p>This is the highest level among our comparator councils and in the top quarter of all English councils</p> <p>High is good.</p>	<b>13%</b>	<b>14.6%</b>
<b>Percentage of adults and older people receiving self directed support</b>	<p>The proportion of service users receiving self directed support was above the national and comparator averages (30.1% and 33.8%) and within the top quartile of all English councils.</p> <p>High is good</p>	<b>60%</b>	<b>39.38%</b>
<b>Percentage of adults in contact with secondary mental health services in paid employment</b>	<p>This indicator measures employment outcomes for those adults in touch with secondary mental health services whose complex needs are being managed using the Care Programme Approach ('new CPA'). Peterborough has a lower percentage of people with mental health needs being supported to remain in employment than both the national average (9%) and the comparator average (8.7%)</p> <p>High is good.</p>	<b>7.5%</b>	<b>5.4%</b>
<b>Percentage of adults with learning disabilities in settled accommodation</b>	<p>This indicator measures settled accommodation outcomes for adults with learning disabilities. 464 out of 635 adults with learning disabilities known to the council were in settled accommodation. This is in the top quarter of performance for both England (70.2%) and our comparator councils (72.5%).</p> <p>High is good.</p>	<b>75%</b>	<b>73.1%</b>
<b>Percentage of adults in contact with secondary mental health services in settled accommodation</b>	<p>This indicator measures employment outcomes for those adults in touch with secondary mental health services and whose complex needs are being managed using the Care Programme Approach ('new CPA').. Peterborough has a lower percentage of people with mental health needs in settled accommodation than the England (66.6%) and comparator average (67.2%).</p> <p>High is good.</p>	<b>63%</b>	<b>49.7%</b>

## 2. Delaying and reducing the need for care and support

### You told us we should

Ensure people have access to support that will help them to stay independent for as long as possible.

### We said we would:

- Bring partners together to provide intensive time limited support to help people get back to living their life as quickly and independently as possible after an accident or a period in hospital;
- Make sure that the council and the NHS are working jointly to make supports like telecare and telehealth (sometimes also called assistive technology) available as an option for those who need it; and
- Ensure information will be available about the assistive technology so that people can make informed choices.

### How did we do this?

We have focussed in on the following key projects to help us to do these things.

Project	Description	Progress update
<i>Disability Sports Development Project</i>	A refocusing of the learning disability day services to enable people to have access to sports and recreation.	This post has not be mainstreamed and discussions are continuing to mainstream it.
<i>Living My Life – Reablement</i>	To provide customers with effective re-ablement and home based support services in order that they are assisted to live as independently as possible in their own home.	Phase 1 implemented; reablement service available at discharge from hospital. Service capacity to deliver required outcomes and unit costing under review. Initial outcome monitoring indicates a 38% improvement in social care outcomes for those completing a period of re-ablement.

## **Delaying and reducing the need for care and support**

### **You said and found**

#### Re-ablement Case Study

Mrs W Came to the Re-ablement service in June 2011, she had been admitted to Hospital with a severe diarrhoea and vomiting, and then contracted Pneumonia so had spent approximately three weeks in Hospital. When she joined our service she was extremely upset, fatigued and was unable to climb her stairs, unable to carry out any personal care or food preparation. At first she was very anxious about doing any task's for herself and needed a lot of encouragement to carry out any personal care or food preparation. Within three weeks of being with the service she was able to get halfway up her stairs and back again but only with staff present, as she did not feel safe to practise this goal when on her own. This was a big step for Mrs W. She was also starting to do certain food preparation tasks without any prompting from re-ablement staff. At the 4/5 week visit Mrs W was much more independent, she was now going up and down her stairs without any support, had returned to sleeping back in her bedroom and was doing all her own personal care. Mrs W had gained over ½ a stone in weight since her discharge from hospital and was very happy with the progress she had made. Mrs W was discharged from the service in mid-August requiring no further support.

#### Hydrotherapy Pool

The council has been shortlisted for an Association for Public Services Excellence award for its work within the community on the hydrotherapy pool. An example of this where a disabled woman with a genetic syndrome has started walking again as a result of using the services at the pool was recently published in the local media.

Results for the statutory social care user survey for Peterborough show.

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

#### **Reducing avoidable hospital admissions**

Peterborough saw a decrease in hospital emergency bed days between September 2009 and September 2011. We have also seen a decrease in the number and cost of hospital admissions for people for the 19 key ambulatory care conditions that should be treated outside of hospital.

### **Delaying and reducing the need for care and support**

#### **Increasing availability of affordable housing and lifetime homes**

A total of 713 new dwellings were completed during 1 April 2010 and 31 March 2011.

The council's ongoing successful partnership working with Housing Associations, developers and the Homes and Communities Agency (HCA) who allocate government funding for affordable housing, means that of the total number of homes built in Peterborough during 2010/11, 331 affordable homes were delivered. This is a fantastic achievement and these affordable housing units have provided

- 254 homes for social rent (*properties owned and managed by housing associations with rent levels set by a national body*)
- Seven homes for intermediate rent (*properties owned and managed by Housing Associations with rent levels higher than rents for affordable rented properties but lower than rents charged by private landlords*)
- 70 homes for Homebuy also known as shared ownership (*new properties where you can buy an initial share in the property from a housing association and pay a subsidised rent on the remaining share which they would own. In most cases, you can buy additional shares until you own the property outright*)

Within these categories of affordable housing, 107 units have been built to meet the Lifetime Homes standard and 12 have been provided as wheelchair adapted homes.

During 2010/11, the council worked with the HCA and housing associations to secure new grants totalling £15,288,496 for more affordable homes. This is great news for the city, and will help ensure a continued supply of much needed affordable homes over the coming years, with around 100 new affordable homes built this year and significantly more in 2012/13.

**Delaying and reducing the need for care and support****National outcome measures**

<b>NATIONAL PERFORMANCE INDICATORS:</b>			
<b>Indicator</b>	<b>Comment</b>	<b>Target 2010-11</b>	<b>2010-11</b>
<b>Permanent admissions to residential care homes per 1,000 population</b>	<p>During 2010-11 we made 185 supported admissions to permanent residential or nursing care homes. 11 for people aged 18 to 64 and 174 for people aged 65 and over.</p> <p>Per 1,000 of the population this equates to 7.34 for 65+ placements and 0.12 for 18 to 64 year olds. Low is good.</p>	No target set	<p><b>&gt;65 0.12</b></p> <p><b>&lt;65 7.34</b></p>
<b>Delayed transfers of care from hospitals per 100k population</b>	<p>Peterborough maintained low numbers of delayed transfers home from hospital, with an average of 5.34 per week</p> <p>Low is good</p>	<b>5.9</b>	<b>5.34</b>
<b>Proportion of people achieving independence 3 months after entering intermediate care</b>	<p>This indicator measures the benefit to individuals from intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams. Peterborough 86.7% of older people using this service to support a discharge from hospital, we successfully supported to return home and remained at home three months later. This was just under the top quarter of comparator councils (86.8%), but above the England average (83.1%) and the comparator councils average (79.9%)</p> <p>High is good.</p>	<b>85%</b>	<b>86.7%</b>
<b>Proportion of carers receiving an assessment or review in the year</b>	<p>This measure provides a measurement of engagement with, and support to, carers. 1875 carers received an assessment or review within the year. This is in the top quartile for both England (28.7%) and comparator councils (24.7%)</p> <p>High is good</p>	<b>36%</b>	<b>34.7%</b>

### 3. Ensuring that people have a positive experience of care and support

#### You told us we should

Focus on ensuring people who use services and their carers have a positive experience.

#### We said we would:

- Focus on the quality of care and individual outcomes as these are directly influenced by the experience of the care and support people receive; and
- Make it easier to find and contact services, ensuring people are treated well when they get them as we know this will have a major impact on perceptions and expectations of social care.

#### How did we do this?

We have focussed in on the following key projects to help us to do these things.

Project (improvement work streams)	Description	Progress update
<i>Joint Planning and Capability - formalise quality assurance and performance management further</i>	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	Reviewing activity and finance reporting. Developing enhanced specifications for delivery of social care services including quality metrics and data quality metrics, currently ongoing. Implementation of regional performance improvement tool POET is due to commence in Autumn 2011.
<i>Creation of additional extra care housing</i>	Planned closure of residential homes and development of extra care housing	Two further residential care homes have closed and The Spinney (extra care at Eye) has opened.  Further developments are being planned and consulted on.
<i>Implementation of electronic call monitoring</i>	The implementation of a Homecare Electronic Call Monitoring System, which will allow remote tracking and monitoring of care delivered by paid carers in people's own homes	Tender exercise completed and preferred provider selected subject to NHS Peterborough and City Council final approval.



**Ensuring that people have a positive experience of care and support****You said and found**

Results for the statutory social care user survey for Peterborough show

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

Peterborough Care, a local company who own Broadleigh and Lavender House care homes was nominated and won the 'Care Employer of the year' award at the Great British Care Awards East Region. This is a great achievement and recognition for the Homes and their staff. Having well supported and motivated staff improves the standards of care delivered to service users. The homes have since gone on to achieve ISO 9001/2008 in recognition of commitment towards Total Quality Management.

**National outcome measures**

Indicator	Comment	Result
<b>Overall satisfaction with local adult social care services</b>	60.8% of those responding to the statutory survey report being either extremely or very satisfied with the service they received	<b>60.8%</b>
<b>The proportion of people using social care and carers who express difficulty in finding information and advice about local services</b>	53.1% of those responding to the statutory survey stated that they found it very easy or fairly easy to find information about the support available to them.	<b>53.1%</b>

#### 4. Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

##### You told us we should

- Ensure there are sensible safeguards against the risk of abuse or neglect; and
- Ensure that risk is no longer an excuse to limit people's freedom

##### We said we would:

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

##### How did we do this?

We have focussed in on the following key projects to help us to do these things.

- Ensuring our staff and people working with adults at risk in Peterborough have the right level of training – we have implemented an e-learning package to play a part in this;
- We have reproduced and update leaflets and information for members of the public and published the 2010-11 Safeguarding Board Annual Report;
- We appointed an independent chair to chair our Safeguarding Board – she took up her post in February 2011;
- We have continued to develop our strategic safeguarding team to offer leadership across Peterborough; and
- We launched our new Safeguarding policy in December 2010 and are now working on new multiagency procedures.

##### You said and found

The results of the statutory social care user survey for Peterborough show

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

### **Safeguarding adults whose circumstances make them vulnerable and protecting them from harm**

#### **Safeguarding adults training**

An active schedule of training continued to be available during 2010/11. The Board maintained its commitment to offering free training to any health and social care staff member, service user, carer, board member or elected member. Additionally safeguarding training is provided in-house by other organisations.

Courses available during 2010/11 included:

- Safeguarding Raising Awareness (Half day)
- Safeguarding Enhanced Awareness (1 day)
- Leading Safeguarding Investigations (2 day)
- Domestic Abuse (1 day)
- Mental Capacity Act 2005 Awareness (Half day)
- Mental Capacity Act 2005 Assessment (1 day)
- Mental Capacity Act and Safeguarding Adults (MCA Advanced) (1 day)
- Deprivation of Liberty (Half day)
- Deprivation of Liberty Safeguards for Managing Authorities (1 day)
- Bespoke sessions on request

Between March 2010 and April 2011 we had 786 attendees on safeguarding adults training alone.

#### **Serious case review**

There was one serious case review completed in 2010/11.

Concern about an older person in Peterborough in 2010 led to a serious case review that reported to the Peterborough Safeguarding Adults Board on 15 April 2011. The review process showed that some of the agencies could have done better in some respects. The main areas for improvement were identified as:

- Health and social care assessment and care planning
- Risk assessment and planning
- Using the safeguarding arrangements

Eight recommendations were made and all recommendations have been completed with the exception of one which is partially complete.

#### **National outcome measures**

<b>NATIONAL PERFORMANCE INDICATORS:</b>			
<b>Indicator</b>	<b>Comment</b>	<b>Target 2011/12</b>	<b>Result</b>
<b>The proportion of people using social care services who feel secure</b>	66% of respondents to the statutory survey reported feeling as safe as they wanted. The national responses have not yet been published for this survey.	No target set – baseline year	<b>66%</b>
<b>The proportion of people using services who said those services make them feel safe and secure</b>	55% of respondents to the statutory survey reported that the social care services they received made them feel safe and secure. The national responses have not yet been published for this survey.	No target set – baseline year	<b>55%</b>

**Where can I find out more about Adult Social Care services in Peterborough?**

You can find out about our services by calling the information line on 01733 747474, or by visiting our website at <http://www.peterborough.nhs.uk>

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>15 NOVEMBER 2011</b>	<b>Public Report</b>

## **Report of the Company Secretary of Peterborough and Stamford Hospitals NHS Foundation Trust**

**Contact Officer(s) – Jane Pigg, Company Secretary**  
**Contact Details – jane.pigg@pbh-tr.nhs.uk**

### **UPDATE REPORT ON PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST**

#### **1. PURPOSE**

- 1.1 This report is being presented to ensure that the committee is updated on current issues and performance for Peterborough and Stamford Hospitals NHS Foundation Trust including the requirements for financial turnaround.

#### **2. RECOMMENDATIONS**

- 2.1 The commission is asked to consider the presentation to be provided at the meeting.

#### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY**

- 3.1 This links to priority 1: creating opportunities – tackling inequalities in terms of providing high quality local health services and priority 4: delivering substantial and truly sustainable growth in terms of building the sustainable infrastructure of the future.

#### **4. BACKGROUND**

- 4.1 Whilst the Trust has a significant financial turnaround requirement, the Trust is committed to ensuring that safeguarding quality of services remains the top priority. The presentation provided to the commission will demonstrate the progress being made and will build on the presentation provided to the Local Involvement Network on the 29 September 2011.

#### **5. KEY ISSUES**

- 5.1 The Commission will want to consider the implications of the Trust's approach to its financial turnaround requirement

#### **6. IMPLICATIONS**

- 6.1 See above.

#### **7. CONSULTATION**

- 7.1 This report covers ongoing performance rather than any specific consultation.

#### **8. NEXT STEPS**

- 8.1 The commission is asked to consider what next steps they require to keep updated on the progress of performance for the Trust.

#### **9. BACKGROUND DOCUMENTS**

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

9.1 The letter of the 11 October 2011 from Monitor, the Independent Regulator of NHS Foundation Trusts providing formal notification of the Trust's significant breach of their Terms of Authorisation has already been provided.

**10. APPENDICES**

10.1 None

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>15 NOVEMBER 2011</b>	<b>Public Report</b>

## **Report of the Solicitor to the Council**

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

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

### **FORWARD PLAN OF KEY DECISIONS**

#### **1. PURPOSE**

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

#### **2. RECOMMENDATIONS**

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

#### **3. BACKGROUND**

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

#### **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 NOVEMBER 2011 TO 29 FEBRUARY 2012**

## FORWARD PLAN OF KEY DECISIONS - 1 NOVEMBER 2011 TO 29 FEBRUARY 2012

During the period from 1 November 2011 To 29 February 2012 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](mailto: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](http://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:

**War Memorial - KEY/02NOV/11**

**Budget 2012-13 and Medium Term Financial Strategy 2012-2023 - KEY/03NOV/11**

**Children's Centres Commissioning - KEY04/NOV/11**

**A1073 Eye Green Traffic Calming Scheme - KEY05/NOV/11**

**Section 75 agreement with NHS Peterborough - KEY/02DEC/11**

## NOVEMBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10</b></p> <p>To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Vawser Lodge</p>	<p>November 2011</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate</p>	<p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborou gh.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>

<p><b>Security Framework Contract - lot 2 - KEY/09DEC/10</b> Award lot 2 of framework contract; cash collection and cash in transit services, delivering services for the council such as collecting cash from parking meters and banking it securely.</p>	November 2011	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal and external stakeholders as appropriate	Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is made
<p><b>Draft Housing Strategy - KEY/04JUN/11</b> To approve the draft Housing Strategy 2011-2014 for the purposes of public consultation.</p>	November 2011	<b>Cabinet</b>	Sustainable Growth	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.
<p><b>Nene Park Academy Award of Contract - KEY/13JUN/11</b> 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 Nene Park Academy</p>	November 2011	<b>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</b>	Creating Opportunities and Tackling Inequalities	Executive Director Children Services, Executive Director Resources, Solicitor to the Council, Ward Councillors	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

<p><b>Amendment to terms of the Affordable Housing Fund Allocation for Stanground South phases, 3E, 3F, 3G, 3H and 3I - KEY/02JUL/11</b> To approve conversion of the tenure of rented units to be provided on this site from 'social rented' tenure to 'affordable rented' tenure.</p>	November 2011	<p><b>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement</b></p>	Sustainable Growth	Relevant internal Departments and external stakeholders.	<p>Anne Keogh Housing Strategy Manager  anne.keogh@peterborough.gov.uk</p>	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Energy Services Company - KEY/03JUL/11</b> To consider potential future developments of energy related products.</p>	November 2011	<p><b>Cabinet Member for Environment Capital, Cabinet Member for Resources</b></p>	Environment Capital	Internal and External Stakeholders	<p>John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk</p>	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Expansion to Hampton College - KEY/04JUL/11</b> To approve the forward build of phase 2 of Hampton College.</p>	November 2011	<p><b>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</b></p>	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders	<p>Jonathan Lewis Assistant Director - Resources, Commissioning and Performance  jonathan.lewis@peterborough.gov.uk</p>	A public report will be available from the Governance team one week before the decision is taken.

<p><b>Street Lighting Policy - KEY/04SEP/11</b> To agree the street lighting policy for PCC.</p>	November 2011	<p><b>Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	Environment Capital	<p>Internal and External stakeholders as appropriate.</p> <p>With internal and external stakeholders as appropriate.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p><b>Sale of surplus former residential care home - Eye - KEY/01OCT/11</b> 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 for Resources, to negotiate and conclude the sale of a former care home now surplus to requirement -The Croft, Eye.</p>	November 2011	<p><b>Cabinet Member for Resources</b></p>	Sustainable Growth	<p>Consultation will take place with the Cabinet Member, &amp; Ward councillors, as appropriate</p>	<p>Simon Webber Capital Receipts Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
<p><b>Section 75 agreement with Cambridge and Peterborough Foundation Trust - KEY/03OCT/11</b> To approve the section 75 agreement with CPFT for the provision of mental health services.</p>	November 2011	<p><b>Cabinet Member for Adult Social Care</b></p>	Health Issues	<p>Internal and external stakeholders as appropriate.</p>	<p>Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p><b>Hampton Community School - KEY/07OCT/11</b> To vary the Ormiston Bushfield Academy (OBA) Design and Build Contract with Kier Eastern to allow for the design and build of Hampton Community School.</p>	November 2011	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Public, ward councillors and internal departments	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken
<p><b>Review of Play Centres in Peterborough - KEY/09OCT/11</b> To approve recommendations for changes in play centre delivery.</p>	November 2011	<b>Cabinet Member for Children's Services</b>	Creating Opportunities and Tackling Inequalities	Officers and a Councillor Reference Group	Karen Moody Head of Early Intervention & Prevention and Strategic Lead for Adult L&S Tel: 01733 863938 karen.moody@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Single Equality Scheme - KEY/02SEP/11</b> To approve the final scheme following consultation</p>	November 2011	<b>Cabinet</b>	Creating Opportunities and Tackling Inequalities.	Public consultation via stakeholders and partnerships.	Denise Radley Executive Director of Adult Social Services Tel: 01733 758444 denise.radley@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

<p><b>Peterborough's Transport Partnership Policy for pupils aged 4-16 years - KEY/01NOV/11</b> To approve the new policy for September 2012.</p>	November 2011	<b>Cabinet Member for Education, Skills and University</b>	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.
<p><b>War Memorial - KEY/02NOV/11</b> To approve the contract, installation and location for a new War Memorial in the city centre.</p>	November 2011	<b>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement</b>	Strong and Supportive Communities	Members of public and city councillors.	Jim Daley Principal Built Environment Officer Tel: 01733 453522 jim.daley@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Budget 2012-13 and Medium Term Financial Strategy 2012-2023 - KEY/03NOV/11</b> Draft budget proposals and Medium Term Financial Strategy to 2022/23 to be agreed as a basis for consultation.</p>	November 2011	<b>Cabinet</b>	Sustainable Growth	Internal and external stakeholders as appropriate.	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.



<p><b>Children's Centres Commissioning - KEY04/NOV/11</b> To approve the award of contracts for the management and operation of 12 Children Centres in Peterborough.</p>	November 2011	<b>Cabinet Member for Children's Services</b>	Creating Opportunities and Tackling Inequalities	Providers, Councillors, Staff,	Pam Setterfield Assistant Head of Children & Families Services (0-13) Tel: 01733 863897 pam.setterfield@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>A1073 Eye Green Traffic Calming Scheme - KEY05/NOV/11</b> To award a contract for the A1073 Eye Green Traffic Calming Scheme</p>	November 2011	<b>Cabinet Member for Housing, Neighbourhoods and Planning</b>	Sustainable Growth	Members of public and ward councillors	Victoria Tyers Senior Engineer (Development) Tel: 01733 453440 victoria.tyers@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Stanground College - award of contract - KEY/06NOV/11</b> 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 Stanground College</p>	November 2011	<b>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</b>	Creating Opportunities and Tackling Inequalities	Executive Director Children Services, Executive Director Resources, Solicitor to the Council, Ward Councillors	Brian Howard Programme Manager - Secondary Schools Development 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.

## DECEMBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Minerals and Waste: Waste Management Design Guide Supplementary Planning Document (SPD) - KEY/01DEC/11</b> To adopt the Waste Management Design Guide SPD</p>	December 2011	<b>Cabinet</b>	Sustainable Growth	Internal and External stakeholders as appropriate	Richard Kay Policy and Strategy Manager  richard.kay@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p><b>Section 75 agreement with NHS Peterborough - KEY/02DEC/11</b> To approve the section 75 agreement with NHSP for the commissioning and provision of learning disability services.</p>	December 2011	<b>Cabinet Member for Adult Social Care</b>	Health Issues	Internal and external stakeholders as appropriate	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.

## JANUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Traffic Signals LED Project - award of contract - KEY/03SEP/11</b>                      Contract to replace all traffic signal head lamps in Peterborough with LED as LED Heads are more efficient brighter, safer and have a much longer life.</p>	<p>January 2012</p>	<p><b>Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	<p>Environment Capital</p>	<p>Internal and external stakeholders as appropriate</p>	<p>Amy Wardell                      Team Manager - Passenger Transport Projects                      Tel: 01733 317481                      amy.wardell@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

## FEBRUARY

There are currently no Key Decisions scheduled for February.

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

Meeting Date	Item	Progress
<b>14 June 2011</b> <i>Draft report 3 June</i> <i>Final report 27 May</i>	<b>Primary Care and Urgent Care Review</b> To be consulted on the Primary Care and Urgent Care Review and make any recommendations. <b>Contact Officer: Peter Wightman, NHS Peterborough</b>	Meeting adjourned.
<b>27 June 2011</b>	<b>Primary Care and Urgent Care Review – reconvened meeting from 14 June 2011</b>	Outcome of the consultation to be presented at the meeting of the Commission on 13 September 2011.
<b>19 July 2011</b> <i>Draft report 1 July</i> <i>Final report 8 July</i>	<b>Future Provision of Emergency Hormonal Contraception to Young People</b> To consider the review of the provision of contraceptive and sexual health services. <b>Contact Officer: Sue Mitchell/Cheryl. McGuire, NHS Peterborough</b>	
	<b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b> To scrutinise the performance on adult social care services and make any appropriate recommendations. <b>Contact Officer: Tina Hornsby, NHS Peterborough</b>	
	<b>QIPP (Quality, Innovation, Productivity and Prevention) Plan</b> 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. <b>Contact Officer: Russ Platt, Interim Chief Operating Officer, NHS Peterborough</b>	

Meeting Date	Item	Progress
	<p><b>Peterborough Safeguarding Adults – Quarterly Report</b> To scrutinise the latest Safeguarding Adults quarterly report. <b>Contact Office: Denise Radley</b></p>	
<p><b>13 September 2011</b> <i>Draft report 26 August</i> <i>Final report 2 Sept</i></p>	<p><b>Teenage Pregnancy Strategy Update And Evaluation Of Peterborough Young Men’s Project</b> To scrutinise the evaluation of the NACRO Young Men’s Project and progress of the Teenage Pregnancy Strategy. <b>Contact Officer: Sherry Peck</b></p>	
	<p><b>Scrutiny Review of Mental Health Services – Joint Committee</b> To establish a Joint Scrutiny Committee with Cambridgeshire County Council. <b>Contact Officer: Paulina Ford</b></p>	
	<p><b>Primary Care and Urgent Care Review – Outcome of Consultation</b> To scrutinise the outcome of the Primary Care and Urgent Care Review Consultation. <b>Contact Officer: Peter Wightman, NHS Peterborough</b></p>	
<p><b>15 November 2011</b> <i>Draft report 28 Oct</i> <i>Final report 4 Nov</i></p>	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b> To scrutinise the performance on adult social care services and make any appropriate recommendations. <b>Contact Officer: Tina Hornsby, NHS Peterborough</b></p>	
	<p><b>Update Report On Peterborough And Stamford Hospitals NHS Foundation Trust</b> To scrutinise the Peterborough and Stamford Trust - Turnaround Plan and make any recommendations.</p>	



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

To be programmed into work programme:

- Review of Day Services - To consider and scrutinise the review of day services -
- Adult Social Care Report – Andrew Brunt – Tim (March 2012)
- Primary Care and Urgent Care Strategy, Contact Officer: Peter Wightman, NHS Peterborough
- Clinical Commissioning Group Configuration