

SCRUTINY COMMISSION FOR HEALTH ISSUES

MONDAY 26 MARCH 2012
7.00 PM

Council Chamber - Town Hall

AGENDA

	Page No
1. Apologies	
2. Declarations of Interest and Whipping Declarations	
<i>At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.</i>	
3. Minutes of Meeting Held on 17 January 2012	1 - 6
4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions	
<i>The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.</i>	
5. Primary Care and Urgent Care Strategy	<u>Report to Follow</u>
6. Adult Social Services Overview	7 - 14
7. Quarterly Performance Report on Adult Social Care Services in Peterborough	15 - 34
8. Forward Plan of Key Decisions	35 - 46



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), J Stokes, G Elsey, 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

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 17 JANUARY 2012**

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

Also present David Whiles, Chair of LINK
Suzy Lockwood, Youth Council Representative

NHS Peterborough: Barbara Skinner, Care Quality Commission, Compliance Manager
Dr M Caskey, Director of Clinical Change
Jessica Bawden - Joint Director of Communications and Patient
Experience
Russ Platt, Interim Chief Operating Officer
Tim Bishop, Assistant Director of Social Care

Officers Present: Terry Rich, Director of Adult Social Services
Marie Southgate, Lawyer
Paulina Ford, Senior Governance Officer, Scrutiny

1. Apologies

No apologies for absence were received.

Apologies were received from Jane Pigg, Peterborough and Stamford Hospitals NHS Foundation Trust.

2. Declarations of Interest and Whipping Declarations

Agenda Item 5

Councillor Rush declared a personal interest in that he had a family member residing in a care home in Peterborough. Councillor Rush advised that he would step down from the Chairs role for this item and Councillor Lamb would take the Chair.

Agenda Item 6

Councillor Sharp declared a personal interest in this item.

3. Minutes of meeting held on 15 November 2011

Councillor Sharp highlighted that the minutes had recorded that the meeting had been held in the Bourges and Viersen rooms at the Town Hall when in fact it had been held at the Peterborough City Hospital. The Senior Governance Officer noted the mistake. The minutes of the meeting held on 15 November 2011 were then 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. Quality of Care Homes

Councillor Lamb took the Chair for this item on the agenda.

The Assistant Director of Social Care introduced the report and wished to note that there was a typographical error on page 9, paragraph 4.5. The number of residential placements should have read 475 not 445.

The report informed the Commission on the quality of care homes covering how the care homes were monitored and how well they were doing. In Peterborough, there were 20 care homes which had beds for older people. Two of the care homes were provided in-house and the rest were from the independent sector. Some provided care for younger adults too, and in addition there were other care homes providing care just for younger people and people with a learning disability. A recent survey conducted by the Review and Monitoring Team (November 2011) found that there were 772 places for older people in the independent homes of which 79 were vacant. There were also 70 places at the two in house homes.

The Compliance Manager for the Care Quality Commission (CQC) informed the Commission on how the CQC regulated services. Care homes were regulated by the (CQC) and reviewed and monitored by the Contract Reviewing and Monitoring Team in NHSP.

CQC was the independent regulator of all health and social care services in England. Its job was to make sure that care provided by hospitals, dentists, ambulances, care homes, in people's own homes and elsewhere met government standards of quality and safety. The government standards covered all aspects of care, including:

- Treating people with dignity and respect
- Making sure food and drink meets people's needs
- Making sure that the environment was clean and safe
- Managing and staffing services

Observations and questions were raised and discussed including:

- Peterborough LINK had worked closely with the CQC and had carried out five inspections. Reports from the inspections were passed onto CQC and actions on any issues were now being addressed. This proved that a multi agency approach did work.
- How often did unannounced visits to care homes take place? *Members were informed that it varied and was dependant upon the risk. There was no prescribed frequency. Those not complying with the law had more frequent visits.*
- If a member of the public wanted to contact CQC how could they. *There were a few ways. Via the website, telephone, through the inspectors, information was also collected from members of the public, through PALS and through Councillors.*
- Do you use family and friends of patients to get information? Was the service advertised in the care homes with contact details so that people could advise you of complaints and compliments. *Members were informed that every effort was made to ensure the service was advertised. Complaints and compliments were received via the services and services were checked to see what they did with the complaints. Most services were compliant. When visiting the care homes every opportunity was taken to talk to family members to obtain feed back on the service being received.*
- When a complaint was made was there a timescale set to action the complaint and resolve it. In particular the time taken to acknowledge the complaint to the person complaining. *Members were informed that there was no mandate or legislation for CQC to investigate complaints. The complaint was the responsibility of the provider to deal with. If however CQC received information that a complaint had not been responded to then this would be a breach of the regulations.*

- The report states that no details were available for one of the care homes. What does this mean? *Members were informed that the statement referred to a care home that had recently transferred its management from one organisation to another and had not been revisited as the new provider.*
- Member sought clarification with regard to statistics for Peterborough Resident Population Projections by age group to 2021. *The Director of Adult Social Services provided clarity and confirmed they were cumulative percentages.*
- When a new home is built is it inspected before it is completed. *Members were advised that part of the registration application was submitted ten weeks before the doors opened and all the necessary checks would take place at that point.*
- Councillor Lamb commented that there were dementia nurses situated at Peterborough City Hospital and felt that it would be useful if the care homes liaised with them so that they could share knowledge.

ACTION AGREED

The Commission noted the report.

6. NHS Peterborough QIPP and Reform Plan

The Interim Chief Operating Officer presented the report which informed the Commission on the context, scope and progress of the NHS Peterborough Quality, Innovation, Productivity and Prevention (QIPP) and Reform Plan.

The delivery of the transformation covered under the QIPP work underway in Peterborough was of a significant scale and involved complex and inter-related issues. Oversight of the delivery of the plan was dealt with locally by the Health and Care Transformation Board comprised of the Chief Executives of the main commissioning and providing organisations, including Peterborough City Council.

The plan dealt with both the required improvements for the commissioners and providers and had identified new ways of working that would:

- Deliver a better patient experience
- Improve people's health
- Reduce unfairness in health.

Work was currently underway to refresh the plan for 2012/13.

Observations and questions were raised and discussed including:

- How does the £2305 spend on health care per person on average compare to that spent on health care per person in Cambridge? *Members were informed that the figure had been arrived at by taking the total budget figure and dividing it by the number of patients. The officer advised that he did not know the Cambridge figure for spend on health care per patient but could find out and report back.*
- The Chair of LINK commented that the report should also reflect national spend on health care per patient.
- The QIPP and Reform Plan document has a section at the end titled 'How will I find out what is happening?' and gave a website address. How will people who do not have access to websites find out what is happening. *Members were informed that any major changes and consultations would also be published via the GP surgeries and in the media. At the back of the document there were also contact details for PALS via telephone, email and an address to write to.*

- Have the patient forums in doctors surgeries received the QIPP and Reform Plan. *The Joint Director of Communications and Patient Experience felt sure that they had gone out to GP Surgeries in November but would check.*
- Ensuring quality. The QIPP plan states; 'Bed utilisation – improving systems to maximise bed usage and ensure patients get the right care in the right place'. After Christmas it had been reported in the newspaper that 69 operations had been cancelled. Can you assure the Commission that this was just a 'blip'? *Members were informed that the intent behind the statement in the plan was to ensure people were seen in the right place at the right time. There would be issues that occurred from time to time and particularly during the winter.*
- After some discussion around the figures within the QIPP Plan Members and Officers noted that there had been a misprint of the document during publication and some of the figures had not been printed correctly. The published version on the Peterborough City Council website had been correct but in the printed version some figures had not been printed correctly. The Joint Director of Communications and Patient Experience advised that she would look into why this had happened. Correct figures were then verbally given to the Members at the meeting.
- The Chair commented that the covering report appeared to be the same report as that presented at the last meeting that it had been presented. *Members were advised that the report had included the summary of the QIPP plan whereas the previous report had not included the QIPP Plan. The full QIPP Plan had been published on the website*
- Did Cambridgeshire have their own QIPP Plan and would there be a Cambridgeshire wide one in the future. *Members were advised that the two PCT's had clustered and Cambridge did have a QIPP Plan but they were working towards a unified QIPP Plan.*
- Will there be a 2012-2013 QIPP Plan. *The current version was a four year QIPP Plan which would be refreshed next year.*
- How can the QIPP Plan be accessed. *The plan was a strategic document and could be accessed on line.*
- How will the QIPP plan be affected by the current consultation regarding the review of the mental health services? *The changes in the QIPP Plan regarding how the changes in the mental health services would be delivered had already been factored into the consultation.*
- One of the key areas for improvement in the QIPP Plan was for Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) which provided mental health services. Members commented that there had been a recent report published damning the mental health service and Members wanted to know if this would affect the QIPP Plan. *Members were advised that there was an action plan in place that NHS Peterborough and the CPFT were working on to address the issues raised by the Care Quality Commission. There was also a new Chief Executive who had plans in place for changing the way staff worked with their patients, in particular looking at care pathways and care planning. The QIPP plan was more about a longer term strategy and therefore would not be affected.*
- How has the financial situation in NHS Peterborough changed over the last twelve months? *Members were informed that the PCT broke even last year and was on track to break even this year.*
- Members commented that the QIPP Plan did not include enough financial information or information on staffing levels. Was there a more detailed report available? *There was a more detailed report available particularly with regard to financial details. Work force was expressed in spend rather than numbers.*
- The QIPP Plan states that local people will be involved in decision making. How do you make sure that as many local people as possible are involved in developing the QIPP Plan. *Members were informed that the QIPP Plan was a plan and when any of the changes needed to be delivered wide consultation and engagement would take place. Patient groups, patient forums, LINKs and the Public Consultation Forum would be used extensively for consultation. Patient representatives and service users would also be used in the actual process of change.*
- The QIPP plan states that it will 'redesign community services for people of all ages'. What age group does this actually cover? *This statement meant that all services would*

be redesigned and that it would not just relate to those just for children or older people. All services would need to be fit for purpose.

ACTION AGREED

The Commission noted the report and requested that:

1. A further progress report be brought back to a future meeting and to include detailed financial data and national spend on health care per patient.
2. That the Interim Chief Operating Officer provide the Commission with the Cambridge figure for spend on health care.
3. That the Joint Director of Communications and Patient Experience to confirm if the QIPP and Reform Plan had been distributed out to GP Surgeries.

7. Clinical Commissioning

The report informed the Commission on the developing clinical commissioning in Cambridgeshire and Peterborough. The project had been running for two years and there was another eighteen months to go. The new Bill had yet to pass through the final stages of Parliament. The main changes that would affect Peterborough were centred on the establishment of new Clinical Commissioning Groups (CCGs) by 2013 and the establishment of a Health and Wellbeing Board. The CCGs would be based on groupings of GP practices, clinically led. The Health and Wellbeing Boards would be the key vehicle for joint working and agreeing a Health and Well-Being Strategy. There would also be an establishment of a new NHS Commissioning Board in October 2012 and public health functions would be transferring to local government. Local proposals were:

- One Clinical Commissioning Group for Cambridgeshire and Peterborough
- The CCG would be made up of a federation of a number of (8) Local Commissioning Groups (LCG)
- There would remain a strong focus on Peterborough and the needs of its residents
- LCGs would be enabled and supported by the CCG to make local change happen and manage resources through delegated budgets
- LCGs would be able to take on different responsibilities and operate at different speeds
- The CCG Governing Body would ensure that statutory duties were met, hold LCGs to account, and ensure probity
- All of the above was subject to authorisation by the NHS Commissioning Board in autumn 2012

Observations and questions were raised and discussed including:

- The current spend per patient is £2305 per person per annum. Will the CCG's split the budget equality amongst all the patients or will Peterborough get an increased share because of the complexities of the demographics. *Members were informed that there had been no further information on this. Peterborough did have demographic issues and practice population calculations generate the notional practice budget which did have a definite link to demographics. The rules and regulations changed every year and up to recently there had been a heavy waiting applied for deprivation but this had now been removed. It was population based computation and was based on the age and morbidity of the population. If a practice had a higher population of elderly patients it would have a higher budget.*
- Will these changes be good for Peterborough and fit Peterborough's needs? *The answer was two fold. The old system was only delivering in patches and had not been sensitive to patients needs. The changes had offered an opportunity to keep an eye on quality while trying to deliver better health in partnership with the public.*

ACTION AGREED

The Commission requested that a further report on progress be brought back in July.

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

ACTION AGREED

To confirm the work programme for 2011/12 and the Scrutiny Officer to include any additional items as requested during the meeting.

The Chair asked the Director of Communications and Engagement at NHS Peterborough for an update on the complaint to the Competition and Cooperation Panel (CCP). *Members were informed that it was expected that they would publish an interim report in one weeks time which would suggest alternative remedies for the complaint. There would then be a two week consultation process whereby interested parties could comment on the suggested remedies. The final report would then be published during the first week of February with the final remedy.*

10. Date of Next Meeting

13 March 2012

CHAIRMAN
7.00 - 8.50 pm

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
26 MARCH 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Terry Rich, Executive Director Adult Social Care

Contact Details -

ADULT SOCIAL CARE OVERVIEW

1. PURPOSE

- 1.1 This report provides an overview of the City Council's new Adult Social Care department, its functions and priorities.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission note and comment upon the contents of this report and consider how it intends to include scrutiny of adult social care in its future work programme.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Adult Social Care links in with a number of the Single Delivery Plan priorities/outcomes including

- Creating Opportunities – tackling inequalities
- Creating strong and supportive communities

There are a number of local and National Indicators that relate to Adult Social Care. These are referred to within the body of this report.

4. BACKGROUND

- 4.1 Adult Social Care had until 1 March 2012 been delivered on the City Council's behalf under a Partnership Agreement with NHS Peterborough. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. Subsequently the delivery side of the functions were transferred by Peterborough PCT to Peterborough Community Services – the local NHS provider arm. The Director of Adult Social Care was a joint appointment between the PCT and the City Council.

- 4.2 A number of factors led to the City Council and NHS Peterborough concluding that the partnership should come to an end. These included the proposed abolition of PCTs as set out in the Health & Social Care bill currently in its final parliamentary stages, the merging of Peterborough Community Services with Cambridgeshire Community Services and a range of operational, performance and financial issues.

- 4.3 Whilst the ending of the Partnership Agreement marked a return of the formal managerial responsibility for statutory adult social care functions returning to the City Council, it has not meant an end to partnership working. The strengths and benefits achieved through the former partnership agreement including multidisciplinary teams and co-location of health and social care staff continues, wherever they can be demonstrated to be delivering benefits. Similarly a number of areas of joint commissioning activity have been maintained to ensure that health and social care investment is aligned to best meet the needs of Peterborough residents.

- 4.4 Transferring the services back to the City Council has been a complex process involving the need for detailed project planning and implementation. Since January 2012 this work has been

led by Terry Rich, interim Executive Director for Adult Social Care who will be with the City Council throughout 2012 during the maternity leave of Denise Radley.

5. KEY ISSUES

5.1 The Adult Social Care Department now that it has returned into the Council represents close to a third of the total Council direct workforce and is responsible for approximately a third of the overall revenue budget spend. Some 490 staff transferred under TUPE arrangements to the council on the 1st March. A further 20 adult social care staff remain seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust where they work within an integrated model of service delivery.

5.2 The Department has established three key priorities during its first year of operation:

- To promote and support people to maintain their independence
 - This includes developing and extending access to “reablement” services and other ways to reduce the reliance on long term care
- To deliver a personalised approach to care
 - This includes giving people more choice and control over how their care is delivered and extending the use of “direct payments”
- To empower people to engage with their communities and have a fulfilled lives
 - This includes brokering access to mainstream community resources and reducing the need for separate institutional provision. It also includes promoting work opportunities for people with learning disabilities or recovering from mental ill health.

5.3 Adult Social Care refers to services that are provided help to individuals who due to disability or frailty (either permanent or temporary), need support with their activities of daily living.

5.4 Following an assessment of individual needs, usually undertaken with a social worker or care manager the following are examples of social care services that may be provided or commissioned:

- Domiciliary care (formerly known as home care)
- Day care (older people and LD in the main)
- Support to carers
- Respite care (short term breaks)
- Rehabilitative services (e.g. Reablement)
- Occupational Therapy (including physical aids and equipment)
- Supported living schemes including extra care housing
- Adult placement scheme
- Residential and Nursing home care

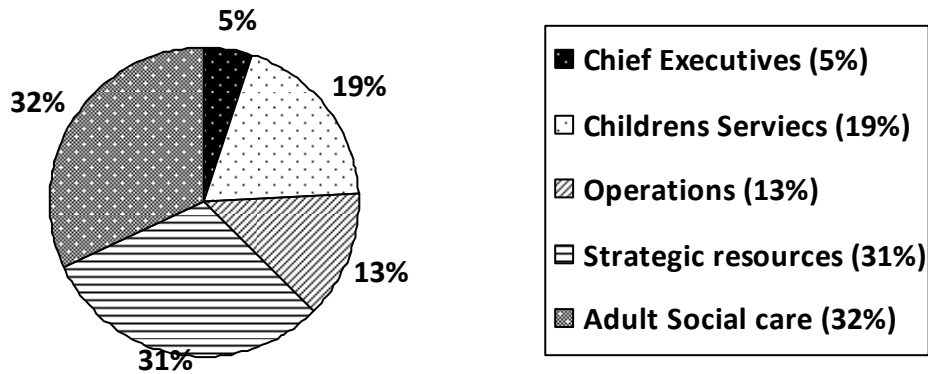
5.5 Eligibility for social care services depends on an individual’s assessed level of need – based on their ability to manage their daily living activities. In the main people defined as having “substantial” or “critical” levels of need – meaning that they would be at considerable personal risk if they did not receive care support are eligible for support. In terms of care groups, adult social care is provided to:

- Older people, including those with dementia
- People with physical disabilities/sensory needs
- People with learning disabilities
- People with mental health related needs
- People recovering from substance misuse

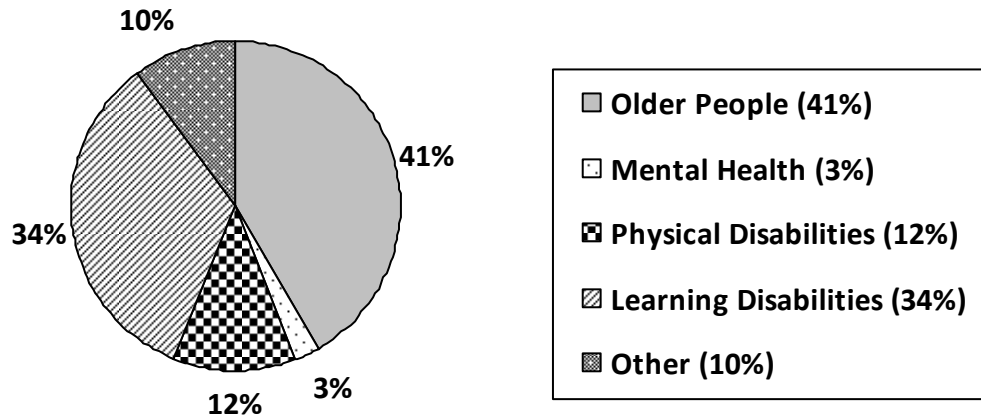
In addition to meeting eligibility criteria, potential care service recipients are also subject to a means test and in most instances will need to make a financial contribution to the costs of their care.

- 5.6 The numbers of Peterborough residents who use adult social care services is significant: The last audited figures are for the year ending April 2011. This showed that:
- 5937 people received some social care services.
- During that year:
- 2664 people contacting the service seeking assistance of whom:
 - 2054 went on to receive an assessment of their needs.
- Of those: 576 were aged between 18 and 64 whilst the majority (1,478) were over 65 (older people). The outcome of those assessments led to 1601 people receiving social care support.
- All the indications are that during 2011/12 there has been increasing demand on our services and the numbers receiving care across all client groups has continued to grow.
- 5.7 Adult Social Care can be seen as comprising of three major elements:
1. Commissioning: this comprises of understanding the overall social care needs of the community and through management of the local market, specifying and procuring a range of services to meet community needs
 2. Assessment and care planning: this is the interface between the citizen and the department in relation to assessment of needs and agreement around the ways in which those needs might be met. Social workers, care managers, occupational therapists are the key professionals involved in this work.
 3. Care service provision: This is the “hands-on” care delivered to meet assessed needs delivered by care workers usually within people’s own homes, or in day centres, supported living schemes or in some cases within care homes.
- In Peterborough those three elements are provided as follows:
1. Commissioning of services:
 - This is a core responsibility and function of the City Council Adult Social Care Department.
 - In a number of areas commissioning is undertaken as a joint activity across health and social care - for example in the area of Learning Disabilities where the Council commissions services on behalf of NHS Peterborough.
 2. Assessment & care management:
 - This is a core responsibility and function of the City Council Adult Social Care Department. It is delivered by community and a hospital based teams who work closely with their colleagues within the community and hospital health services.
 - For people with mental health problems these services are delivered by Peterborough Adult Social Care staff (social workers) seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust.
 3. Care Service provision:
 - The majority of care services are commissioned from a range of independent sector providers – domiciliary care agencies, nursing home and care home providers.
 - The voluntary sector are also commissioned and funded to provide a range of services including information and advice services, sitting services and day services.
 - The Department also provides a range of direct care service provision, including two residential care homes (Welland and Greenwood) day centres for older people and for people with learning disabilities, and the reablement team.
- 5.8 The challenges for the department over the coming year centre upon the pressures of increasing demand and managing within the resources available including delivering of savings and efficiencies.
- During the final year of the Partnership Agreement it was becoming apparent that demands on the service were increasing and that the budget was coming under significant pressure. This matter was subject to detailed consideration by members in the period leading up to the setting of the budget for the coming financial year.
- 5.9 Adult Social Care accounts for a substantial proportion of the Council’s annual revenue budget. The projected outturn for 2011/12 as reported to Council in February was £146,882,000. Of this £48,000,000 was the adult social care spend – 32%

The Council is projected to spend £146,882,000 in 2011/12 (excluding the Dedicated Schools Grant and capital)

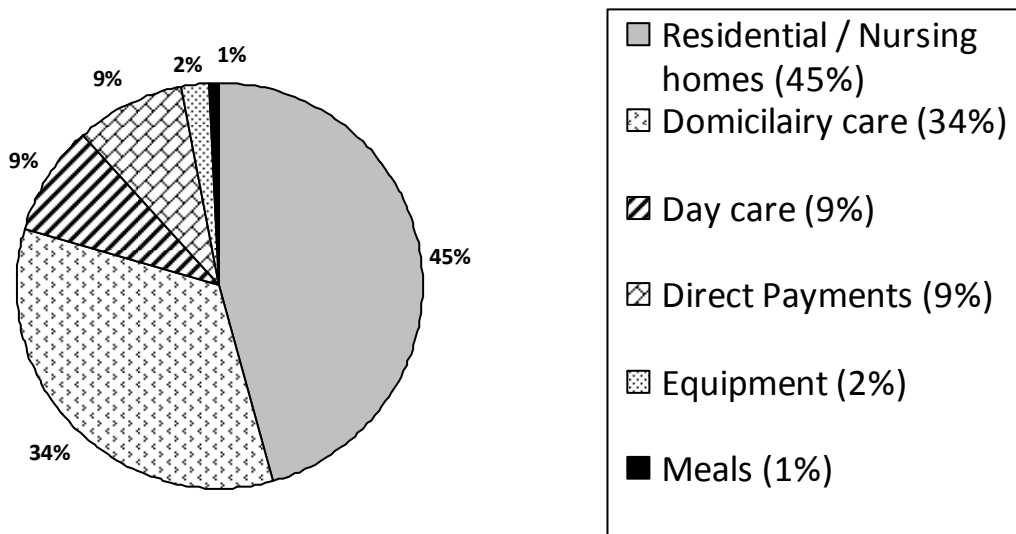


5.10 The Adult Social care spend is currently spent in the following proportions between client group areas:



The budget in 2012/12 is £46.8m

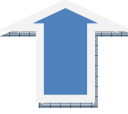
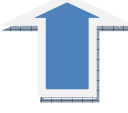
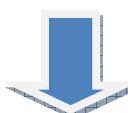
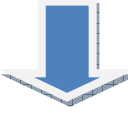

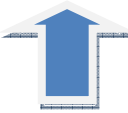
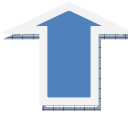
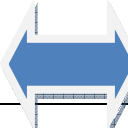
5.11 The share of the social care budget spent on different types of care shows that a significant proportion is spent on residential care. This is, in the majority of cases far more expensive per person that community based care budget and the drive towards reducing reliance on long term care options like residential care are key to ensuring that the increasing demands driven by demographics can be managed within existing and available resources.

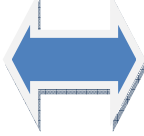
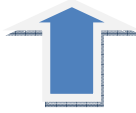
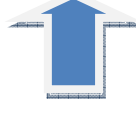
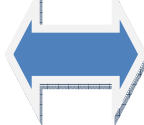


5.12 Measuring our Performance and Progress:

The report elsewhere on this agenda provides an overview of the performance of Adult Social Care. This provides information on the third quarter across a range of national and local indicators. In the main these indicators will remain relevant now that adult social care has returned to the direct management of the Council and quarterly performance reports will continue to come to the Scrutiny Commission in the normal way.

However, a dash-board of indicators have been selected which will give an early indication of the performance of adult social care in some critical areas in the months immediately after the transfer. These are set out below and relate specifically to the three priorities set out in 5.2 above.

Promote and support people to maintain their independence			
Indicator	Current performance	Target aim or	Comment - target
Percentage of new client assessments leading to reablement support	16.85% monthly average		This is an area of underperformance and the Department will be aiming to see significant increases in the % of new clients offered reablement
Percentage of reablement recipients leaving the service with reduced or no social care support	15%		As above
Number of new admissions to permanent residential care (18-64)	1.8 per month average		There is currently an over-reliance on the use of long term residential care and a need to reduce new admissions in favour of supported living and maintaining independence in people's own homes.
Number of new admissions to permanent residential care (65+)	18.9 per month average		There is currently an over-reliance on the use of long term residential care and a need to reduce new admissions in favour of supported living and maintaining independence in people's own homes.
Percentage of those using intermediate care services who are living independently at home after 90 days	90.7% YTD		Intermediate care currently performs well for people returning home after hospital care. We want to track that this continues to be the case.
Delivering a personalised approach to care			
Percentage of service users receiving self directed support	45.79% YTD		It is the expectation that all people being assessed as requiring care support will be allocated a personal budget and offered choice in how that it is used.
Numbers of new service users receiving Direct Payments	26 per month average		There is a need to increase the numbers of people empowered to take a Direct Payment and to manage their own carer arrangements
Delayed transfers of care per 100,000 of the population	3.44 weekly average		Peterborough has performed well in ensuring that people care are assisted to leave hospital in a timely

			manner and that there are no beds in hospital blocked whilst people await special care support. We want to maintain this position.
Empowering people to engage in their communities and have fulfilled lives.			
Percentage of Adults with learning Disabilities in paid employment	16.76% YTD		Adults with learning disabilities in paid employment has been a strength in Peterborough. We want to ensure that this good performance is maintained
Numbers accessing the adults placement scheme	20 monthly average		Our adults placement scheme is succeeding in supporting an increasing number of people in family environments rather than residential care – we want to ensure that this continues to grow.
Number of people contacting Peterborough Direct who were directed to alternative services	This measure is under development with Peterborough Direct		We want to improve on the numbers of people who receive the help and advice that they need at first contact – rather than having to await an assessment or follow-up call.
Percentage of Occupational Therapy equipment delivered in 7 working days	96.73% YTD		We want to maintain our strong performance on delivering equipment to people with disabilities within 7 working days.

There are also a number of performance measures that we will be tracking including:

- The number of reviews of care plans outstanding
- The length of time between a referral and an assessment taking place
- Number of safeguarding investigations where there is an outcome in 28 days.
- Attendance rates of care staff – i.e. sickness levels amongst staff.

In each of these areas the Department will be requiring and expecting to see improved performance.

6. IMPLICATIONS

6.1 There are no specific implications arising out of the recommendations contained in this report. However the transfer back of Adult Social Care to the City Council will have continuing implications and impact on all aspects of Council business including, Financial; Legal; Human Resources; ICT, Environmental, Property, Procurement etc.

Adult Social Care is relevant to all wards throughout the city.

7. CONSULTATION

7.1 Not applicable

8. NEXT STEPS

8.1 There are no immediate next steps to be considered arising from this report.

9. BACKGROUND DOCUMENTS

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

9.1 None

10. APPENDICES

10.1 None

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
26 MARCH 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Tina Hornsby – Assistant Director Quality Information and Performance
 Contact Details - tina.hornsby@peterborough.gov.uk 01733 758558

ADULT SOCIAL CARE QUARTERLY REPORT

1. PURPOSE

- 1.1 The attached report provides an update on the delivery of Adult Social Care services in Peterborough against the four outcomes domains contained within the national Adult Social Care outcomes framework and information of Safeguarding adults at risk.

2. RECOMMENDATIONS

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

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The Adult Social Care outcomes have strong links to the health and wellbeing aspects of the community strategy.

The report details performance against all available national indicators from the national outcomes framework.

4. BACKGROUND

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

- An overview of progress on priority areas within the four national outcome domains (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

This report covers the third quarter of 2011-12, and gives the position at the end of the annual performance cycle.

5. KEY ISSUES

- 5.1 Key areas where performance has improved since last report are:

- The number of people receiving self direct support via a personal budget is increasing, although still behind target. The target needs to be revised in light of the new model of working, and in particular re-ablement as it does not take account of people receiving focussed services for a short period and then leaving before a permanent self directed support plan is needed. Performance at 52.8% is greater than last years top quartile for all Councils (35.2%)

- The percentage of adults with learning disabilities in settled accommodation is increasing and is now just below target at 74.3% (target is 75%). The top quartile for all England councils is 70.2%.
- The numbers delayed in being discharged from hospital is back under the target maximum, and continues to be in line with top quartile of all council's performance. In December there were no delays from mental health beds.
- The numbers of carers receiving assessment and services has increased, but at 28.7% it is still below the target of 36%. 28.7% is the national average. An audit of two months assessments is being undertaken to ensure that carers were appropriately assessed.

5.2 Key areas where performance has declined since last report are:

- The number of new people coming on to direct payments is lower this year than last year. We are investigating the potential causes of the drop. Overall numbers receiving direct payments are still at a comparable level to other Councils.
- Permanent admissions to residential care from adults aged 18-64 are up on last year, but still comparatively low. There have only been 11 placements, therefore a brief audit of these cases will be undertaken to ensure there is no underlying gap in community service provision.

6. IMPLICATIONS

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

7. CONSULTATION

7.1 None

8. NEXT STEPS

8.1 A performance update for the last quarter of 2011-12 will be provided to the Scrutiny Commission in June 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 3 performance report performance report
Appendix 1 self directed support dashboard
Appendix 2 Safeguarding dashboard

Adult Social Care – Quarter 3 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.

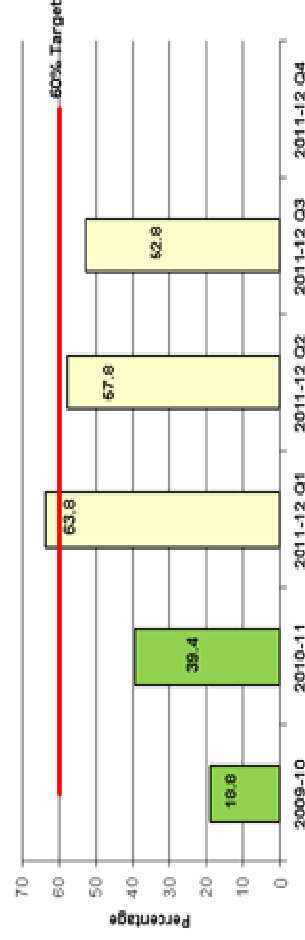
Information and Advice:

- 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: DASHBOARD

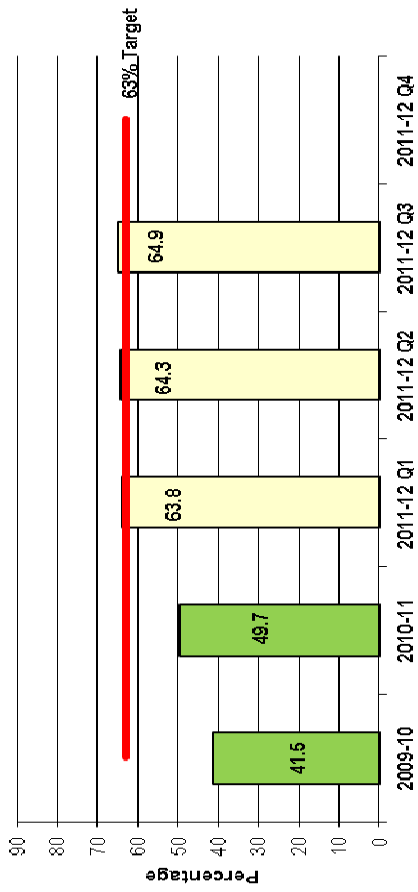
Indicator	Comment	Direction of travel	Q3 RAG
Self reported patient experience	No update – 2011-12 survey is currently being undertaken	↔	Green
Adults with learning disabilities in paid employment	124 in paid work – 64 work experience and 18 voluntary work as at November 2011	↑	Green
Adults and older people receiving self directed support (SDS)	As at end December 2011 2710 people were in receipt of SDS, 45.8% of the number of all people expected to have received a service in 2010-11 and 52.8% of those receiving a service year to date.	→	Amber
Adults in contact with mental health services in paid employment	78 adults of 977 accessing mental health services known to be in employment	↔	Green
Adults with learning disabilities in settled accommodation	492 out of 662 adults with learning disabilities know to the Council are in settled accommodation	↑	Amber
Adults in contact with mental health services in settled accommodation	634 out of the 977 adults in contact with mental health services were in settled accommodation.	↑	Green

Social care clients receiving Self Directed Support (1C)

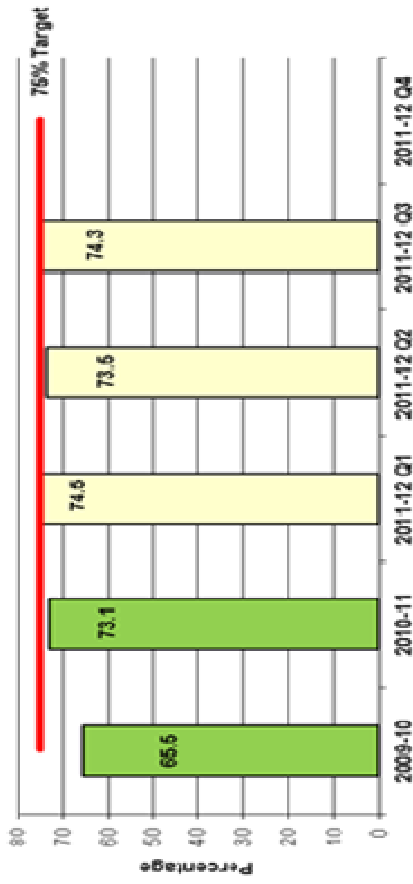


See also self directed support dashboard at Appendix 1

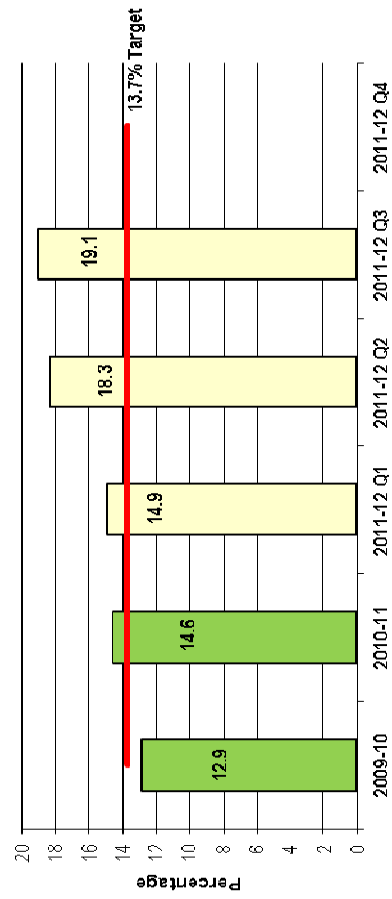
Adults in contact with secondary mental health services in settled accommodation (1H)



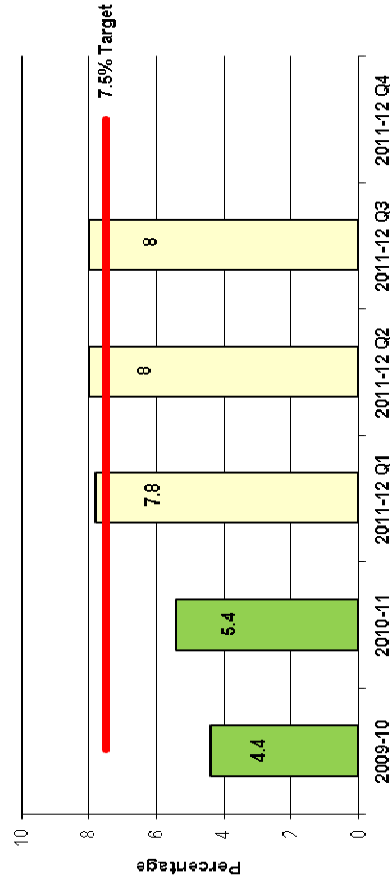
Adults with learning disabilities in settled accommodation (1G)



Adults with learning disabilities in employment (1E)



Adults in contact with secondary mental health services in employment (1F)



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

Related Projects

Project	Description	Progress update	Status
<i>Living My Life - Support planning</i>	Putting in place support planning and personal budgets for 60% of all Adult Social Care customers	As at 30 November 2011 54.55% of customers had personal budgets. A system is now in place to audit all reviews which take place within PCS and do not result in a personal budget, in order ensure personal budgets are always being offered when appropriate.	Amber
<i>Living My Life - Risk enablement</i>	Developing a risk enablement policy and guidance that supports customers making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control.	Completed; the policy will be reviewed in March 2012.	Green
<i>Living My Life - Advice and information</i>	Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers.	A range of advice and information resources have been developed. Further development of Peterborough Direct to support ASC information will be picked up in March 2012. The Online Directory project is currently under review.	Amber
<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	We now have 12 sets of carers supporting 25 service users in all. The Scheme offers a range of support i.e. some carers offer Respite, some offer Day Care, some offer full time, permanent (live-in) support, it is all dependent on need of individuals and the skills/knowledge of the carers. We work together with service users to match individual need with skills/ability of carers. We are currently in the process of producing the tools (Leaflets/Posters/Banners) to support the promotion of the scheme and working with the Communications Team to promote the scheme ie via the local press (local papers, free magazines, radio).	Green

Additional Key Activity Data

NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS WHO DID NOT HAVE ONE PREVIOUSLY	2010/11	Q1 – 11/12	Q2 – 11/12	Q3 – 11/12	Q4 11/12
Older People	92	13	20	7	
People with a learning disability	28	2	2	1	
People with physical and sensory disabilities	56	13	13	9	
Mental Health (18-64)	8	12	13	3	
Substance Misuse	0	0	0	0	
Carers	21	2	0	11	
Total	205	42	48	31	

The number of new Direct Payments dipped in quarter 3 and it is expected that the full year numbers will be lower than 2010-11 YTD numbers total 121.

Personalisation and enhancing quality of life

A Living My Life survey was undertaken over November and December 2011, the final report is undergoing consultation currently but initial analysis of the returns indicates the following:

- Half of respondents were satisfied with being able to access ASC information, however, 25% described getting information as 'difficult'
- 86.8% found the social care worker 'polite and helpful' during their first contact with a social work team, with 80% describing the information they received as 'quite useful' of 'very useful'
- Three quarters of respondents stated they had received the support they required to complete their SAQ
- Around 20-25% of people had received some support with SAQ completion or support planning from a voluntary sector organisation.
- The following comments were received when asked what could be done to improve the service people receive:
 - "Your service is very good but I do find it awkward when I am given conflicting information depending on which member of your team I am speaking to."
 - "More and better coordination with depts. – too many people involved."

Carers Information and Advice events

Further information and advice and taster events have been provided for Peterborough carers during Quarter 3. Including:

- At the end of September 2300 Carers newsletters were sent out
- During October PCT staff attended an Alzheimer's Society carers drop in day to provide information on local support services for carers
- At the end of October a Carers Health Day took place at Peterborough City College offering free taster and information and advice sessions.
- 2 December – A Carers Rights Day was held at the Town Hall - to inform carers of the rights, benefits and services they are entitled to. Local organisations were present to give carers advice on money matters, carer's allowance, and how to get support in their caring role.

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

Summary of Key Priorities

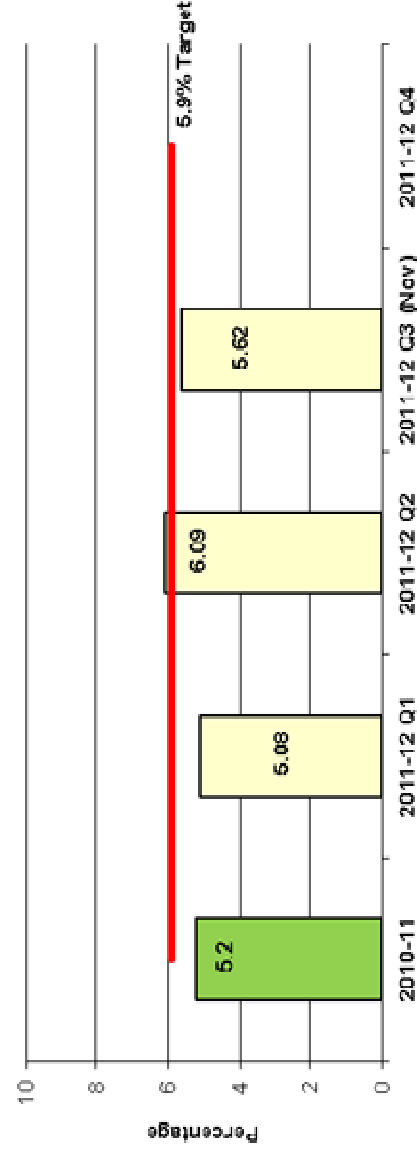
The Peterborough *Living My Life* programme says about prevention and re-ablement:

- 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.

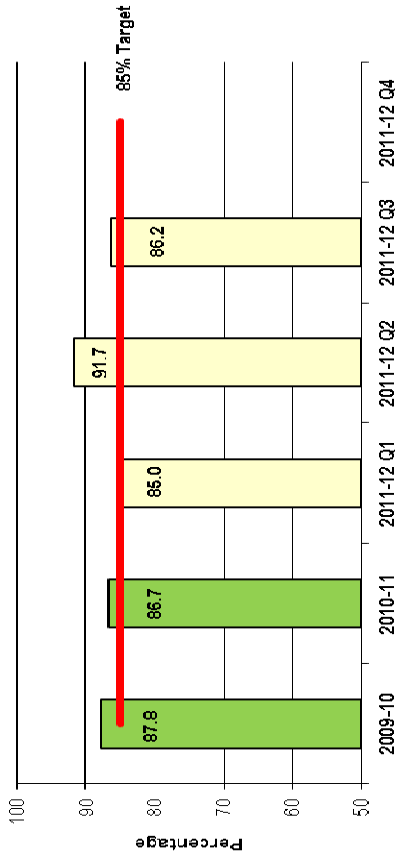
NATIONAL PERFORMANCE INDICATORS: DASHBOARD

Indicator	Comment	Direction of travel	Q3 RAG
Permanent admissions to residential care homes per 1,000 population age 65+	44.3 against a full year target of 79 admissions per 10,000 of the population aged 65 and over. This is 77 actual permanent admissions.	↔	Green
Permanent admissions to residential care homes per 1,000 population age 18-65	1.31 against a full year target of 1.1 admissions per 10,000 of the population aged 18-64. This is 10 permanent admissions.	➔	Amber
Delayed transfers of care from hospitals per 100k population	Average number of delays year to date as at Nov 2011 had reduced to 5.62, within target and lower than the previous quarter.	⬆	Green
Proportion of people achieving independence 3 months after entering intermediate care	86.2% of older people discharged from hospital into intermediate care were living independently at home 3 months later	➔	Green
Proportion of carers receiving an assessment or review in the year	Performance at 28.7% has recovered slightly in Quarter 3 but is still behind target and the 2010-11 out-turn. National average is 28.7%	⬆	Amber

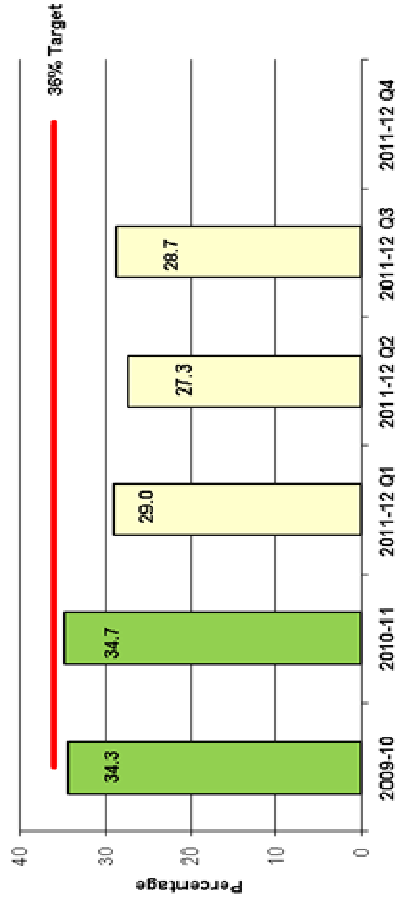
Delayed Transfers of Care (2C)



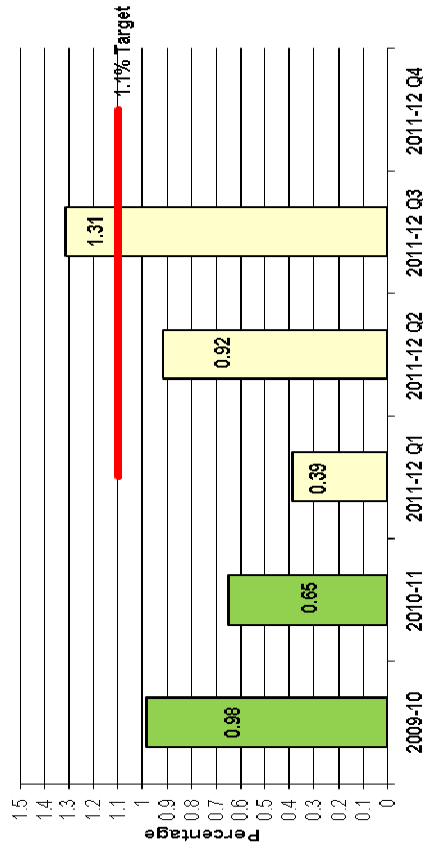
Achieving independence for older people through rehab/intermediate care (2B)



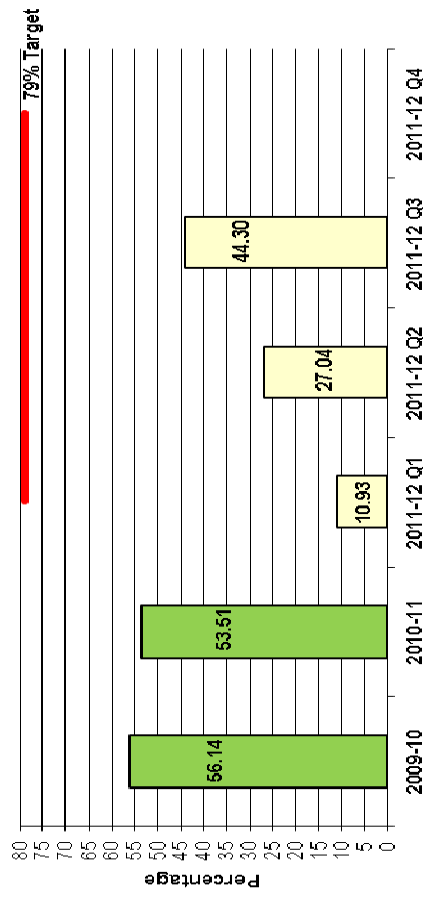
Carers receiving needs assessment or review and a specific carer's service, or advice and information



Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care per 10,000



Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 10,000



Preventing deterioration, delaying dependency and supporting recovery Related Projects		
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 role has been mainstreamed
<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.	Initial phases implemented; reablement service available at discharge from hospital and for new referrals to community social work teams. Independent sector providers are being used to increase capacity.
<i>Learning Disability Intensive Community Support Team</i>	Provision of an intensive community support service to support people returning to 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.

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
Intermediate Care Services to prevent hospital admissions						
Number of people receiving non-residential intermediate care to prevent hospital admission	196	81	43	63		187
Number of people receiving residential intermediate care to prevent hospital admission	242	49	43	89		181
Intermediate Care Services to facilitate timely hospital discharge and / or effective rehabilitation						
Number of people receiving non-residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	741	58	36	60		154
Number of people receiving residential intermediate care to facilitate timely hospital discharge and/or effective rehabilitation	282	102	94	56		252

Re-ablement Case Studies

Mrs F started with the re-ablement service receiving 3.5 hours a week and needed no care/support at the end. Her and her husband sent a complimentary letter to the service, including the following paragraph:

“I know that your Re-ablement Service is in it's infancy but I do want you to know that we have been totally satisfied with all the input help and advice we have received and this is to be highly commended. All of your people have been extremely kind and caring and showed great commitment to the work they are doing. You, and they, are all to be congratulated. An excellent service which we hope goes from strength to strength.”

Mrs G was supported by the team after she fractured her pelvis and wrist following a fall near her home. After a two week stay in Peterborough City Hospital she was well enough to return home, but struggled with everyday activities like getting into and out of bed, washing, dress and preparing meals. She was visited by an occupational therapist from the re-ablement team before she left hospital, with a follow up visit at home.

Mrs G said “At first I couldn't do things most people take for granted. I wasn't very mobile and I'd lost confidence. Anne (OT) arranged equipment for me, such as a heightened toilet seat, a grab rail next to my bed and a walking frame. She also arranged for carers to visit me four times a day, every day, but as I gradually improved I could do more things for myself so they didn't need to visit so often. They were lovely people and I was also glad of the company”

By the end of the six week programme Mrs G was back to looking after herself, and is gradually regaining her confidence to go out more often. She added “Without the help of the team I'm sure I wouldn't be doing as well as I now am. I'm still getting rehabilitation on my wrist, but I'm feeling a lot better.

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

Residential care home audit

During November 2011 and occupancy audit was carried out for local residential and nursing homes for older people. This revealed that a total of 278 older people were self funding care in either residential or nursing homes in the city. This is almost as many as were being funded by the City Council (282). The needs to ensure quality of care for these substantial users of our local services has been fed into the work to develop an Older People Strategy.

Disability Forum update

The Disability forum has continued a range of projects looking at improving access, developing services and enhancing engagement between public bodies and people with health and social care issues. Key work areas over Q3 have been:

- Working in partnership with PCC to develop Working Groups focussing on: Access to Information, Disability Hate Crime, Transport and Planning, City Centre and developing a Disability Strategy Group
- Developing a sport website for people with a disability
- Further developing DIALSport gyms and working with Vivacity on the 100 Days to the Olympics project to promote sport
- Supporting the development of a new PHAB club

Ensuring a positive experience of care and support Related Projects			Status
Project (Improvement Plan Workstreams)	Description	Progress update	Status
<i>Joint Planning & Capability - formalise quality assurance and performance management further</i>	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	Reviewing activity and finance reporting as part of the overall transitions work to bring services back into the Council. The first Local Account for Peterborough was published in December 2011 and commended regionally as evidencing good outcomes for people. Report on Quality of care homes produced for Scrutiny and audit conducted of capacity in local older people's care homes in November 2011. CQC attended Scrutiny to talk about their work and how members could be involved.	Green
<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. A further extra care project commences construction in Stanground this year. Further developments are being consulted on as part of the development of the Older People Strategy. See update on engagement	Green
<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	ECM project under review – currently exploring alternative implementation options.	Amber

FEEDBACK ON ENGAGEMENT DAY'S

On the 8th and the 16th December 2011, two Older People Strategy engagement days were held to explore, with the public and representatives of organisations interested in older people's services, the content of the Older People Strategy. The aim of the days was to gain the participants' ideas and views as to what should be included in the Older People Strategy to ensure wherever possible the department learns from customer experiences and knowledge which will lead to a seamless service.

On each day a summary of the information that would be considered when developing the strategy was presented. These areas included demographics, the personalisation agenda and the dementia projections affecting the over 85's. It was also explained the Older People's Strategy will

be used to influence services in the future. The groups were invited to ask questions and raise any issues that were felt to be relevant to the strategy. Both groups were able to share experiences, seek clarification and raise questions on the presentations. The groups were able to identify services which were valued and services which were difficult to access.

The overwhelming feedback was that older people wanted to remain in their own homes for as long as possible. This was in keeping with the overarching aim of the strategy. Both groups were in agreement with the seven dimensions of independence as identified by the Audit Commission/Better Government for Older People which included Housing and Home, Neighbourhood Social Activities, Social Networks, Getting Out and About, Income Information, Health, and Healthy Living. The groups identified the links that needed to be made by the different departments and the impact that cuts might make in one department on the efforts of another to achieve the dimensions identified; for example how budget cuts in street lighting for instance could impact on social networking.

One issue which was of real concern to both groups was the fact that the country was experiencing a recession and how future cuts would impact on services. This was acknowledged; however, it was also recognised that a new Older People Strategy would ensure there will be focus on the services which will be effective with the clear aim of promoting independence wherever possible.

Following the presentations, the groups were invited to break into smaller groups to consider the dimensions of independence and identify any other issues or points that needed to be included in the Strategy. Among the conclusions were that there should always be a 48 hour review following discharge, referrals to specialist services were too slow, there was a need for more volunteers, on the whole very supportive of reablement on return from hospital and finally recognised as an older person the importance of being treated as an equal. All the information, views and ideas from the days will be incorporated or considered when drafting the Older People Strategy.

The other overwhelming issue which was raised by both groups was the isolation that many older people experience and the need to ensure, wherever possible, social interaction is supported. This would include working closely with the voluntary sector and partner organisations such as housing and health which would be in keeping with The Big Society.

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
The proportion of people using social care services who feel secure	66% of respondents to the statutory survey reported feeling as safe as they wanted.	No target set – baseline year	66% No update
The proportion of people using services who said those services make them feel safe and secure	55% of respondents to the statutory survey reported that the social care services they received made them feel safe and secure.	No target set – baseline year	55% No update

The following Safeguarding specific reports are attached for information

Appendix 2 – 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 & Capability - new specialist safeguarding team</i>	Create and recruit to team.	Interim lead, data and performance analyst, and administrator in post. Lead and Social work consultant roles will be dealt with alongside the wider transitions programme.	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 is in place and in use. Assessment of learning process in place and positive feedback from staff and managers. National competencies adopted and incorporated into basic level training and enhanced competencies are now being incorporated into the enhanced training. Safeguarding leaflet for carers has been developed with the Carers Partnership Board.	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. Now working with Cambridgeshire to look at joint procedures and protocols across the county.	Green

Year to date up to 31 December 11

SUMMARY

Mental Health

Age Band	YTD	Of which DP
Adults	258	65
Older People	47	4
Unknown Age	0	0
Total Numerator	305	69

2010-11 Denominator	543
Current NI130 Value	56.17%

PCS

Age Band	YTD	Of which DP
Adults	791	289
Older People	1613	191
Unknown Age	1	0
Total Numerator	2405	480

2010-11 Denominator	5374
Current NI130 Value	44.75%

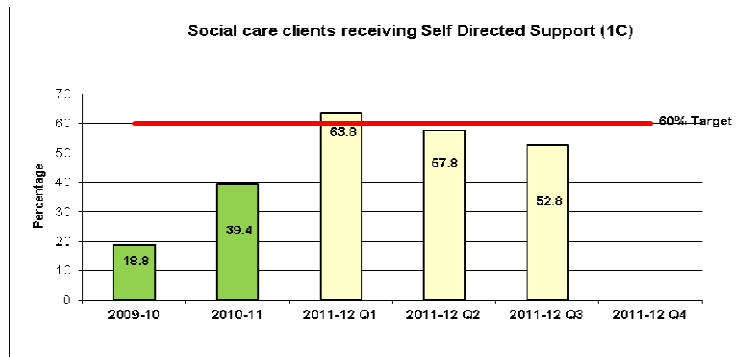
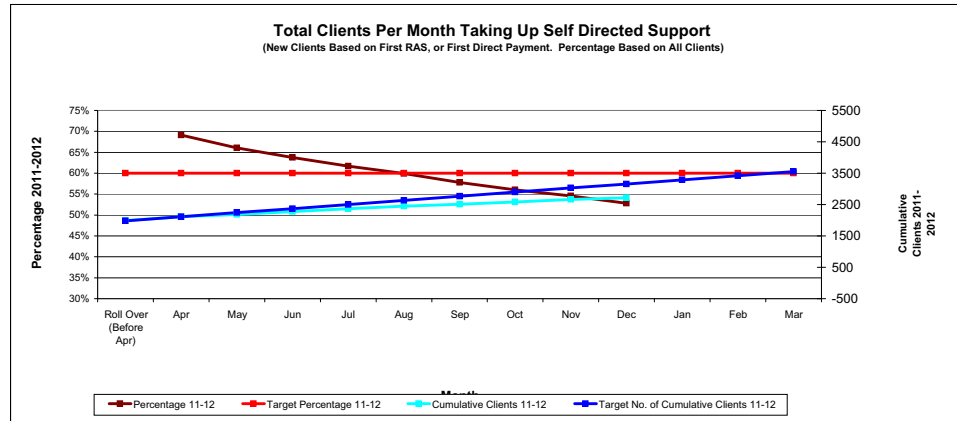
Overall National Indicator NI130

NI130	YTD	Target
Numerator	2710	3550
Denominator	5917	5917
Percentage	45.80%	60%

18+ who received SDS in year
 (Service users receiving community based services + carers receiving carers' 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	87	88	62	71	74	51					2710*	3,550
Cumulative Clients 11-12	1993	2,108	2,187	2,277	2,364	2,452	2,514	2,585	2,659	2,710					
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		69.14%	66.07%	63.78%	61.71%	59.92%	57.75%	56.04%	54.55%	52.78%				45.80%	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		-2	-54	-95	-139	-182	-251	-310	-367	-447					

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



Source: RAP and The Information Centre; NASCIS001
Definition: The number of clients and carers receiving social care through self directed support as a percentage of the total number of clients receiving community based services and carers receiving carers' specific services.
Notes: This indicator measures the degree to which clients are receiving self-directed support to design the support or care arrangements that best suit their specific needs.
 High is good

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Local performance indicator summary sheet 2011/2012 - quarterly performance figures all teams Appendix 2

Safeguarding performance indicator	2011/12 target	Local performance average						Key to RAG rating
		Previous reporting years performance average	Current 12 month rolling performance av	Q1 (Apr-Jun 11)	Q2 (Jul-Sept 11)	Q3 (Oct-Dec 11)	Q4 (Jan-Mar 12)	
That the decision to refer or close as an alert should be made within 24 hours of receipt (Applies to all cases)	83% (of all decisions are made with 24 hours)	81%	76%	72% (117)	74% (118)	79% (104)		Red/well below over 5% below previous years average
That the 1 st strategy meeting or discussion should be held within 5 calendar days of receipt of alert (Applies to referrals only)	60%	58%	63%	71% (90)	64% (77)	75% (42)		Amber/below up to 5% below previous years average
That the investigation report should be completed within 20 calendar days of receipt of alert (Applies to referrals only)	66%	64%	57%	60% (73)	59% (70)	44% (24)		Green/above meets or exceeds previous years average
That the outcome of the allegation should be due within 28 calendar days of the receipt of the alert * (Applies to referrals only)	No target set for 2011/2012	Not collected – current 11 months 52%	Current 11 months 52%	54% (26)	57% (47)	42% (21)		Exceptional/well above exceeds previous years average by over 5%

- * Being monitored prior to target setting in 2012/2013 RAG based on current 11 month average
- Figures in brackets () are the number of cases represented by the percentage

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
26 MARCH 2012	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

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

FORWARD PLAN OF KEY DECISIONS

1. PURPOSE

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

2. RECOMMENDATIONS

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

3. BACKGROUND

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

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 APRIL 2012 TO 31 JULY 2012



FORWARD PLAN OF KEY DECISIONS - 1 APRIL 2012 TO 31 JULY 2012

During the period from 1 April 2012 To 31 July 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 or by telephone on 01733 452447.

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

NEW ITEMS THIS MONTH:

Moy's End Stand Demolition and Reconstruction - KEY/03APR/12
Clare Lodge – additional four lounge areas - KEY/04APR/12
Energy Services Company - KEY/05APR/12

APRIL						
KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Sale of surplus former residential care home - Eye - KEY/01OCT/11 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>	April 2012	Cabinet Member for Resources	Sustainable Growth	Consultation will take place with the Cabinet Member, & Ward councillors, as appropriate	Simon Webber Capital Receipts Officer Tel: 01 733 384545 simon.webber@peterborough.gov.uk	A public report will be available from the Governance team one week before the decision is taken.
<p>Section 75 agreement with Cambridge and Peterborough Foundation Trust - KEY/03OCT/11 To approve the section 75 agreement with CPFT for the provision of mental health services.</p>	April 2012	Cabinet Member for Adult Social Care	Health Issues	Internal and external stakeholders as appropriate.	Terry Rich Executive Director Adult Social Services (interim) Tel: 01 733 758444 terry.rich@peterboroughpct.nhs.uk	A public report will be available from the Governance Team one week before the decision is taken.

<p>Hampton Community School - KEY/07OCT/11 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>	<p>April 2012</p>	<p>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Public, ward councillors and internal departments</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken</p>
<p>Peterborough's Transport Partnership Policy for pupils aged 4-16 years - KEY/01NOV/11 To approve the new policy for September 2012.</p>	<p>April 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and public consultation</p>	<p>Isabel Clark Head of Assets and School Place Planning Tel: 01733 863914 isabel.clark@peterborough.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
<p>Traffic Signals LED Project - award of contract - KEY/03SEP/11 Contract to replace all traffic signal head lamps in Peterborough with LED Heads.</p>	<p>April 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Environment Capital</p>	<p>Internal and external stakeholders as appropriate</p>	<p>Amy Wardell Team Manager - Passenger Transport Projects Tel: 01733 317481 amy.wardell@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Cowgate Enhancement Scheme - KEY/05JAN/12 To award the contract to undertake engineering works as part of the Cowgate Enhancement Scheme.</p>	<p>April 2012</p>	<p>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement</p>	<p>Sustainable Growth / Strong and Supportive Communities</p>	<p>Relevant internal and external stakeholders</p>	<p>Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@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>All Saints Junior School - Extension of Age Range - KEY/03FEB/12 To commission a new all through Voluntary Aided Primary School to enable the extension of the age range of All Saints Junior School.</p>	<p>April 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal stakeholders as appropriate.</p>	<p>Alison Chambers Principal Assets Officer (Schools) Tel: 01733 863975 alison.chambers@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>Award of a Framework for Temporary Staff for Children's Services - KEY/04MAR/12 To expand the current framework for temporary staff to support Children's Services improvement following the ofsted inspection.</p>	<p>April 2012</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate including social care staff.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@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>Section 75 Agreement with NHS Peterborough for Drugs and Alcohol Services - KEY/05MAR/12 To approve the 75 agreement with NHS Peterborough for the transfer of funds for the provision of Adult drugs and alcohol services.</p>	<p>April 2012</p>	<p>Cabinet Member for Community Cohesion and Safety</p>	<p>Health Issues</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Adrian Chapman Head of Neighbourhood Services Tel: 01733 863887 adrian.chapman@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Award of Framework for Supply of Utilities - KEY/06MAR/12 Enter into a framework agreement with Government Procurement Service for the supply of utilities to council properties.</p>	<p>April 2012</p>	<p>Cabinet Member for Resources</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders</p>	<p>Andrew Cox Senior Category Manager andy.cox@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Supporting People - Specific Grant Agreements for Accommodation Based Housing Related Support - KEY/07MAR/12 Award of specific grant agreements for the continued provision of accommodation based housing related support funded by the Supporting People programme.</p>	<p>April 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Strong and Supportive Communities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Sharon Malia Housing Programmes Manager Tel: 01733 863764 sharon.malia@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Extension to various Highways Related Contracts to July 2013 - KEY/08MAR/12 To extend the existing Highways Maintenance, Professional Services, Street Lighting and Gully Cleansing Contracts until July 2013 pending the review of alternative procurement options.</p>	<p>April 2012</p>	<p>Cabinet Member for Resources</p>	<p>Sustainable Growth</p>	<p>Consultation with senior officers has been undertaken including the Director of Operations and Head of Business Transformation.</p>	<p>Simon Machen Head of Planning, Transport and Engineering Services Tel: 01733 453475 simon.machen@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Award of Contract - Bus Shelter Provision and Maintenance - KEY/01APR/12 Award of contract for the provision, installation, cleaning and maintenance of Bus Shelters.</p>	<p>April 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Darren Deadman Travel Information and Monitoring Officer Tel: 01733 317464 darren.deadman@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Award of Transport Contracts - KEY/02APR/12 To award contracts for Mainstream, Special Educational Needs, Children in Social Care and Public Transport.</p>	<p>April 2012</p>	<p>Cabinet Member for Education, Skills and University, Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Sustainable Growth</p>	<p>Internal departments as appropriate.</p>	<p>Cathy Summers Team Manager - Passenger Transport Contracts and Planning Tel: 01733 317463 cathy.summers@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

Moy's End Stand Demolition and Reconstruction - KEY/03APR/12 Award of Contract for the Demolition of the Moy's End Stand and Reconstruction	April 2012	Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement	Sustainable Growth	Internal and External Stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
Clare Lodge – additional four lounge areas - KEY/04APR/12 To award the contract for the construction of four new lounge areas.	April 2012	Cabinet Member for Children's Services	Creating Opportunities and Tackling Inequalities	Relevant internal stakeholders as appropriate	Sharon Bishop Assets Officer Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
Energy Services Company - KEY/05APR/12 To consider potential future developments of energy related products	April 2012	Cabinet Member for Resources	Environment Capital	Internal and external stakeholders.	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

MAY						
KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS

<p>Organic and Food Waste Treatment Services Contract - KEY/01MAY/12 To Award a contract for Organic and Food Waste Treatment Services.</p>	<p>May 2012</p>	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team on week before the decision is taken.</p>
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JUNE

There are currently no Key Decisions scheduled for June.

JULY

There are currently no Key Decisions scheduled for July.

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

Communications
Strategic Growth and Development Services
Legal and Governance 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 Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

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)