

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 13 NOVEMBER 2012

7.00 PM

Council Chamber - Town Hall

AGENDA

Page No

1. **Apologies**

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

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council.

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 20 September 2012**

1 - 6

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.

A request for Call-in of the Cabinet's decision on the Older People's Accommodation Strategy – Consultation Report on the Proposal to Close Greenwood House and Welland House has been received and will be considered at this meeting.

5. **Update on the Development of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups**

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6. **Draft Health and Wellbeing Strategy 2012-15**

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7. **Quarterly Performance Report on Adult Social Care Services in Peterborough**

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| 8. | Notice of Intention to Take Key Decisions | 53 - 66 |
| 9. | Work Programme | 67 - 72 |
| 10. | Date of Next Meeting | |

Wednesday, 23 January 2013



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

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.

Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), J Stokes, McKean, K Sharp, N Shabbir and Sylvester

Substitutes: Councillors: D Harrington, M Jamil and Y Maqbool

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 COUNCIL CHAMBER, TOWN HALL ON 20 SEPTEMBER 2012**

Present: Councillors B Rush (Chairman), Y Maqbool, J Stokes, D McKean, B Saltmarsh, N Shabbir and A Sylvester

Also present David Whiles, LINKs Representative
Katie Baxter, Youth Council Representative
Matthew Purcell, Youth Council Representative

Officers Present: Terry Rich, Executive Director of Adult Social Care
Geeta Pankhania, Public Health Programme Manager
Alan Mack, Director of Corporate Development & Performance
Angus Maitland, Chief Operating Officer, Peterborough and Stamford Hospitals NHS Foundation Trust
Dr Peter Reading, Interim CEO of Peterborough and Stamford Hospitals NHS Foundation Trust
Dr John Randall, Medical Director
Chris Wilkinson, Director of Care Quality and Chief Nurse
Alex Daynes, Senior Governance Officer
Marie Southgate, Lawyer
Joan Tiplady, Peterborough and Stamford Hospitals NHS Foundation Trust

1. Apologies

Apologies were received from Councillors D Lamb and K Sharp.

2. Declarations of Interest and Whipping Declarations

None were received.

3. Minutes of meeting held on 17 July 2012

The minutes of the meeting held on 17 July 2012 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.

The chairman advised the committee that item 7 on the agenda, would be dealt with after item 5.

5. Equality Delivery System – Update (PSHFT)

Joan Tiplady introduced a report giving detailed information in respect of the Equality Delivery System (EDS) outcomes that had achieved a red rating (grading) including that progress reports were now made regularly to the Trust Board and an e-learning programme for staff had been started.

Comments and responses to questions included:

- The action plan to achieve the goals can be circulated to the Commission;

- An update can be submitted to the Commission in six month's time;
- Regular reporting was every 3 months depending on the work achieved in that time;
- The ratings had not been re-graded following actions to improve them. This would need an external rather than internal grading and may take a year to see full results; and
- Pensioners groups could be included in the workshops to assess the re-grading of the EDS outcomes.

ACTIONS AGREED

The Committee agreed that:

1. The Action Plan for improvement to be circulated;
2. A further updated report to be submitted in six months;
3. Pensioner groups should be included in the next grading workshop.

7. Equality Delivery System – Update (NHSP)

Alan Mack and Geeta Pankhania introduced a report following a request from the Commission's meeting on 21 June 2012 for detailed information in respect of the Equality Delivery System (EDS) outcomes that were 'red' rated. An internal assessment had been undertaken to indicate progress made but this would need ratifying by an external assessment.

Comments and responses to questions included:

- The ratings would be looked at again in January and published in April 2013. It was expected that the current amber ratings would show as green in 2013/14; and
- Robust plans to address the red ratings were implemented in July.

ACTION AGREED

A full assessment report would be submitted to the Commission after the publication of the ratings in April 2013.

6. Peterborough and Stamford Hospitals NHS Foundation Trust

The Interim Chief Executive Officer of Peterborough and Stamford Hospitals NHS Foundation Trust introduced a report providing and update on the Trust including the strategy to improve its financial position, which would include attracting more patients, expanding successful services such as cancer treatment, improve and expand current services and a possible long term special subsidy from Government.

Comments and responses to questions included:

- The £54 million Government Grant last year enabled bills to be paid off but still the same operational deficit remained, another similar arrangement would be needed this year to maintain the current deficit level;
- Expecting a reduction in funding over next five years per patient from government to factor into financial plans along with inflation and falling patient numbers from NHS Cambridgeshire could see a further £50 million revenue loss;
- Predicted patient numbers and expected referrals from GPs must be looked at again for accuracy to reflect changing healthcare needs of the population;
- Some patients were still referred to Addenbrookes for specialist care;
- Birth rate was rising nationally but there was a relatively high population in Peterborough of 'birthing age'. South Lincolnshire residents were also using

Peterborough and Stamford Hospitals for maternity services. The new maternity ward could cope with 5,000-6,000 births a year (currently 4,680);

- The report considers revenue costs so does not include any potential income from a sale of the former District Hospital site which would only affect one year of budget;
- Any use of the income from the sale of the site would be considered at that time;
- A transformation fund was set aside to manage any internal changes, many of the planned financial improvements were aimed at reducing costs rather than increasing income;
- £11 million of £13.2 million savings target had already been identified for this year;
- Savings needed to reduce the £50 million deficit would be very substantial – would need district wide service adjustments;
- Peterborough and ten other Trusts were in breach of terms from Monitor, the public accounts committee;
- Currently assessing and trying to reduce costs of PFI contract obligations;
- Services don't need to be cut to save money e.g. faster treatments, treating more patients and cutting of wasteful practices, would increase revenue;
- Not yet known which services may receive less investment going forward - this would be addressed for future budgets as some processes and services create money whereas others cost money for the hospital to deliver;
- Funding/grant from Government of around £26 million would be needed each year along with generation of new business of the same figure to tackle the deficit;
- Latest census figures were not reflected in these plans, only activity changes as advised by Monitor – more patients did not necessarily mean more funding;
- Limited public funding led to a reliance on PFI models for growth; and
- A separate accountancy firm was reviewing the PFI contract which could result in savings far higher than the cost of employing the firm.

Angus Maitland introduced the section of the report concerning operational performance to July 2012 highlighting that the hospital was on track to comply with Monitor targets including Accident and Emergency treatment and admittance times with further actions in place to ensure its continued compliance. It was further highlighted that one of the radiotherapy machines had been out of action for a period of time thereby reducing the number of patients being treated at the hospital.

Comments and responses to questions included:

- Full reports and information on red rated items would be available by April 2013;
- Routes for Ambulances to the hospital were directed by the Ambulance Trust, not the Hospital Trust;
- Performance on complaints was consistent although faster response times for complaint letters were needed – this would be addressed in October;
- A business case for a new linear accelerator was expected to be submitted in November 2012 which, if successful, could see another machine operational by Spring 2014 at the earliest; and
- Quick turn around times for Ambulances at the Emergency Department meant some Ambulance crews were more inclined to use Peterborough hospital for emergency cases than other nearby hospitals.

John Randall introduced the section of the report concerning Stamford and Rutland Hospital. Highlights included:

- Continuing support for the hospital in Stamford;
- Need to redevelop part of the site;
- Could include a Health and Social Care function in the future;
- Range of services provided from the site to be reviewed with a view to increasing; and

- No decision made on the retention of the operating theatre yet.

Comments and responses to questions included:

- Some patients attend Stamford hospital as a preference over Peterborough;
- A partner, possibly a charitable organisation, would be looked for to assist in any redevelopment to include additional facilities and services in order to increase revenue; and
- Looking to ensure long term future of the hospital.

ACTIONS AGREED

1. Investigate if previous Hospital Board members could return for scrutiny regarding financial decision around PFI;
2. Updated financial strategy to be submitted in early 2013; and
3. Future agenda item needed to assess use of funds from sale of hospital site.

8. Forward Plan

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.

Comments and responses to questions included:

- Scrutiny on the consultation regarding the proposal to close two care homes would be held on 1 November; and
- The consultation event finished on 15 October 2012.

ACTION AGREED

The Commission noted the Forward Plan.

9. Work Programme

Members considered the Committee's Work Programme for 2012/13 and discussed possible items for inclusion.

The Senior Governance Officer advised that the additional dates on the programme were to advise reporting officers of report submission dates and were not relevant to the work of the Members.

The Senior Governance Officer to the meeting advised Members on the call-in process for executive decisions.

ACTION AGREED

To confirm the work programme for 2012/13 and the Senior Governance Officer to include any additional items as requested during the meeting.

10. Date of Next Meeting

Tuesday 1 November 2012.

The meeting began at 7.00pm and finished at 9.00pm

CHAIRMAN

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 5 |
| 13 NOVEMBER 2012 | Public Report |

Report of Andy Vowles, Chief Operating Officer for Cambridgeshire & Peterborough Clinical Commissioning Group (designate)

Contact Officer(s) – Jessica Bawden, Director of Communications, Membership & Engagement (designate)

Contact Details – jessica.bawden@cambridgeshire.nhs.uk

UPDATE ON THE DEVELOPMENT OF THE SHADOW CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP AND THE PETERBOROUGH AND BORDERLINE LOCAL COMMISSIONING GROUPS

1. PURPOSE

- 1.1 This report is to update the Scrutiny Commission for Health Issues on the development of the shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups.

2. RECOMMENDATIONS

- 2.1 To note the progress of wider Clinical Commissioning Group and the work of the Local Commissioning Groups in Peterborough and Borderline.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

The work of the Shadow Clinical Commissioning Group (the CCG) links with the priorities of tackling inequalities and creating strong and supportive communities.

4. BACKGROUND

- 4.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) comprises its 109 member Practices and covers a population of over 860,000 people. If authorised as a statutory commissioning body by the NHS Commissioning Board early in 2013, the CCG will be one of the largest in the country.

From the start, our objective was to develop a devolved model of operation with clinical commissioning at its heart. We have also sought to achieve a smooth transition to the national model of Clinical Commissioning by building key elements of the new system well before 2013. In Peterborough and the surrounding area, authority has been devolved to the Peterborough and Borderline Local Commissioning Groups. Two practices from Northamptonshire, Oundle and Wansford & Kingscliffe have joined the Borderline LCG. See APPENDIX B for practice locations across the CCG.

Clinical Commissioners will be responsible through the CCG for the following:

- Commissioning hospital and community health services – but not specialist services
- Managing prescribing based on clinical and cost effectiveness
- Developing a vision for commissioning local health and health care services with member practices, other professionals and key partners
- Working with the Local Authorities, play a full part as a member of the Health and Wellbeing Boards
- Shaping the culture, behaviours and relationships across the localities
- Implementing structures and systems to safeguard transparency, accountability and good governance

The CCG will produce and consult on an over-arching Annual Plan setting out the strategic and local commissioning priorities. The plan will take account of the Health and Wellbeing Strategies, the views of the Health and Wellbeing Boards and the work of Local Commissioning Groups.

5. KEY ISSUES

- 5.1 Since April 2012, clinical commissioners have been working alongside PCT staff, with delegated authority from the NHS Cambridgeshire & NHS Peterborough Cluster Board. In Peterborough the GP Sub-Committee has existed since April 2011. Over recent months, much work has been done to establish the new organisation, and to work through 'authorisation' by the NHS Commissioning Board, which has existed since October 2012.

Vision and Values

Over the last few months, the Governing Body and the member practices have been working on developing our vision and values for the new organisation, and the local commissioning groups that make up the CCG. They are as follows:

Our Mission

To empower our communities to keep healthy and to ensure fair access to good quality healthcare for all those who need it.

Our Vision

NHS Cambridgeshire & Peterborough Clinical Commissioning Group will be led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them.

Our Values

- Patient focused - Our population, patients and their families are at the centre of our thoughts and actions we will commission care tailored to their needs
- Quality driven - We will constantly strive to be the best we can be as individuals and as an organisation and we will ensure that this is reflected in our commissioning decisions
- Work locally – Through our Local Commissioning Groups working within their communities
- Excellent – Our aim is to be an excellent organisation, for our communities, clinicians and our staff

Priorities and Commissioning Intentions

The CCG and LCGs have also spent a lot of time looking at the challenges facing our communities, in particular the growth in our older population over the next four/five years.

Peterborough:

23% growth in 65+ population
23% growth in 80+ population
32% growth in 85+ population

Cambridgeshire:

25% growth in 65+ population
18% growth in 80+ population
22% growth in 85+ population

The CCG has selecting three priorities for areas of focus and for discussion with all our providers as we set out our commissioning intentions for 2013/14. These are:

- Frail elderly
- End of life care

- Health inequalities, particularly in relation to coronary heart disease

These link well to a number of priorities in the Draft Peterborough Health and Wellbeing Strategy, currently out to consultation, in particular:

- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

Local work in Peterborough and Borderline Local Commissioning Groups to address these areas includes:

- Multi-Disciplinary Team, focusing on improving outcomes and patient experience for patients for Progressing development of integrated care
- End of Life Care
- Mental health services, clinicians leading redesign work with CPFT
- Prescribing, reviewing appropriate and best value prescribing

The Peterborough and Borderline LCGs recognise the importance of working closely with Peterborough City Council and have created A Joint Commissioning Forum, which has the City Council as a member. It is the vehicle to discuss future Joint Commissioning strategies and Plans.

Beneath this forum the Commissioners have a Transformation Board which enables Commissioners and statutory providers/ Independent Sector and Voluntary Sector Providers to develop Projects within this joint governance structure.

Membership of the Peterborough and Borderline Local Commissioning Group and the Joint Commissioning Forum are attached at Appendix A. Membership of the CCG Board is at Appendix C.

6. IMPLICATIONS

- 6.1 The Cambridgeshire and Peterborough Clinical Commissioning Group, subject to authorisation by the National Commissioning Board, will take over statutory responsibility for commissioning acute and community and other services for the people of Peterborough and Borderline and the other six LCGs in April 2013.

7. CONSULTATION

- 7.1 The new Clinical Commissioning Groups are very keen to ensure there is widespread engagement with patient groups across the area. There is a Patient Reference Group, which is a formal sub-committee of the Shadow CCG Governing Body. This is made up of patient representatives from each LCG Board as well and there will also be representation from Healthwatch in the future. The Peterborough Consultation Forum also sits on this group. The CCG will retain the same statutory duties around public consultation when considering major service changes, and is committed to involving patients in all stages of the commissioning process.

8. NEXT STEPS

- 8.1 The CCG and Local Commissioning Groups are happy to keep the Commission regularly updated on progress and to return again, subject to authorisation.

10. APPENDICES

- 0.1 Appendix A - Peterborough and Borderline LCG Board membership
- Appendix B - Map of CCG practice locations
- Appendix C – Membership of the CCG Governing Board

Peterborough LCG Board

GP Members

Dr Michael Caskey (Chair)
Dr Neil Modha

Dr Mohsin Laliwala
Dr Neil Sanders

Dr Harshad Mistry
Dr Paul van den Bent

Patient Representative Members

Barbara Cork

Brian Parsons

Practice Manager Representative Member

Andy Slater

Officers/Management Support

Cath Mitchell,
Local Chief Officer

Borderline LCG Board

Dr Richard Withers (Chair)
Dr Gary Howsam (Vice Chair)
Dr Oliver Stovin
Dr Cosmos Nnochiri
Dr Andrew Anderson
Cathy Mitchell, Local Chief Officer
Dr Nick Fletcher
Helena Ayre
Michael Bacon, patient representative

Others who may attend LCG meetings

Maureen Donnelly CCG Chair
Andy Vowles, Chief Operating Officer
Dr Neil Modha, Chief Clinical Officer
Sharon Fox, CCG Board Secretary

Peterborough Commissioning Joint Forum

GP Members

Dr Michael Caskey
Dr Paul van den Bent

Dr R Withers
Dr G Howsam

Dr A Liggins

Patient Representative Members

Barbara Cork

Brian Parsons

Michael Bacon

PCC Representatives

Terry Rich

Malcolm Newsom

Wendy Ogle-Welbourn

Officers/Management Support

Catherine Mitchell
Paul Whiteside

Clinical Commissioning Group Chair and Lay Members

Maureen Donnelly, Chair (designate)

Maureen is a Maths Graduate and has spent her career in the telecoms sector. She was head of marketing for BT before leaving to become Commercial Director of Colt Telecom in the City of London. Since then she has set up two telecoms companies (in Germany and in the UK) and now works as an advisor on commercial and acquisition strategy. Maureen, who lives in Cambridge, is Chair of Digital Region, a broadband telecoms company in South Yorkshire and Chair of the Corporation of Hills Road Sixth Form College.

Peter Southwick, Lay Member (designate)

Peter has a first degree and a PhD in Metallurgy from Cambridge University. He spent much of his career in the USA, in the steel industry. His last position in the USA was President and Chief Executive Officer of Ispat Inland Inc (subsequently Mittal Steel USA and now Arcelor Mittal), which was followed by promotion in 2003 to the post of Corporate Director, Quality Assurance, based in London. In the 1990s, he was also a Board member of his local branch of United Way, the largest charitable fundraising organisation in the USA.

Glen Clark, Lay Member (designate)

Glen, who lives in Wicken, near Ely is Finance Director of Marshall of Cambridge Aerospace. He is also a Board member of a number of their subsidiaries, including four companies based overseas - and takes a lead role in Corporate Governance.

Rebecca Stephens, Lay Member (designate)

Rebecca is Founder and Director of Syntax Communications and has previously been a non-executive director at Cambridgeshire and Peterborough NHS Foundation Trust. She has a long career as a journalist which culminated in her being the Editor and Editorial Director for the Peterborough Evening Telegraph from February 2004 until June 2007. Rebecca has also created a corporate social responsibility forum for Peterborough with city-wide engagement from private, public, voluntary, community and charitable sectors. Rebecca's work has given her a wide knowledge of voluntary and community sectors in Greater Peterborough as a former board member of the Greater Peterborough Partnership and Peterborough City Centre Management Executive. She has strong links with a number of community groups and charities in the area and helped to develop the Pride in Peterborough Award and the Women of Achievement award.

Directors

Dr Neil Modha, Chief Clinical Officer (designate)

Dr Neil Modha is a working GP at Thistle Moor Medical Centre in Peterborough, where he has helped to transform the practice into a GP-led training practice with eight doctors, serving 11,500 patients. Neil was previously a member of the shadow Cambridgeshire and Peterborough Clinical Commissioning Group, taking responsibility for acute commissioning. He has been involved in the Finance and Performance sub-committee.

Andy Vowles, Cambridgeshire Chief Operating Officer (designate)

Prior to joining NHS Cambridgeshire, Andy was Deputy Director of Commissioning for NHS East of England. His portfolio included co-ordinating East of England commissioning policy, supporting the development of commissioning expertise within PCTs, and leading on a range of policy areas including primary care and practice based commissioning. Before joining NHS East of England, Andy was Head of Performance for Essex SHA, and has also worked for a number of national bodies including the Audit

Commission and the Department of Health. Andy lives in Cambridge with his wife and three young children.

Jessica Bawden, Director of Communications, Membership and Engagement (designate)

Jessica joined NHS Cambridgeshire from the National Housing Federation, the trade body for housing associations. She has over fifteen years' experience of public campaigning in the not-for-profit sector including working for Age Concern, the business campaign group, London First and the pro-European campaign, Britain in Europe. She also spent five years working in Parliament. She is passionate about social change and believes that successful change happens only when the public's views are truly heard. Jessica was educated at Oxford University and is married with four children.

Jill Houghton, Director of Quality, Safety and Patient Experience (designate)

Jill is a registered nurse, midwife and health visitor. She has had experience in all sectors of healthcare, clinically and managerially within primary and secondary care, at a Health Authority, Strategic Health Authority and at board level in a Primary Care Group and two Primary Care Trusts as a Director with responsibilities for patient services, quality, safeguarding and infection control. She has been a member of the Nursing and Supportive Care Guidelines Advisory Panel at the National Institute of Health and Clinical Excellence and undertaken national projects, in relation to patient safety and quality, with the Leadership Centre, the National Patient Safety Agency, the Department of Health and the Chief Medical Officer's Office. Jill was most recently the Director of Nursing for West Mercia Cluster which consisted of four Primary Care Trusts and six Clinical Commissioning Groups. Jill's role is to ensure commissioning for quality is delivered through the changing NHS Architecture working with providers, Local Authorities and particularly the shadow Clinical Commissioning Group to ensure our population receive the best quality of care possible within available resources.

Victoria Corbishley, Director of Performance and Delivery (designate)

Victoria joined the CCG from NHS Midlands and East Strategic Health Authority where she was responsible for running the performance and informatics teams across the SHA Cluster. Before the SHA, Victoria was one of the first employees at Monitor, the Independent Regulator of NHS Foundation Trusts where she spent time assessing applicant trusts, overseeing compliance at existing Foundation trusts and developing policy. Victoria is a qualified accountant and has worked in the I.T. industry, with companies such as IBM and Xerox, and as a management consultant.

Harper Brown, Director of Commissioning and Contracting (designate)

Harper joins us from Great Yarmouth and Waveney PCT where he was Deputy Chief Executive and he was Executive Director of Integrated Care at Norfolk & Great Yarmouth and Waveney PCT.

Tim Woods, Chief Finance Officer (designate)

Tim was previously Executive Director of Finance at Derbyshire Healthcare NHS Foundation Trust.

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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 6 |
| 13 NOVEMBER 2012 | Public Report |

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Sue Mitchell, Associate Director of Public Health
Contact Details - 758530

DRAFT HEALTH AND WELLBEING STRATEGY 2012-15

1. PURPOSE

- 1.1 To obtain the committee's views on the draft Health and Wellbeing Strategy (appendix1) and the associated consultation process

2. RECOMMENDATIONS

- 2.1 Consider and comment on the Health and Wellbeing Strategy as part of the current consultation process that closes on the 23rd November 2012

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The Health and Wellbeing Strategy reflects the Sustainable Community Strategy in terms of its commitment to tackling health inequalities, focus on the most vulnerable and emphasis on preventative action. Each priority in the strategy is linked to the relevant outcomes framework; Public Health, Adult Social Care, NHS Operating Framework. When the strategy priorities are finalised, following the consultation, the Health and Wellbeing Board will confirm the specific outcomes that will be used as one of the mechanisms for monitoring the impact of the strategy.

4. BACKGROUND

- 4.1 On the 18th June 2012, the Health and Wellbeing Board received a report that introduced the process for developing its first Health and Wellbeing Strategy. In addition, the board were presented with a series of "illustrative priorities" that had been drawn from the 2012 Joint Strategic Needs Analysis. In the period that followed, the accountable officer group worked up the priorities in more detail and produced a draft strategy that was shared with members of the Board. The final draft document (appendix 1) was issued for consultation to a wide group of stakeholders.
- 4.2 The three year strategy is intended to:
- Identify health and wellbeing priorities
 - Set clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
 - Hold commissioners to account for their decisions
 - Help to develop partnerships that provide solutions to commissioning challenges
- 4.3 The priorities selected related closely to the findings of the Joint Strategic Needs Assessment (JSNA) and the draft strategy provides a summary of key JSNA findings in the section titled "How healthy are we?" Whilst it is difficult to do justice to the depth and range of information generated by the JSNA in a relatively brief section, some strong themes were identified and these underpinned the selection of strategic priorities that are presented in section four of the draft strategy. Each priority is accompanied by:
- A more descriptive objective
 - Evidence for its inclusion in the priorities
 - Broad recommendations on how the priority and objective will be addressed

- The relevant linked outcomes frameworks that will inform the specific outcomes to be selected when the strategy is finalised, post consultation and board approval

4.4 In section five the strategy sets out a set of principles that should guide commissioners as they respond to the priorities and outcomes that need to be addressed. These principles represent a checklist for commissioners. This checklist is further supported by a recommended commissioning model that is outlined in the appendix to the draft strategy.

5. KEY ISSUES

5.1 The strategy is intended to meet government's expectations that Health and Wellbeing Boards will play an important role in translating national and locally identified priorities into a coherent set of priorities, built from an agreed process of needs assessment and as importantly, informing the commissioning plans of the key statutory agencies. A key determinant for the successful delivery of the strategic priorities and associated outcomes will be the robustness of the interagency planning, commissioning and delivery arrangements for Peterborough.

6. IMPLICATIONS

6.1 This city wide strategy is not intended to be a summary of all other strategies, but it is intended to closely align with the strategies of other key partnership boards such as the Greater Peterborough Partnership, Safer Peterborough Partnership, Safeguarding Boards. As such it will be important that the priorities that are agreed, are considered by other boards and that the contributions to the delivery of the priorities that can be made by those other boards, are identified.

7. CONSULTATION

7.1 The Consultation Plan has been developed with the support of NHS Peterborough and Peterborough City Council officers. The consultation will run for three months from 23rd August until 22nd November 2012 in line with the Council/Voluntary Sector Compact Agreement. It includes an electronic mail-out of the document to a wide-ranging list of organisations and individuals across the statutory and non-statutory and community sectors. Groups representing those people with protected characteristics under equalities legislation have been specifically targeted. Responses to the consultation questions are requested either by using the consultation form at the end of the document, by responding electronically using a survey tool, or by responding to the specific email address that has been set-up for the purpose. A stakeholder consultation event is being planned for November. All responses will be collated following the closure of the consultation period and a report will be brought to the next Health and Wellbeing Board meeting on 10th December.

8. NEXT STEPS

8.1 The key test for the relevance and impact of the Health and Wellbeing Strategy is the difference made to the lives of Peterborough's residents. In the first instance this will be evidenced by the degree to which Health and Local Authority commissioners respond to the priorities and incorporate actions and initiatives that address the priority needs. Subsequently, through the duration of the strategy the focus will be on the impact on outcomes. However the current task is to confirm that the priorities that are selected and the outcomes that will underpin them make sense and the comments from this committee will be incorporated into the consultation feedback.

9. BACKGROUND DOCUMENTS

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

- 9.1
- Peterborough Joint Strategic Needs Assessment 2012
 - Health and Social Care Act 2012
 - Draft Cambridgeshire Health and Wellbeing Strategy 2012-17

10. APPENDICES

- 10.1 Peterborough Health and Wellbeing Board Draft Health and Wellbeing Strategy 2012-15.

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Peterborough Health and Wellbeing Board

Draft Health and Wellbeing Strategy
2012-15



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Introduction to the Health and Wellbeing Strategy

The Health and Wellbeing Board is pleased to present this first draft of the Health and Wellbeing strategy for Peterborough.

It marks an important milestone in the implementation of the 2012 Health and Social Care Act.

Perhaps more importantly it represents a further step in developing the shared vision for improving the health and wellbeing of the Peterborough population.

Through this strategy the board:

- **Identifies health and wellbeing priorities**
- **Sets clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population**
- **Holds commissioners to account for their decisions**
- **Helps to develop partnerships that provide solutions to commissioning challenges**

The Health and Wellbeing Board is a new partnership. It comprises of representatives from the new Shadow Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council's Children's and Adult Social Care Services and the Director of Public Health and Link/Local Healthwatch representatives. It will take time to develop strong and effective working relationships during this period of transition. Achieving a consensus on priorities and starting a process of wider engagement with the public and interest groups is the best place to start.

The Health and Wellbeing Board's draft strategic priorities have grown out of detailed assessments of need that culminated in the Joint Strategic Needs Assessment (JSNA) 2012. In the paragraphs that follow, the strategic priorities that are presented are underpinned by the findings of the JSNA. (http://www.peterborough.gov.uk/health_and_social_care/joint_strategic_needs_assesmen.aspx)

These priorities represent those areas of activity that need a high level of collaboration between services and where the interdependence of health and social care is most marked. By working together, there is a greater chance that real, sustainable improvements to health and wellbeing can be made. In this regard every effort has and will be made to align the commissioning processes of the Local Authority and Clinical Commissioning Group, and ensure the engagement of the full range of health and council services that can contribute to that improvement.

Partners represented on the Health and Wellbeing Board are committed to ensuring that this strategy respects, protects and gives due regard to the health and wellbeing needs of disadvantaged groups specified within the Equalities Act (2010). Through the priorities identified within this strategy, key themes regarding the needs of specific groups with protected characteristics as identified within the Act are addressed. It is expected that commissioning intentions will reflect these needs through the embedding of the principles of equality, diversity and inclusiveness.

This strategy is not intended to be a compendium of all relevant, national and local strategies and plans, but it does draw from them and also the national outcomes frameworks. These frameworks, NHS, Adult Social Care, Public Health, provide the Health and Wellbeing Board with tools for identifying Peterborough's current baseline and for measuring year on year progress. A final set of monitoring indicators will be identified when the strategic priorities are confirmed.

Through this draft strategy, the board is seeking your views on:

- **the priority areas selected**
- **the rationale for that selection**
- **whether the strategy accurately identifies the issues that need to be addressed through effective commissioning**

The final strategy is intended to closely align with, but not duplicate, the strategies of other key partnership boards such as the Greater Peterborough Partnership, Safer Peterborough Partnership, Adult's and Children's Safeguarding Boards. The consultation process is described in the final section.



1. How healthy are we?

The city is thriving, with high birth and fertility rates when compared with similar authorities. It has a young population, with a rich mix of ethnic minority populations and an overall white British majority. The initial findings of the 2011 Census indicate the population of Peterborough has grown significantly over the past decade and is expected to grow by a further 20,000 people in the next ten years.

Peterborough is also a city with relatively high levels of deprivation. Within the city there are areas that are amongst the ten per cent most deprived areas in the country. It is estimated that nearly one in four children, 10,500, live in poverty. In those most deprived areas, the health of residents, as reflected in life expectancy, is markedly worse. Compared with those who live in the least deprived areas, on average men die more than nine years earlier, and women more than five years earlier.

A good start in life is important, yet child mortality and numbers of low birth weight babies are significantly higher than average in some areas; fewer babies benefit from breastfeeding and more than average numbers of children at age 11 are obese. Teenage pregnancy rates are higher than average. The proportion of young people who are not in education, employment or training (NEET) is higher than average, placing Peterborough third highest for NEETs amongst the ten authorities described as our statistical neighbours.

Over 1,400 children and young people aged 0-17 are in receipt of Disability Living Allowance, again placing Peterborough third highest in the number of children in receipt of this benefit amongst comparator authorities. Peterborough consistently has a higher than average number of pupils who are determined as having Special Educational Needs (SEN), as reflected in the numbers of SEN statutory statements.



Another significant feature of the local demography is the presence of the local prison. HMP Peterborough houses male and female prisoners and includes a mother and baby unit. The prison has capacity for 1,020 individuals. In health and social care terms, this is a high needs population, some of whom receive specialist care from local services.

Peterborough has experienced significant inward migration from the European Community. Some communities within the city experience a relatively high turnover of population which is reflected in the experience of some GP surgeries. This feature of the local demography is relevant because of the added complexity of meeting the health needs of this more transient, younger population. This complexity can relate to language and cultural barriers and where, due to a high turnover, it is more difficult to establish continuity of care

A key strategic issue for Peterborough, in common with many other authorities, is the growth of the population aged over 85. This frailer age group need well organised and responsive health and social care services to meet higher levels of complex clinical and social care needs and to help them and their carers to remain independent. The JSNA indicates that Peterborough now has a significantly higher than the national average rate of hip fractures, a key cause of emergency admissions to hospital. It also indicates that there will be a 52 per cent growth in the 85 plus population over the next ten years.

"By working together, there is a greater chance that real, sustainable improvements to health and wellbeing can be made."

In addition to the anticipated growth in the older people's population, Peterborough City Council currently commits substantially more of its gross budget on services for adults with a learning disability than its comparator authorities. It commits 37 per cent as opposed to 25 per cent and by contrast it commits comparatively less on services for older people, 41 per cent as opposed to the 56 per cent committed by its comparator group. Both represent significant challenges for commissioners.

Peterborough's adult population when assessed against some of the key determinants of health, such as smoking, weight, activity, reflects a community where a higher than average number smoke, are above average in terms of obesity and low in terms of physical activity. Other indicators such as alcohol related and smoking specific hospital admissions portray, in both cases, high levels of need.

A closer look into the data on hospital admissions for two key areas of clinical concern, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) is instructive. Peterborough is about average for emergency hospital admissions for COPD, but the numbers recorded on GP disease registers is significantly below the assumed prevalence of the disorder. For CHD, there are high mortality rates but possibly a lower level of detection and earlier intervention.

With mental health, applying national prevalence rates for common mental health problems suggests that approximately 22,000 adults of working age in Peterborough will suffer from those problems. Its incidence correlates strongly with other indicators of deprivation. For older people, dementia is estimated to affect 20 per cent of the over 80s. When population growth figures for that age group are considered, the needs of substantially growing numbers of older people and their carers affected by this most serious and demanding illness will have to be addressed.

The information set out in this section is intended to give a picture of the authority by identifying some key features of the health of its population. At all age levels, there are marked areas of high or above average needs and demographic factors that suggest that those responsible for commissioning services for Peterborough's population must balance a complex range of competing priorities. It is the task of this strategic document to provide guidance and direction on the key health and wellbeing priorities. These are described in section 5 below. Underpinning those priorities is the notion that they can only be tackled if there is shared ownership of the issue in question and a commitment to concerted collaborative action. Put simply, we are stronger together.





2. What do we spend our commissioning resources on?

In very broad terms the statutory services have the following budgets available, based on:



Peterborough

NHS Peterborough's total budget in 2010/11 (2011/12 budget to be confirmed) was £355 million spent on:

- Doctors, dentists, opticians and pharmacists (24 per cent)
- Hospitals and other patient services (49 per cent)
- Community and adult social care services (19 per cent)
- Other services (8 per cent)
- A ring-fenced Public Health budget of approximately £6 million will transfer to Peterborough City Council from April 2013.

With reducing budgets and rising demand there is a need for sound financial management. Budgetary pressures will impact on the ability of services to respond to needs and will focus the attention of commissioners and providers on the most effective way to deploy resources. These resources are committed to a range of health, local authority and third sector services to meet priority needs. Whilst there is limited room to manoeuvre financially, there is real potential to achieve more through joined-up approaches to the commissioning and delivery of core services. This strategy is intended to support such efforts. In doing so it endorses the following description of commissioning:

The process that health commissioners and local authorities use to secure the best care at the best value for individuals and the local population. It involves translating their aspirations and needs into services that:

- deliver the best possible health and well-being outcomes, including promoting equality
- provide the best possible health and social care provisions and
- achieve this with the best use of available resources.

In the following sections the Health and Wellbeing Board will set out its priorities along with the outcomes frameworks that should be used to assess impact of services.

PETERBOROUGH



Peterborough City Council's children and adult's budget for 2012/13 is £75 million, spent on:

- Children and young peoples services including education and social care - £29 million
- Adult social care - £46.8 million.

3. Identifying strategic priorities to make an impact on health and wellbeing

Factors which influence health outcomes and health inequalities



Source: Dahlgren and Whitehead, 1991

The health and wellbeing of Peterborough's residents is affected by where they live, their environment, economic circumstances, social and family support, interaction with the local community, lifestyle choices that are made, community safety and access to appropriate services.

Making a difference to the health and wellbeing of the population is the responsibility and business of all. Action is required at the individual, family, community and service level to improve health outcomes and life chances.

The Health and Wellbeing Board has agreed a broad criteria to underpin the inclusion of its strategic priorities. These priorities:

- a) are agreed to be the most important
- b) require a multi-agency response
- c) address the wider determinants of health
- d) deliver the most benefit to the health and wellbeing of the population
- e) impact upon health inequalities
- f) will have a positive preventative effect through promoting timely intervention.





4. A summary of strategic priorities

The following draft priorities are set out in the form of a key strategic theme; the underlying objectives; reasons for taking action and outcomes that will be addressed by taking action. The priorities are not set out in any rank order.

i) Securing the foundations of good health

| | |
|--|---|
| Objective | Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances. |
| Why is this an issue for Peterborough? | <p>JSNA evidence of:</p> <ul style="list-style-type: none"> • significant incidence of low birth weight babies, smoking in pregnancy, child mortality • lower than average educational achievement • above average teenage pregnancy rates • average childhood obesity rates • above average Not in Education, Employment or Training (NEET) figures • domestic abuse represents a significant proportion of all recorded crime and is recognised as a key priority by the Safer Peterborough Partnership |
| How will it be addressed | <p>Commissioning those services that deliver:</p> <ul style="list-style-type: none"> • high quality ante and post-natal care, early years and healthy childhood services, high quality education and social care and transitional care arrangements, |
| Which outcomes will underpin the priority | <ul style="list-style-type: none"> • key maternity and children's Public Health outcomes • NEET data • educational achievement |

ii) Preventing and treating avoidable illness

| | |
|---|---|
| Objective | Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all |
| Why is this an issue for Peterborough? | <p>JSNA evidence of:</p> <ul style="list-style-type: none"> • significant difference in average life expectancy between council wards • population increase • high mortality rates for coronary heart disease (CHD) and lower than expected prevalence on GP registers • variability in prevalence and admission rates by GP practice for patients with chronic obstructive pulmonary disorder (COPD) • significantly lower levels of physical activity in adults • high levels of smoking and smoking attributable deaths • around a quarter of adults are estimated to be obese • significantly higher levels of alcohol related hospital admissions • significantly higher levels of smoking attributable hospital admissions • high proportion of deaths attributable to diabetes |
| How will it be addressed | <p>Through action to:</p> <ul style="list-style-type: none"> • identify and respond proactively to those who are known to be most vulnerable and to address variability in screening, diagnosis and treatment rates. • encourage the adoption and maintenance of healthy lifestyles across all age groups by building on achievements in smoking cessation, obesity reduction and increasing physical activity. • develop a comprehensive care pathway for alcohol, including improved screening and access to specialist treatment services delivered collaboratively across acute, community and primary care services. |
| Linked outcomes | <p>Public health outcome framework indicators, health and lifestyle indicators from the Peterborough Health Profile, in particular:</p> <ul style="list-style-type: none"> • disease and poor health indicators • life expectancy and causes of death indicators • take-up of health checks programme by those eligible • take-up of non-cancer and cancer screening programmes • immunisations and vaccinations • smoking prevalence in adults aged 18 and over • alcohol related hospital admissions |

iii) Healthier older people who maintain their independence for longer

| | |
|---|---|
| Objective | Enable older people to stay independent and safe and enjoying the best possible quality of life |
| Why is this an issue for Peterborough? | <p>JSNA evidence of:</p> <ul style="list-style-type: none"> • increase in population (especially those in the 65+ age group) • higher than average rates of hip fracture (the most commonly reported diagnosis for emergency admission of adults over 85) • increase in incidence of reported vulnerable adults investigation for those aged over 85 • flu vaccination for over 65s is below average • incidence of dementia is rising • some evidence of lower rates of access to specialist mental health services for over 65s |
| How will it be addressed | <p>Through concerted and timely action to:</p> <ul style="list-style-type: none"> • promote and support people to maintain their independence • reduce unnecessary hospital admissions • deliver a personalised approach to care • empower people to engage with their communities and have fulfilled lives, including healthy active ageing |
| Linked outcomes | Selected outcomes/indicators from the Adult Social Care Outcomes Framework ,and Public Health Outcomes Framework |

iv) Supporting good mental health

| | |
|---|---|
| Objective | Enable good child and adult mental health through effective, accessible mental health promotion and early intervention services. |
| Why is this an issue for Peterborough? | <p>JSNA evidence of:</p> <ul style="list-style-type: none"> • mortality from suicide and injury undetermined is higher than average • unemployment levels in Peterborough are above average, (unemployment correlates with mental ill-health) • above average numbers in drug treatment • high level of school exclusions and out of city placements for children and young people with statements with the primary category being behavioural emotional and social difficulties (BESD) • rate of access to adult specialist mental health services are low • increasing numbers of older people with dementias • high numbers of young people self reporting poor mental health |
| How will it be addressed | <p>Through commissioning of:</p> <ul style="list-style-type: none"> • universal and specialist early intervention mental health services for children and young people • early intervention services at primary care level for adults and older people • appropriate levels of support to people with dementia and their carers |
| Linked outcomes | NHS outcomes framework, public health outcomes framework |

v) Better health and wellbeing outcomes for people with life-long disabilities and complex needs

| | |
|---|--|
| Objective | Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age. |
| Why is this an issue for Peterborough? | <p>JSNA evidence of:</p> <ul style="list-style-type: none"> • Peterborough has the highest number of 'statemented' children in its comparator group • Peterborough commissions a higher than average number of out of area placements for children and young people with disabilities and complex needs • Adult Social Care commits a much higher than average proportion of its total budget on adults with learning disabilities • the "Valuing People" white paper anticipated substantial increases in the numbers with moderate, severe, profound and multiple learning disabilities • increase in birth numbers in Peterborough will include an increased number of children born with special needs • people with learning disabilities have greater physical and mental health needs than the general population |
| How will it be addressed | Through taking action on a number of fronts including a strengthened commitment to personalisation; close attention to the delivery of high quality health, education and social care to children and adults with disabilities; focus on whole-life costs rather than a more fragmented approach to children's and adult's commissioning, excellence in transitional care arrangements |
| Linked outcomes | <ul style="list-style-type: none"> • trends in out of area placements and costs of care for children and adults • trends in numbers of statements of special educational need • consistent delivery of Early Support Plans for children with complex needs and disabilities • evidence of annual GP health checks for adults with learning disabilities • evidence of quality assured, costed, personalised transition plans |



5. Messages to commissioners

The JSNA findings are instructive in terms of where we need to make an impact on outcomes for the children and adults of Peterborough.

It suggests that we need to be commissioning services that are underpinned by the following principles. They will:

- Build on the many assets and resources that are available
- Enable early intervention and prevention through robust arrangements for identifying those with needs
- Address health inequalities and equity of access to and delivery of services in different neighbourhoods and communities
- Secure consistency in quality of care
- Tackle the underlying causes of ill health
- Demonstrate integrated health and social care service solutions,
- Deliver discernible improvements to the agreed outcomes that will underpin the given priority area
- Make good use of existing strategic partnerships to address complex health and social care issues and use the authority of the Health and Wellbeing Board to enable and encourage partners to work together

In appendix one, a broad model of commissioning is described and commended to those responsible for responding to the priorities outlined in this draft document and developing matching commissioning intentions and plans.

"A key strategic issue for Peterborough, in common with many other authorities, is the growth of the population aged over 85. There will be a 52% growth in the 85 plus population over the next 10 years."





6. Conclusion and next steps

Drawing on the JSNA evidence base, this first draft Health and Wellbeing Strategy highlights the issues and needs of the population. It recognises marked health inequalities, differences in outcomes for those living in different neighbourhoods and by implication, the importance of having robust care pathways.

This is to enable those with needs to have those needs met in a timely manner, with the best quality services and interventions. The nature of the health and wellbeing issues referred to in this strategy can only be addressed through well coordinated, collaborative action. Action is required at the level of the individual taking responsibility for his or her health and wellbeing to the best of their ability through to jointly commissioned services providing a “whole system” response to complex health and social care needs.

Alongside its focus on health inequalities this strategy is also highlighting the importance of ensuring that informal carers needs are taken into account when commissioning services. Their contribution to the health and wellbeing of young and older people alike is crucial and it is appropriate that this is recognised and reflected in commissioner intentions.

Through the completion of the attached consultation response form the Health and Wellbeing Board is seeking the views of stakeholders and partners on:

- the strategy as a whole
- the priorities that are set out in section 4 above, and
- the rationale for their inclusion

Whilst these priorities do not mainly describe detailed and specific actions for service commissioners or providers, they are intended to influence commissioners as they formulate commissioning intentions and detailed plans. The Health and Wellbeing Board will hold commissioners to account on the extent to which these broad priorities are reflected in detailed and specific actions and in addition, which outcome measures will be identified as the key indicators of performance and improvement.

“With reducing budgets and rising demand there is a need for sound financial management. Budgetary pressures will impact on the ability of services to respond to needs and focuses the attention of commissioners and providers on the most effective way to deploy resources.”

Appendix 1

The Health and Wellbeing Board endorses a commissioning model that systematically draws on the intelligence available from a number of sources and it anticipates commissioning plans that have addressed the following key questions on the road to finalising those plans:

- How healthy is the community relative to reliable benchmarks?
- What information has been considered and assessed in respect of the efficiency of health and social care services and their effectiveness in delivering the right care that avoids duplication and promotes integration of health and social care services?
- What does it cost and are we maximising value for money with the best selection of acute and community interventions?
- How do we compare with other areas in terms of outcomes, productivity and value for money?
- Are provider services providing the services that were commissioned and are they performing to plan?
- What improvements could be made through service and pathway redesign?
- What do service users tell us about the impact, effectiveness and value of our services?
- What are our future plans and are health, social care and educational service objectives in alignment?

Your views on the first draft Health and Wellbeing Strategy for Peterborough

Your postcode

or organisation

This first draft Health and Wellbeing strategy marks an important milestone in the implementation of the 2012 Health and Social Care Act. Perhaps more importantly it represents a further step in developing the shared vision for improving the health and wellbeing of the Peterborough population. Through this strategy the board:

- Identifies health and wellbeing priorities
- Sets clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
- Holds commissioners to account for their decisions
- Helps to develop partnerships that provide solutions to commissioning challenges

Question 1.

Do you think that the draft strategy provides a good description of the health and wellbeing issues that need to be addressed in Peterborough?

Yes

No

Don't know

Additional comments

Question 2.

Do you agree that a good case has been made for the five selected priorities?

Yes

No

Don't know

Additional comments

Question 3.

What, if any, additional or alternative priorities should be included in this strategy?

Question 4.

Please add any other comments or views you would like to share about the health and wellbeing of the population of Peterborough

This form is anonymous, however if you would like more information or would like to be informed of the outcome of this consultation please provide us with:

Your name

Your contact details (email/phone/address)

Please return your comments to us by Friday 23rd November in the following ways:

Using the internet: www.peterborough.gov.uk/HealthAndWellbeingStrategy

By email HWBconsultation@peterborough.gov.uk

By post HWB Consultation, Health and Wellbeing Board, Peterborough City Council, Townhall, Bridge St, Peterborough, PE1 1HG

By phone 01733 758500

Alternative formats

English If you would like information in another language or format please ask us

Polish Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Portuguese Se deseja obter informação noutra idioma ou formato, diga-nos.

Urdu اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

In accordance with data protection legislation your details will be used solely for the purposes of the draft Health and Wellbeing Strategy consultation.

| | |
|--|--------------------------|
| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 7 |
| 13 NOVEMBER 2012 | Public Report |

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Tina Hornsby

Contact Details – tina.hornsby@peterborough.gov.uk

ADULT SOCIAL CARE QUARTER 2 PERFORMANCE REPORT

1. PURPOSE

- 1.1 The attached report provides an update on the delivery of Adult Social Care services in Peterborough against the key priorities identified in the department's business plan, linked against the four outcomes domains contained within the national Adult Social Care outcomes framework.

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 departments business plan mapped against 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

This report covers the second quarter of 2012-13.

5. KEY ISSUES

- 5.1 ***Priority One – promoting and supporting people to maintain their independence***
Our operating model for Adult Social Care to promote independence and support people for longer in lower care environments (more people supported at home rather than in residential or nursing home care) has been developing.

In particular the reablement service is expanding and delivering good outcomes in respect of the levels of need with which people leave the service. Work is progressing to secure additional professional support services in reablement, including through appointing additional dedicated care management and Occupational Therapy posts to the service. We are also increasing the use of independent sector providers to deliver reablement, so increasing the numbers being able to benefit from reablement at any one time.

5.2 **Priority 2 – delivering a personalised approach to care**

Progress is being made on against the key enablers of this priority. Numbers of Learning disabled people receiving annual health checks is increasing and expected to hit the target of 16% by the end of the year.

Numbers using the shared lives scheme is increasing and the recent campaign has created interest from prospective carers.

The national carers survey is currently underway, with just under one thousand carers being sent a survey.

We have also made improvements to the mechanisms for monitoring the quality of social care support being delivered through the implementation of case file auditing for care management and reviews of our contracts with independent sector providers using quality standards adopted from a Regional model contract developed by the Association of Directors of Adult Social Services (ADASS)

5.3 **Priority 3 – Empowering people to engage with their communities and have fulfilled lives**

We continue to do well in supporting adults with learning disability into employment. However, are numbers in settled accommodation are still comparatively low. This reflects the continued need for us to find alternatives to residential care for adults with learning disabilities, who may have been in those settings for some time.

We also recognise the need to improve availability of information for all client groups to help inform their choice of care service and facilitate their access to mainstream or community services. Our work to introduce an online directory of services is now underway with and expected delivery date of January 2012.

Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012

5.4 **Safeguarding Vulnerable Adults**

Progress has been made in the process of conducting safeguarding investigations. The backlog of cases previously reported has now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 2 have shown a marked improvement.

We are now moving our focus on to quality monitoring and are piloting a case audit tool for safeguarding investigations.

A permanent strategic lead has been appointed and will be in post at the end of November 2012.

6. **IMPLICATIONS**

- 6.1 This report reflects our delivery against the national outcomes framework for Adult Social Care. It covers services provided to the whole City.

7. **CONSULTATION**

- 7.1 None

8. **NEXT STEPS**

- 8.1 A report on Quarter 3 progress will be brought to the Commission in March 2013

9. BACKGROUND DOCUMENTS

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

9.1 Adult Social Care Outcomes Framework

10. APPENDICES

10.1 Appendix 1 Quarter 2 Performance Report.

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Adult Social Care – Quarter 2 2012-13 Performance Report

Tina Hornsby – Assistant Director Quality Information and Performance – Peterborough City Council Adult Social Care

Introduction

The following report seeks to evidence delivery against the three key priorities identified for Adult Social Care in 2012/13

Priority 1 – Promoting and supporting people to maintain their independence. This links to the national outcome Domain 2 – Delaying and reducing the need for care as support

Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support

Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.

The report also covers our keep responsibility to safeguard vulnerable adults – linking to national outcome 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
- 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



Priority One : Promoting and supporting people to maintain their independence. This links to the national outcome

Domain 2 – Delaying and reducing the need for care as support

Overview of progress







Our operating model for Adult Social Care to promote independence and support people for longer in lower care environments (more people supported at home rather than in residential or nursing home care) has been developing.

In particular the re-ablement service is expanding and delivering good outcomes in respect of the levels of need with which people leave the service.

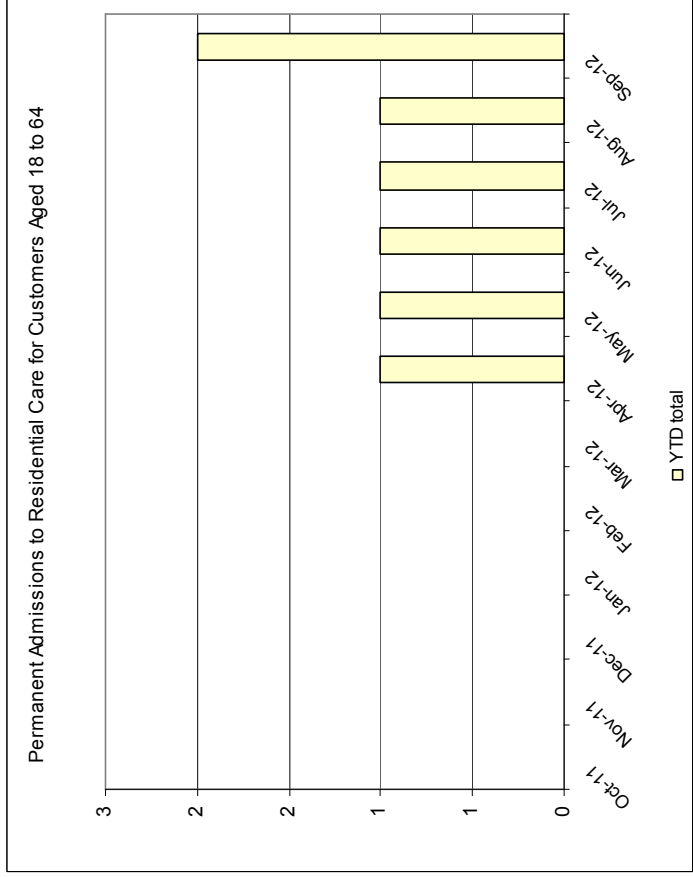
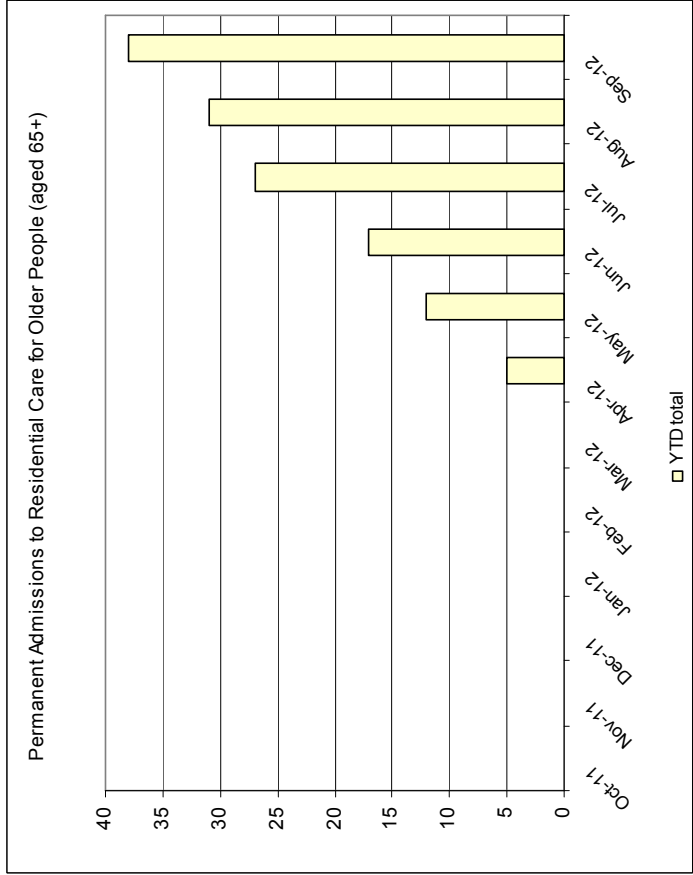
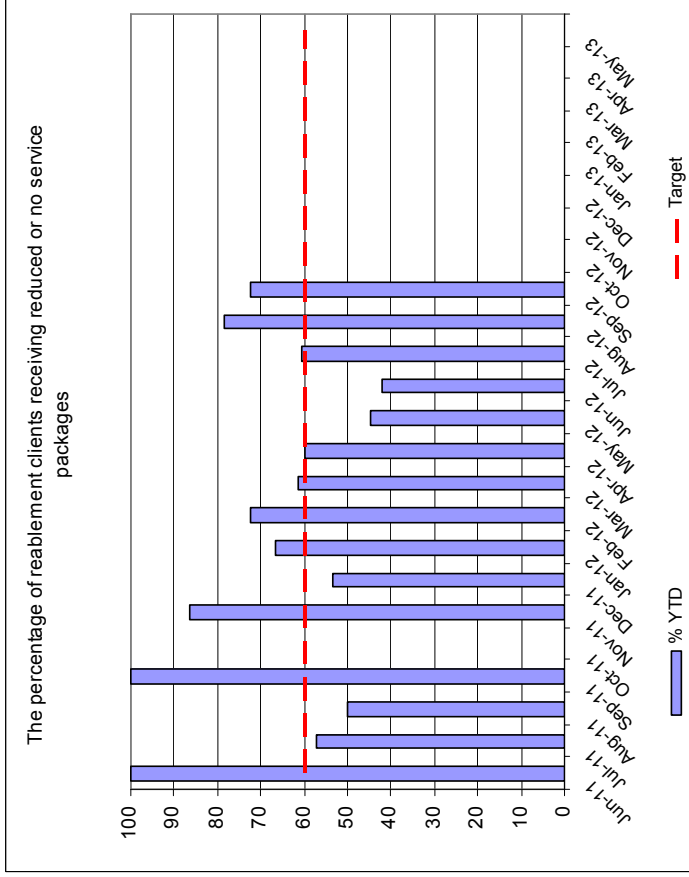
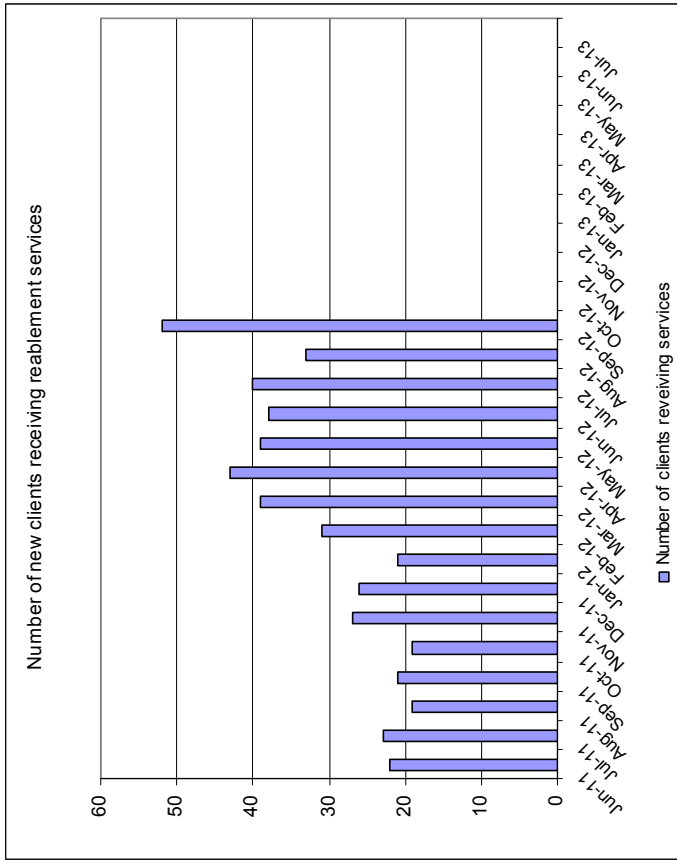
Work is progressing to secure additional professional support services in reablement, including through appointing additional dedicated care management and Occupational Therapy posts to the service.

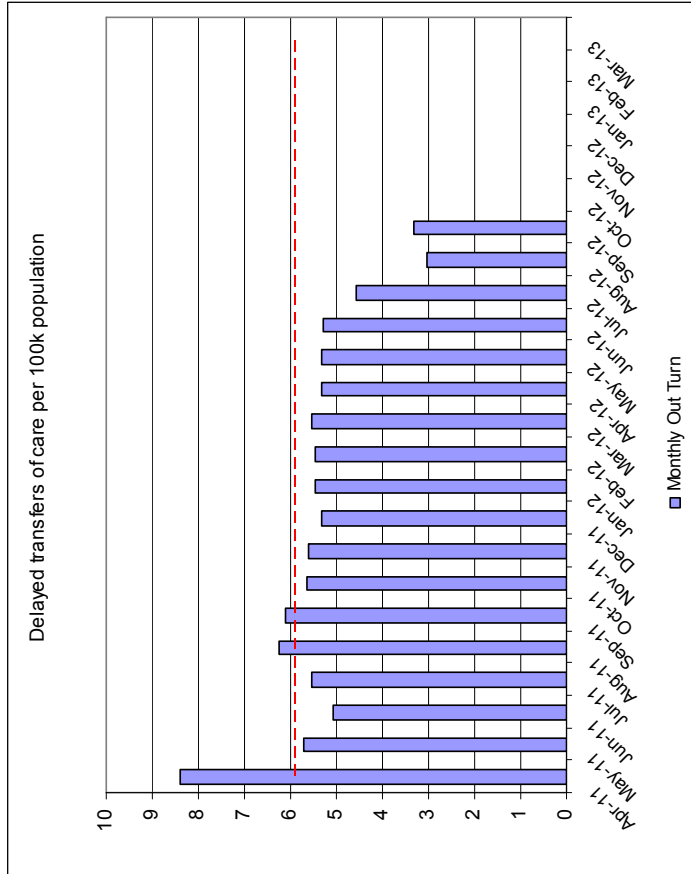
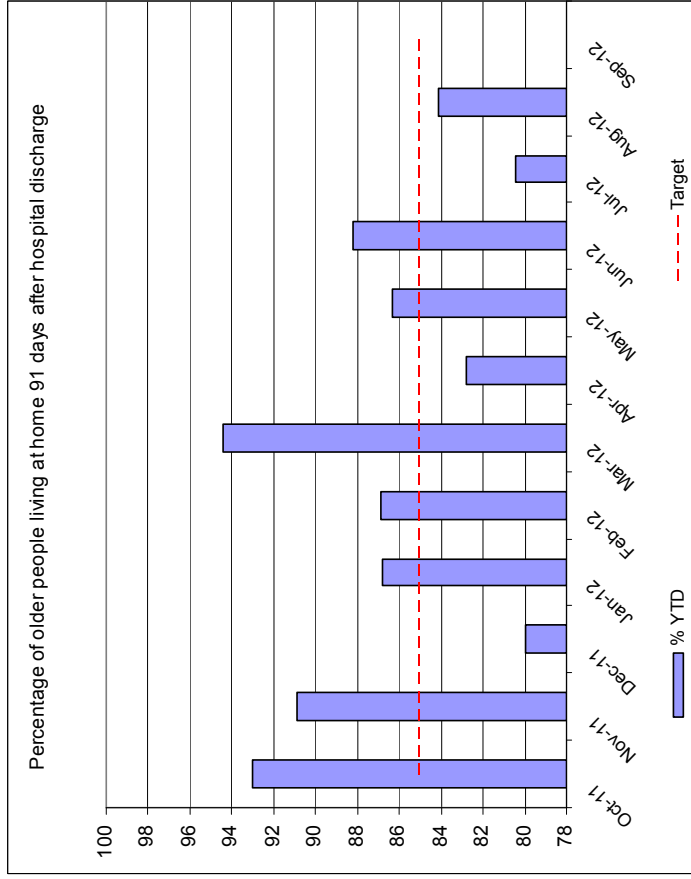
Use of independent sector providers to deliver reablement, is increasing.

NATIONAL PERFORMANCE INDICATORS: DASHBOARD

| Indicator | Comment | Direction of travel | Q2 RAG |
|---|---|---|--------|
| Numbers of people receiving re-ablement support | The re-ablement service which was established last year is now up to capacity. 245 people have received the service in the first 6 months, an average of 41 per month. 52 people received the service in September. |  | Green |
| Percentage of clients completing re-ablement with reduced or no care package | In August the percentage of people completing reablement with a reduced or no care package stood at 78.6%. This figure fell slightly to 72.4% for September, against a target of 60% |  | Green |
| Permanent admissions to residential care homes per 1,000 population age 65+ | The number of permanent admission of older people into residential care is on target to reduce further this year. To date we have made 38 permanent social care funded new placements. |  | Green |
| Permanent admissions to residential care homes per 1,000 population age 18-64 | There have been two permanent social care funded admissions to residential or nursing care for adults aged 18-64. |  | Green |
| Delayed transfers of care from hospitals per 100k population | The number of delayed transfers for social care reasons comparatively low. |  | Green |
| Proportion of people achieving independence 3 months after entering intermediate care | There has been a slight decrease in the percentage of people successfully remaining at home after intermediate care between July and September. |  | Amber |

| Promoting and supporting people to maintain independence – key projects | | | |
|--|--|--|---------------|
| Project | Description | Progress update | Status |
| Reablement | Use of reablement as a front door for new clients and as a service to reduce dependency for current long term clients as appropriate. Developing independent sector reablement services with over sight from the in-house service. | NHS funding to support increased capacity has now been received. Independent sector providers are now being used to increase the capacity of the service. | Amber |
| Support Planning | Commission a specialist organisation to undertake reviews of support plans for clients who have not received a review in the previous 12 months. | Specialist agency has undertaken around 500 reviews. Project has enabled in-house teams to concentrate on current activity and ensure that all current review activity is up to date. | Green |
| Intensive Community Support | Continued work to bring people in long term out of area placements back to Peterborough. | Work is ongoing to bring people back to Peterborough from out of area placements, and is generating savings. | Green |
| Review of Learning Disability Day Services – Personalisation of day support | Reviewing learning disability day services with a view to linking more strongly to personalisation of day support. | Work is ongoing to review residential day services in Peterborough to ensure that services offered are more strongly tailored towards the personal needs of our customers. | Green |





Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support

Overview of progress






Progress is being made on against the key enablers of this priority. Numbers of Learning disabled people receiving annual health checks is increasing and expected to hit the target of 16% by the end of the year.

Numbers using the shared lives scheme is increasing and the recent campaign has created interest from prospective carers.

The national carers survey is currently underway, with just under one thousand carers being sent a survey.

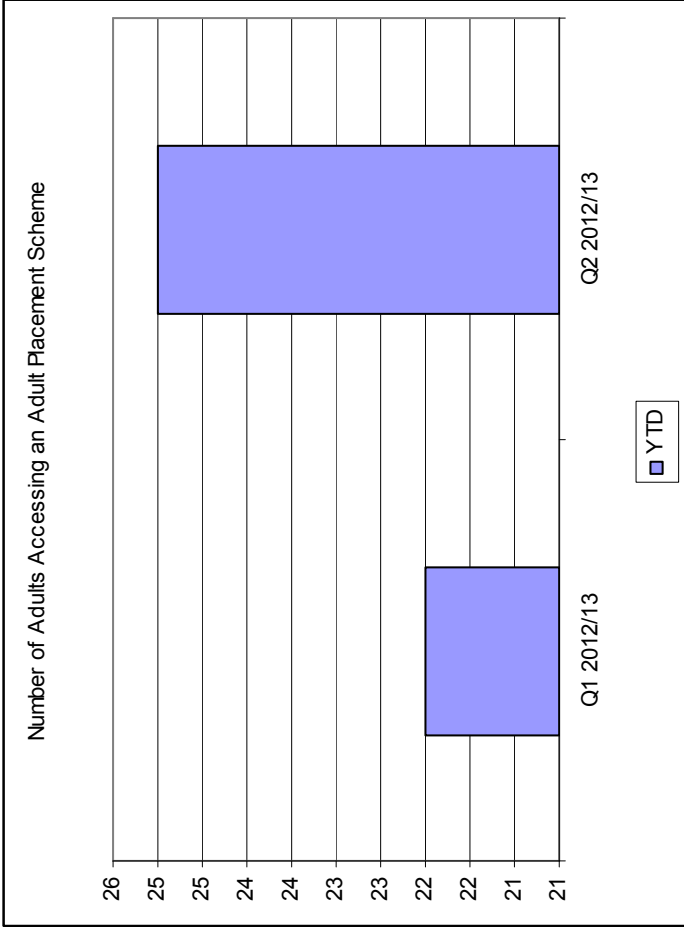
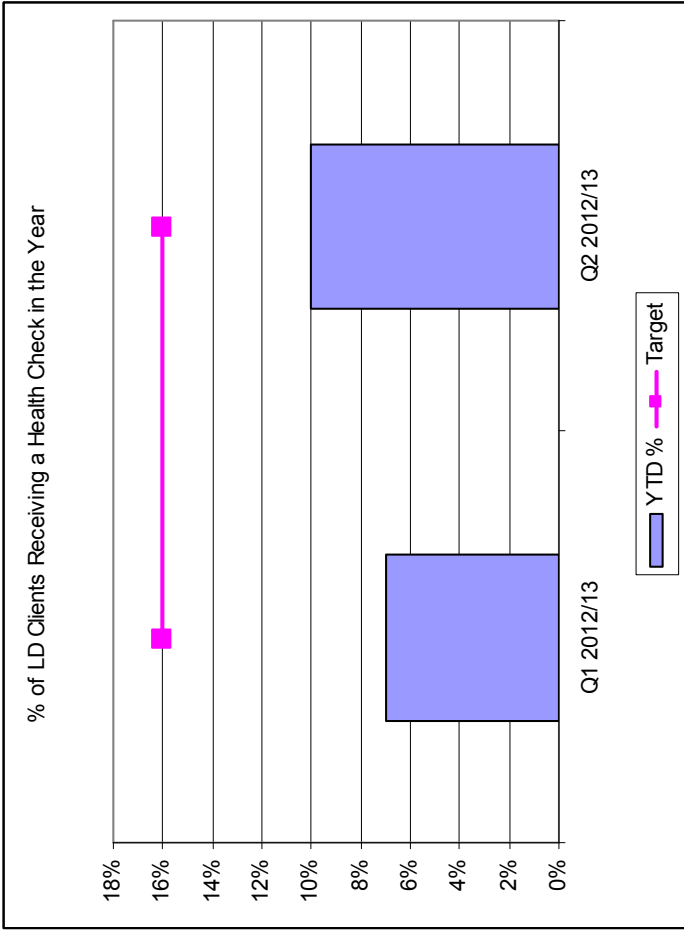
We have also made improvements to the mechanisms for monitoring the quality of social care support being delivered through the implementation of case file auditing for care management and reviews of our contracts with independent sector providers using quality standards adopted from a Regional model contract developed by the Association of Directors of Adult Social Services (ADASS)

NATIONAL PERFORMANCE INDICATORS:

| Indicator | Comment | Direction of Travel | Q4 |
|--|---|---|------------------|
| Overall satisfaction with local adult social care services | 60.2% of those responding to the statutory survey report being either extremely or very satisfied with the service they received. This is similar to the previous year (60.8) However this is below the national and regional average and warrants further analysis and action. |  | Amber |
| The proportion of people using social care and carers who express difficulty in finding information and advice about local services | 69.4% 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. An improvement from 53.1% in the previous year, but still below the national and regional average. Delivery of an online directory and revised web pages should help to address this. |  | Amber |
| The proportion of carers who have reported that they have been included or consulted in discussions about the person they care for | The national Carers Survey is currently underway and results will be available in Quarter 4. | No target set | No update |
| Number of LD Healthchecks recorded by GP practices | The number of annual health checks recorded by GPs for LD customers in Quarter 2 stands at 34 , against 22 in Q1. This represents an increase from 7% in Q1 to 10% in Q2, against an annual target of 16%. |  | Amber |
| Numbers accessing the adults placement scheme | The numbers of service users accessing the adult placement scheme (25), increasing from 22 as at the end of Q1. |  | Amber |
| Percentage of OT equipment delivered in 7 working days | The percentage of OT equipment delivered within 7 working days remains at a static 100% from Q1 to Q2. |  | Green |

Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support

| Project (Improvement Plan Workstreams) | Description | Progress update | Status |
|---|--|---|--------------|
| Roll out a programme of quality audits | As part of the development of an overall quality framework introduce a range of methodologies for assessing standards of service delivery and monitoring outcomes for service users. Work with regional colleagues to set up peer review and learn from best practice. | Senior Management Team have agreed the principles for the first piece of work, which is the development of a case file audit. This is to be discussed with Service and Team Managers on Monday 29 October with a view to the forms being developed during November 2012 and a pilot being undertaken in December 2012. | Amber |
| <i>Implementation of electronic call monitoring</i> | The implementation of a Homecare Electronic Call Monitoring (ECM) System, which will allow remote tracking and monitoring of care delivered by paid carers in people's own homes | ECM project initiated with a project scope of working with independent sector providers to ensure full use of ECM by domiciliary care providers by the revised date of January 2013. ILSS providers have implemented ECM and first data will be provided to the Council in November 2012 (for the calendar month October 2012). | Green |
| <i>Adult Placement scheme</i> | Expand take up of Adult Placements avoiding high costs placements focussed on transition cases | On-going marketing of the scheme. There have been 10 enquiries to become Carers to date that are in the process of being progressed | Amber |
| <i>Contract reviews</i> | Reviewing the current contracts and re-tendering to introduce national ADASS frameworks. | Contract reviews are on-going. The major home care contracts have now had the ADASS contract monitoring requirements integrated into them. Home care contracts will be re-let by October 2013. Residential provides have been briefed on the Council plans to implement the ADASS contracts and standards. | Green |









Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.

Overview of progress

We continue to do well in supporting adults with learning disability into employment. However, are numbers in settled accommodation are still comparatively low. This reflects the continued need for us to find alternatives to residential care for adults with learning disabilities, who may have been in those settings for some time.

We also recognise the need to improve availability of information for all client groups to help inform their choice of care service and facilitate their access to mainstream or community services. Our work to introduce an online directory of services is now underway with and expected delivery date of January 2012.

Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012

| NATIONAL PERFORMANCE INDICATORS: DASHBOARD | | | | |
|--|---|---|--------|--|
| Indicator | Comment | Direction of travel | Q3 RAG | |
| Self reported quality of life | Update from the survey completed in Feb – March 2012. The combined quality score is 18.8 which is unchanged since the previous year. Initial bench-marking suggests this is slightly above national average of 18.7 for 2011/12 |  | Green | |
| Adults with learning disabilities in paid employment | In August 2012 there were 120 people supported in to all forms of employment with a learning disability. Of these 46 were in paid employment. This number increased to 47 for September and remains the same for October |  | Green | |
| Adults and older people receiving self directed support (SDS) | All long term community based packages other than equipment are now offered via a personal budget and self directed support. |  | Amber | |
| Adults in contact with mental health services in paid employment | 6.7% of MH adults are currently in paid employment. This represents no change from Q1, however we are still performing above target. |  | Green | |
| Adults with learning disabilities in settled accommodation | The percentage of adults with a learning disability stands at 71%. This is stable compared to Q1 2012/13, but slightly below target. |  | Amber | |
| Adults in contact with mental health services in settled accommodation | Currently 69.8% of MH customers are in settled accommodation, compared to 67.1% in Q1. This is an improvement, however it is still slightly below the 74% target. |  | Green | |
| Carer reported quality of life | The Carers survey is currently underway | | | |

Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.

| Project | Description | Progress update | Status |
|--|---|---|---------------------|
| <p>Implement an online directory of services available in Peterborough.</p> | <p>Creation of an online directory to allow residents of Peterborough to search for service providers within the city</p> | <p>Project progressing planned go live in January 2013.</p> | <p>Green</p> |
| <p>Older Peoples Accommodation Strategy</p> | <p>The Older Peoples Accommodation Strategy is designed to inform service provision for the people of Peterborough, to create better quality and value, whilst reducing costs</p> | <p>Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012</p> | <p>Green</p> |







Safeguarding Vulnerable Adults - linking to Domain 4: Protecting from avoidable harm and caring in a safe environment

Overview of progress

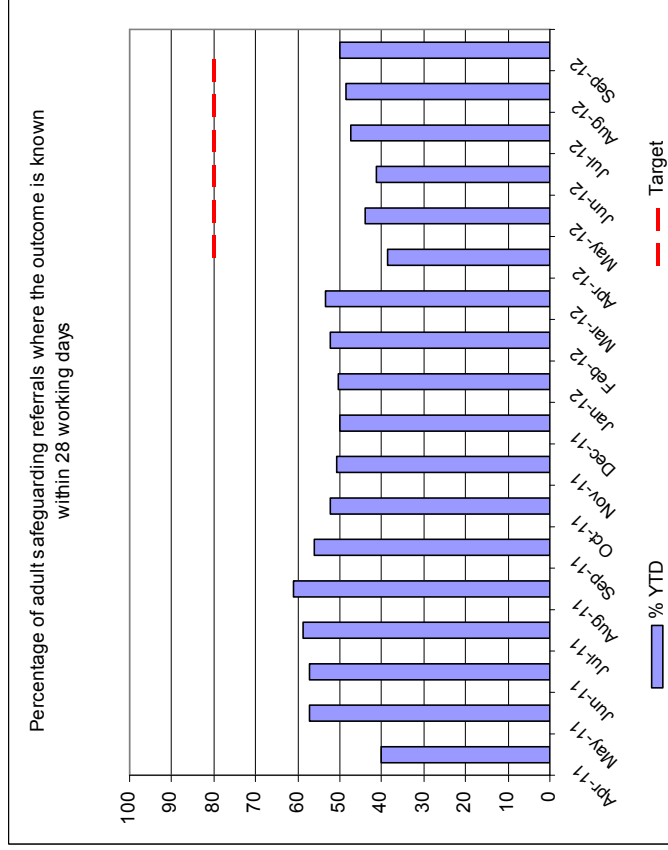
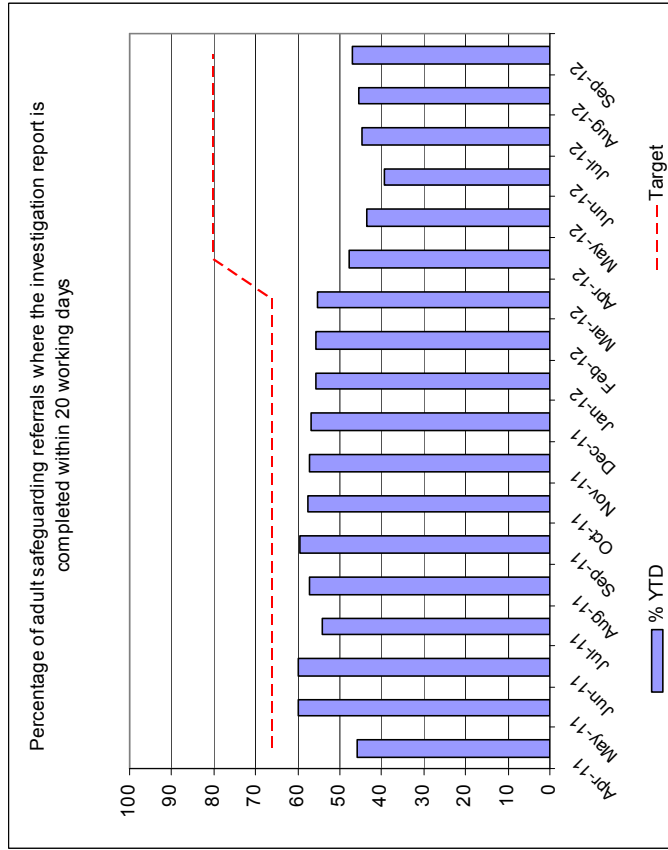
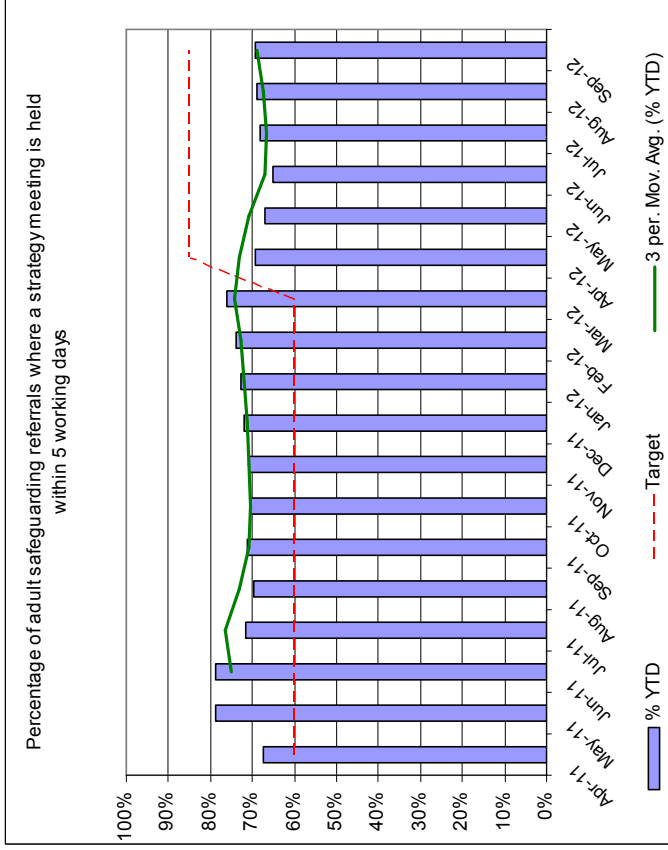
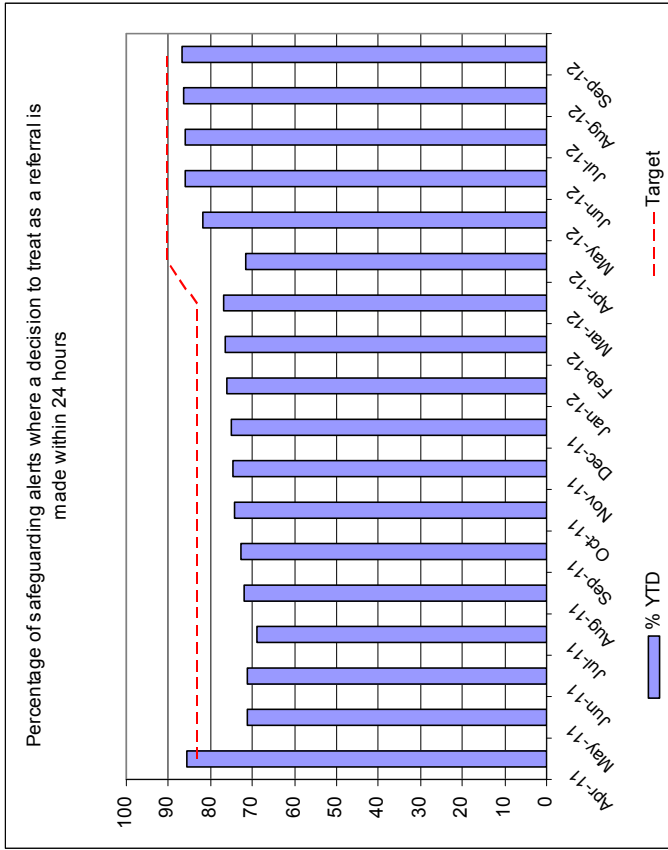
Progress has been made in the process of conducting safeguarding investigations. The backlog of cases previously reported has now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 2 have shown a marked improvement.

We are now moving our focus on to quality monitoring and are piloting a case audit tool for safeguarding investigations.

A permanent strategic lead has been appointed and will be in post at the end of November 2012.

| NATIONAL PERFORMANCE INDICATORS: | | | |
|--|---|---|-------|
| Indicator | Comment | Direction of Travel | Q2 |
| The proportion of people using social care services who feel secure | 65.9% of respondents to the statutory survey reported feeling as safe as they wanted. This is consistent with the previous year (66%) and still anticipated to be above the national average based upon initial results from the Department of Health. |  | Amber |
| The proportion of people using services who said those services make them feel safe and secure | 68.6% of respondents to the statutory survey reported that the social care services they received made them feel safe and secure. This is a marked improvement on 55% in the previous year but still anticipated to be below the national average based upon initial results from the Department of Health. |  | Amber |
| Safeguarding - decision to refer with 24 hours of receipt of alert | Performance has increased from 85.8% to 86.7% for the year-to-date between the end of Q1 and Q2. For the month of September, the out turn stands at 90.2%. |  | Amber |
| Safeguarding - first strategy meeting with 5 working days | There has been a steady improvement from 65% to 69.4% between the end of Q1 and Q2, with performance for the month of September standing at 81.3%. |  | Amber |
| Safeguarding - Investigation completed within 20 working days | Performance has improved from 39.3% at the end of Q1 to 46.9% for the year-to-date to September. Performance for the month of September stood at 93.8%. |  | Amber |
| Safeguarding - outcome of allegation known within 28 working days. | Performance has improved from 41.4% at the end of Q1 to 49.9% for the year-to-date to September. Performance for the month of September stood at 93.8%. |  | Amber |

| Protecting from avoidable harm and caring in a safe environment Related Projects | | | Status |
|---|---|---|--------------|
| Project (Improvement Plan Workstreams) | Description | Progress update | Status |
| Effective Multi agency processes, procedures and governance. | Role out multi-agency procedures for Peterborough in line with PAN London model. | Multi-agency procedures were implemented in Quarter 1. These have been supplemented by some targeted training. These procedures are also the basis for revised work flows to be introduced with the new care management system. Work ongoing to look at opportunities for cross border procedures with Cambridgeshire. As at the end of Quarter 2, it is too early to measure outcomes for new processes. | Amber |
| The SAB is confident that safeguarding concerns are reported and responded to appropriately | Improving performance monitoring and quality audit of investigations carried out. | The SAB Performance and Quality Sub-Group has been established. Robust information on investigation times is being reported. A pilot case file audit is underway and will be completed in December 2012 | Amber |
| Ensure that information about safeguarding adults is accessible and that users are involved in policy development. | Improve safeguarding information on website Implement a systematic way of involving service users and carers | These objectives will be priorities for the new safeguarding lead once in post from end November 2012 | Amber |



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| SCRUTINY COMMISSION FOR HEALTH ISSUES | Agenda Item No. 8 |
| 13 NOVEMBER 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

NOTICE OF INTENTION TO TAKE KEY DECISIONS

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Notice of Intention to Take Key Decisions.

2. RECOMMENDATIONS

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

3. BACKGROUND

- 3.1 The latest version of the Notice of Intention to Take Key Decisions is attached at Appendix 1. The Notice contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can make after 30 November 2012.
- 3.2 The information in the Notice of Intention to Take Key Decisions provides the Committee 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 Committee wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 As the Notice is published fortnightly any version of the Notice published after dispatch of this agenda will be tabled at the meeting.

4. CONSULTATION

- 4.1 Details of any consultation on individual decisions are contained within the Notice of Intention to Take Key Decisions.

5. BACKGROUND DOCUMENTS

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

None

6. APPENDICES

Appendix 1 – Notice of Intention to Take Key Decisions

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PETERBOROUGH CITY COUNCIL'S NOTICE OF INTENTION TO TAKE KEY DECISIONS

NOTICE OF INTENTION TO TAKE KEY DECISIONS

In the period commencing 28 days after the date of publication of this notice, 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.

If the decision is to be taken by an individual cabinet member, the name of the cabinet member is shown against the decision, in addition to details of the councillor's portfolio. If the decision is to be taken by the Cabinet, it's members are as listed below:
Cllr Cereste (Leader); Cllr Lee (Deputy leader); Cllr Scott; Cllr Holdich; Cllr Hiller; Cllr Seaton; Cllr Dalton; Cllr Walsh.

This Notice should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis. Each new notice supersedes the previous notice and items may be carried over into forthcoming notices. Any questions on specific issues included on the Notice should be included on the form which appears at the back of the Notice 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.

Whilst the majority of the Executive's business at the meetings listed in this Notice will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies this is indicated in the list below. A formal notice of the intention to hold the meeting, or part of it, in private, will be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

You are entitled to view any documents listed on the notice, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483), e-mail to alexander.daynes@peterborough.gov.uk or by telephone on 01733 452447. For each decision a public report will be available from the Governance Team one week before the decision is taken.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executive/decisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Notice, 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 notice.

NEW ITEMS THIS MONTH:

Change in Partnership Arrangements for the Children's Trust - KEY/30NOV12/01
Healthwatch Commissioning - KEY/30NOV12/02

KEY DECISIONS FROM 28 NOVEMBER 2012

| KEY DECISION REQUIRED | DECISION MAKER | MEETING OPEN TO PUBLIC | RELEVANT SCRUTINY COMMITTEE | CONSULTATION | CONTACT DETAILS / REPORT AUTHORS | DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER (IF ANY OTHER THAN PUBLIC REPORT) |
|---|--|------------------------|--|---|--|--|
| <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</p> | <p>Councillor David Seaton Cabinet Member for Resources</p> | N/A | Sustainable Growth and Environment Capital | Internal and External Stakeholders as appropriate. | Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| <p>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/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 Resources, to negotiate and conclude the sale of Dickens Street Car Park.</p> | <p>Councillor David Seaton Cabinet Member for Resources</p> | N/A | Sustainable Growth and Environment Capital | Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate. | Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| <p>Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12 To approve the list for independent fostering agencies.</p> | <p>Councillor Sheila Scott OBE Cabinet Member for Children's Services</p> | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders as appropriate. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |

| | | | | | | |
|---|---|-----|--|---|---|---|
| Write off approval for debts over £10,000 in relation to Non Domestic Rates - KEY/31OCT12/01 Authorise the write off of debt shown as outstanding in respect of non domestic rate accounts. | Councillor David Seaton Cabinet Member for Resources | N/A | Sustainable Growth and Environment Capital | Internal and External Stakeholders as appropriate. | Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Expansion and Refurbishment of Queens Drive Infants School - KEY/31OCT12/02 To award the contract for the expansion and refurbishment of Queens Drive Infants School. | Councillor John Holdich OBE Cabinet Member for Education, Skills and University | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders including ward councillors as appropriate. | Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Expansion and Refurbishment of Old Fletton Primary School - KEY/31OCT12/03 Award of contract for the expansion and refurbishment of Old Fletton Primary School. | Councillor John Holdich OBE Cabinet Member for Education, Skills and University | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders including ward councillors as appropriate. | Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Expansion and Refurbishment of Hampton Vale Primary School - KEY/31OCT12/04 Award of Contract for the expansion and refurbishment of Hampton Vale Primary School. | Councillor John Holdich OBE Cabinet Member for Education, Skills and University | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders including ward councillors as appropriate. | Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk | It is not anticipated that there will be any further documents. |

| | | | | | | |
|--|--|-------------------|---|--|--|--|
| <p>New Build of the Thomas Deacon Junior Academy - KEY/31OCT12/05 Award of Contract for the new build of the Thomas Deacon Junior Academy</p> | <p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University</p> | <p>N/A</p> | <p>Creating Opportunities and Tackling Inequalities</p> | <p>Internal and external stakeholders including ward councillors as appropriate.</p> | <p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p> | <p>It is not anticipated that there will be any further documents.</p> |
| <p>Flood and Water Management Supplementary Planning Document - KEY/13NOV12/01 To adopt the supplementary planning document guiding developers on water related legislation and planning.</p> | <p>Cabinet</p> | <p>Yes</p> | <p>Sustainable Growth and Environment Capital</p> | <p>Internal and external stakeholders as appropriate.</p> | <p>Julia Chatterton Sustainable Infrastructure Officer Tel: 01733 452620 julia.chatterton@peterborough.gov.uk</p> | <p>It is not anticipated that there will be any further documents.</p> |
| <p>Council Tax Base 2013/14 - KEY/13NOV12/02 To agree the calculation of the council tax base for 2013/14.</p> | <p>Cabinet</p> | <p>Yes</p> | <p>Sustainable Growth and Environment Capital</p> | <p>Internal and external stakeholders as appropriate.</p> | <p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p> | <p>It is not anticipated that there will be any further documents.</p> |
| <p>Budget and Medium Term Financial Strategy - KEY/13NOV12/03 Draft budget for 2013/14 and Medium Term Financial Strategy to 2023/24 to be agreed as a basis for consultation. This will include the Council's Capital Strategy, Asset Management Plan and Draft Annual Accountability Agreement between Peterborough City Council and Peterborough Primary Care Trust.</p> | <p>Cabinet</p> | <p>Yes</p> | <p>Sustainable Growth and Environment Capital</p> | <p>Internal and external stakeholders as appropriate.</p> | <p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p> | <p>It is not anticipated that there will be any further documents.</p> |

| | | | | | | |
|---|---|------------|--|--|---|---|
| Peterborough City Centre Development Plan Document - Consultation Draft - KEY/13NOV12/04 To approve the Consultation Draft version of the Peterborough City Centre DPD for public consultation. | Cabinet | Yes | Sustainable Growth and Environment Capital | Internal and external stakeholders as appropriate. | Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Mental Health Services at Clare Lodge - KEY/13NOV12/05 Undertake a tender to secure Mental Health Services for Clare Lodge Secure Unit. | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities | Internal and External Stakeholders as appropriate. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Clare Lodge Service Review Outcome - KEY/13NOV12/06 To approve the outcome of the service review of Clare Lodge Secure Unit. | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities | Internal and External Stakeholders as appropriate. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Family Support Framework - KEY/13NOV12/07 Create a framework for Family Support services. | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders as appropriate. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 8639 10 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |

| | | | | | | |
|---|---|-----|---|--|---|---|
| Residential Approved Provider List - KEY/13NOV12/08 Create a compliant Approved Provider List for Residential units for children and young people. | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities | Internal and external stakeholders as appropriate. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Children's Play Services Review - KEY/13NOV12/09 To undertake a review of the Play Services in the city | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities. | To be undertaken with key stakeholders. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Superfast Broadband - KEY/13NOV12/10 To authorise the award of the contract for the provision of Superfast Broadband in Peterborough and Cambridgeshire | Councillor David Seaton Cabinet Member for Resources | N/A | Sustainable Growth and Environment Capital | Relevant internal departments. | Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Change in Partnership Arrangements for the Children's Trust - KEY/30NOV12/01 To change the partnership arrangements of the Children's Trust. | Councillor Sheila Scott OBE Cabinet Member for Children's Services | N/A | Creating Opportunities and Tackling Inequalities | Key internal and external stakeholders. | Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk | It is not anticipated that there will be any further documents. |
| Healthwatch Commissioning - KEY/30NOV12/02 Approval of the proposed approach to commission Healthwatch Peterborough. | Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care | N/A | Health Issues | Internal and external stakeholders as appropriate. | Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk | It is not anticipated that there will be any further documents. |

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

CHILDREN'S SERVICES DEPARTMENT Bayard Place, Broadway, PE1 1FB

Safeguarding, Family & Communities
Education & Resources
Strategic Commissioning & Prevention

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, Passenger Transport)
Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets & Commercial Trading, Tourism)
Neighbourhoods (Strategic Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion, Neighbourhood Management)
Operations Business Support (Finance)

ADULT SOCIAL CARE Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG

Care Services Delivery (Assessment & Care Management; Integrated Learning Disability Services and HIV/AIDS; Regulated Services)
Strategic Commissioning (Mental Health & Integrated Learning Disability; Older People, Physical Disability & Sensory Impairment; Contracts, Procurement & Compliance)
Quality, Information and Performance (Performance & Information; Strategic Safeguarding; Business Support & Governance; Business Systems Improvement; Quality and Workforce Development)

PETERBOROUGH CITY COUNCIL'S CABINET MEMBERS WOULD LIKE TO HEAR FROM YOU

The Leader of Peterborough City Council is offering everyone a chance to comment, or raise queries on the decisions highlighted on the Council's Notice of Intention to take Key Decisions.

Your comments and queries can be submitted to the Council's Governance Team using the form overleaf, or alternatively by telephone or email. The Governance team will then liaise with the appropriate Cabinet Member and ensure that you receive a response. Members of the Cabinet, together with their areas of responsibility, are listed below:

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|-----------------------|--|
| Councillor Cereste | Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development, Business Engagement and Environment Capital |
| Councillor Lee | Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning |
| Councillor M Dalton | Cabinet Member for Communications |
| Councillor Hiller | Cabinet Member for Housing, Neighbourhoods and Planning |
| Councillor Holdich | Cabinet Member for Education, Skills and University |
| Councillor Fitzgerald | Cabinet Member for Adult Social Care |
| Councillor Scott | Cabinet Member for Children's Services |
| Councillor Seaton | Cabinet Member for Resources |
| Councillor Walsh | Cabinet Member for Community Cohesion and Safety |

SUBMIT YOUR COMMENTS OR QUERIES TO PETERBOROUGH CITY COUNCIL'S CABINET

Your comment or query:

How can we contact you with a response?
(please include a telephone number, postal and/or e-mail address)

Name

Address

.....

Tel:

Email:

Who would you like to respond? (if left blank your comments will be referred to the relevant Cabinet Member)

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SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2012/13

| Meeting Date | Item | Progress |
|---|---|--|
| <p>21 June 2012 <i>Draft report 6 June</i> <i>Final report 12 June</i></p> | <p>Equality Delivery System (EDS) To scrutinise and approve the EDS rating templates of NHSP and PSHFT and make any recommendations. Contact Officer: Joan Tiplady, Senior Manager</p> | <p>A progress report to come back to the Commission in September.</p> |
| | <p>Redesign of mental health services across Cambridgeshire and Peterborough: Overview and Scrutiny Committee action to monitor the implementation of the proposals To agree arrangements for Overview and Scrutiny follow up of the implementation of the redesign of mental health services in Cambridgeshire and Peterborough. Contact Officer: Paulina Ford</p> | <p>Recommendation made to agree to the formation of a working group to monitor the implementation of the redesign of mental health services.</p> |
| | <p>Adult Social Care – Update Report To receive a progress report on the recent transfer of Adult Social Care from the Primary Care Trust to Peterborough City Council Contact Officer: Terry Rich, Director of Adult Social Services</p> | |
| | <p>Review of 2011/12 and Future Work Programme 2012/13 To review the work undertaken during 2011/12 and to consider the future work programme of the Committee. Contact Officer: Paulina Ford</p> | <p>Items to be programmed into the work programme.</p> |
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| Meeting Date | Item | Progress |
|--|--|--|
| <p>17 July 2012 <i>Draft report 29 June</i> <i>Final report 6 July</i></p> | <p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby</p> <p>Older Peoples Accommodation Strategy To scrutinise the Older Peoples Accommodation Strategy and make any recommendations. Contact Officer: Terry Rich</p> | <p>To come back to the Commission when the consultation has finished prior to presentation to Cabinet.</p> |
| <p>20 September 2012 <i>Draft report 4 Sept</i> <i>Final report 11 Sept</i></p> | <p>Equality Delivery System PSHT – Progress Report To scrutinise and comment on the Equality Delivery System progress report and make any recommendations. Contact Officer: Joan Tiplady, Senior Manager, PSHFT</p> <p>Peterborough and Stamford Hospitals NHS Foundation Trust To scrutinise and comment on the Peterborough and Stamford Hospitals NHS Foundation Trust update report and make any recommendations. Contact Officer: Interim CEO, Dr Peter Reading</p> <p>Equality Delivery System NHSP – Progress Report To scrutinise and comment on the Equality Delivery System progress report and make any recommendations. Contact Officer: Geeta Pankhania, Public Health Specialist, NHSP</p> | <p>Requested at June meeting.</p> <p>Requested at June meeting.</p> <p>Requested at June meeting.</p> |

| Meeting Date | Item | Progress |
|--|--|--|
| <p>Additional meeting 1 November 2012 <i>Draft Report 17 Oct</i> <i>Final Report 23 Oct</i></p> | <p>Older Peoples Accommodation Strategy – Outcome of Consultation To scrutinise the Older Peoples Accommodation Strategy and make any recommendations prior to presentation to Cabinet. Contact Officer: Terry Rich / Tim Bishop</p> | <p>Recommendations made to Cabinet</p> |
| <p>13 November 2012 <i>Draft report 26 Oct</i> <i>Final report 2 Nov</i></p> | <p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</p> <p>Health and Wellbeing Board – Draft Strategy To scrutinise and comment on the newly formed Health and Wellbeing Board Draft Strategy and make any recommendations. Contact Officer: Sue Mitchell</p> <p>Development of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups To scrutinise and comment on the Development of the Shadow Cambridgeshire & Peterborough Clinical Commissioning Group and the Peterborough and Borderline Local Commissioning Groups Contact Officer: Jessica Bawden</p> | |
| <p>23 January 2013 <i>Draft report 7 Jan</i> <i>Final report 14 Jan</i></p> | <p>East of England Ambulance Service Contact Officer: Chris Hartley, Associate Director of Communications</p> | |

| Meeting Date | Item | Progress |
|---|---|----------|
| | <p>& Engagement, East of England Ambulance Service NHS Trust</p> <p>Adult Safeguarding Annual Report</p> <p>Contact Officer: Diane Brown, Interim Strategic Safeguarding Adults Lead</p> <p>Peterborough and Stamford Hospitals NHS Foundation Trust – Quality Account Progress Report</p> <p>Chris Wilkinson, Director of Care Quality and Chief Nurse</p> <p>Financial Recovery Update - Peterborough and Stamford Hospitals NHS Foundation Trust</p> <p>Contact Officers: Chris Preston / Louise Barnett</p> <p>Dementia Strategy</p> <p>Contact Officer: Terry Rich, Director of Adult Social Services</p> | |
| <p>9 or 21 January 2013 (Joint Meeting of the Scrutiny Committees and Commissions)</p> | <p>Budget 2013/14 and Medium Term Financial Plan</p> <p>To scrutinise the Executive's proposals for the Budget 2012/13 and Medium Term Financial Plan.</p> <p>Contact Officer: John Harrison/Steven Pilsworth</p> | |

| Meeting Date | Item | Progress |
|--|---|----------|
| <p>12 March 2013 <i>Draft report 22 Feb</i> <i>Final report 1 March</i></p> | <p>Portfolio Progress Report from Cabinet Member for Adult Social Care</p> <p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To scrutinise the performance on adult social care services and make any appropriate recommendations.</p> <p>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</p> | |

Possible Items for Scrutiny: 2012/13

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|--|---|
| <p>Cambridgeshire Community Services NHS Trust</p> <ul style="list-style-type: none"> • Five year plan and priorities | |
| <p>Adult Social Care</p> <ul style="list-style-type: none"> • Local Account – September • Transformation Programme for Adult Social Care and Business Plan • Quality Framework • Quality Care Commission • The Director of Adult Social Care brings a report to the Commission on Safeguarding – From June meeting. • A further progress report is brought to the Commission on Adult Social Care with particular reference to the progress made on the migration of ICT systems from the NHS to Peterborough City Council and the progress made on the 750 outstanding case reviews. | <p>From June Meeting</p> <p>From June Meeting</p> |
| <p>Peterborough and Stamford Hospitals NHS Foundation Trust</p> <ul style="list-style-type: none"> • Stamford Hospital, September, Jane Pigg | |

Updated: 5 November 2012

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|---|-------------------|
| Healthwatch | |
| Public Health Transition, Contact Officer: Andy Liggins | From July meeting |