

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL

THURSDAY 22 JANUARY 2009

7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Page No

1. **Apologies for Absence**

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

At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. **Minutes of the Meeting of the Health & Adult Social Care Scrutiny Panel held on 25 November 2008** 1 - 6

4. **Future Organisational Arrangements for Peterborough Community Services** 7 - 8

To receive an update report

5. **Budget 2009/10** 9 - 32

To consider and comment upon the Executive's proposals for the 2009/10 budget, including the Draft Annual Accountability Agreement.

MEMBERS ARE REMINDED THAT THEY NEED TO BRING THEIR COPY OF THE BUDGET PAPERS TO THE MEETING.

6. **Annual Review of Performance** 33 - 64

To consider and comment on the annual review letter on Adult Social Care performance from the Commission for Social Care Inspections (CSCI).

7. **No Secrets Review Consultation** 65 - 76

Consultation on the current review of 'No Secrets' guidance by the Department of Health.

8. **Forward Plan of Key Decisions** 77 - 88

To consider the latest version of the Forward Plan

9. Health and Adult Social Care Scrutiny Panel Work Programme 2008/09 89 - 94

To consider the Panel's latest work programme

10. Date of Next Meeting

Tuesday, 17 February 2009 at 7.00pm in Bourges & Viersen Committee Rooms.



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 Alex Daynes on 01733 452447 as soon as possible.

Committee Members:

Councillors: B Rush (Chairman), C Burton (Vice-Chairman), F Benton, J Goodwin, J Holdich, K Sharp and W Trueman

Substitutes: Councillors: R Dobbs, D Harrington and D Fower

Further information about this meeting can be obtained from Alex Daynes on telephone 01733 452447 or by email – alexander.daynes@peterborough.gov.uk

**MINUTES OF A MEETING OF THE HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL
HELD ON
TUESDAY 25 NOVEMBER 2008 AT THE BOURGES/VIERSEN ROOM - TOWN HALL**

Present: Councillors B Rush (Chairman), C Burton (Vice-Chairman), F Benton, J Goodwin, K Sharp and N Sandford

Also Present: Councillor Diane Lamb
Leslie Hatton, Shaw Trust
Diana Shaw, Shaw Trust

Officers Present: Liz Boome, Health Scrutiny Officer
Alex Daynes, Cabinet Officer
Prity Patel, Principal Lawyer
Angela Bailey, Chief Executive, Peterborough Community Services
Tim Bryson, NHS Peterborough
Robert Ferris, Chief Operating Officer - Peterborough Community Services
Jane Pigg, Peterborough & Stamford Hospitals NHS Foundation Trust
Chris Wilkinson, Peterborough and Stamford Hospitals NHS Trust
Seamus Elliott, East of England Ambulance Services NHS Trust
Mark Gedney, Adult Social Care

1. Apologies for Absence

Apologies were received from Councillors Trueman and Holdich, Aidan Fallon and Arthur Bolton.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest from Members of the Panel.

3. Minutes of the Meeting of the Health & Adult Social Care Scrutiny Panel held on 14 October 2008

The minutes of the meeting held on 14 October 2008 were approved as a true and accurate record.

4. Peterborough LINK - Presentation from the Shaw Trust

The committee received a presentation from representatives of the Shaw Trust to advise of the progress made in establishing a Local Involvement Network (LINK) in Peterborough. The committee was advised that a management structure had been established and current members of staff from the Shaw Trust had been allocated to provide support for the Peterborough LINK.

The committee was advised that the Shaw Trust currently supported another 17 LINK organisations and were able to tailor their support function to each individual LINK. Members were advised that the Shaw Trust would work closely with the Panel to ensure high levels of communication and information sharing were provided.

Observations and questions were raised and responses given including:

- There is no American association with Shaw Trust; it is a British organisation.
- A member of staff from the Peterborough area had been appointed by the Shaw Trust to begin the initial work to establish the LINK support mechanism; once the initial governance arrangements had been established, relevant sectors of the community would be contacted to become involved.
- Following the end of the mapping exercise in December 2008, the period of January-March 2009 is enough time to elect members to the LINK before 1 April 2009.
- The Shaw Trust was chosen as it was able to initiate a quick set up and start time given their experience with other LINKs.
- The initial members of the LINK would be chosen from across Peterborough by the Shaw Trust's management team. These members would then elect members from amongst themselves to form the LINK committee.
- The Patient Advice and Liaison Service (PALS) would still operate to address queries from hospital and other patients.
- The management team is currently made up of volunteers, some having transferred from the previous PPIF (Peterborough and Public Involvement in Health Forum).
- The governance framework needs to be established before a full LINK is formed. Therefore an interim management committee would work on formulating this until the LINK was ready to elect its own members.
- There is no permanent base for the LINK; current meetings were to be held at the Salvation Army headquarters in Peterborough.
- No details had been publicised yet as contact details had not been confirmed and members were still being appointed.

The Panel requested that the Health Scrutiny Officer arrange a meeting with political group representatives of the Panel and the Chair of the LINK to determine working protocols when it is fully established.

ACTION AGREED

- 1) To note the report.
- 2) To arrange a meeting with political group representatives of the Panel and the Chair of the LINK to determine working protocols when it is fully established.

5. Review of the Council's Charging Policy for Adult Social Care Services

The committee received a report detailing the Council's charging policy for non-residential Adult Social Care services that had been in operation for more than 5 years (implemented in its original form in April 2003) and had been subject to a number of reviews throughout this period. The report was submitted to the committee for it to consider the impact of the charging policy and its future in the context of the changing nature of social care. The Committee was asked to review the current form of the Council's charging policy, look at alternative options, and consider a number of amendments to the policy.

The committee was advised that nearly all local authorities charged for their social care services and Peterborough's charging structure was in line with national averages. A higher demand was expected for the services provided by NHS Peterborough on behalf of Peterborough City Council in the future.

Observations and questions were raised and responses given including:

- The £60k income quoted in paragraph 5.1 of the report would not be realised as more people than predicted had been assessed as not needing to pay. New administrative functions at no extra cost were now in place to enable more efficient collection of fees.

- The increase from £2 to £5 for day care service lasting more than 3 hours is still heavily subsidised and does not reflect the actual cost of providing the service. The increase to £5 should see an extra £20k generated a year. It could be phased in over a number of years, although the estimated additional revenue would be correspondingly lower.
- Approximately 100 people have declined social care services in the 07/08 year, not all of these solely due to the imposition of a charge. All of the reasons for declining are not known as the data gathered is not sufficiently detailed. There are approximately 1300 homecare service users, and approximately 500 day care service users. The charge for transport, attendance and a meal at a day care service could be as much as £9.10 per day if the £5 charge was introduced and someone was assessed for payment of the full charge.
- Some elderly people received disability benefits that are intended to help with the additional costs associated with disability, including social care services.
- The day care service was more heavily subsidised than other services and therefore it was proposed that the subsidy be reduced for this service.

Members of the committee expressed their concern over the level of the rise in the charge for day care from £2 to £5. Members sought to have this decision submitted to full Council for debate before adoption.

ACTION AGREED

- 1) To recommend the rise in day care be phased over a period of time.
- 2) To recommend the decision to increase the cost of day care be submitted to full council before approval.
- 3) NHS Peterborough officers to report back to the Panel with alternative pricing options.

6. NHS Peterborough 5 year Strategic Plan

A report and presentation was submitted to advise the Panel of the progress and structure of the Strategic Plan for NHS Peterborough (Peterborough Primary Care Trust), along with key priorities and consultation proposals. Members were advised of national statistics compared to Peterborough's performance and the key areas to be targeted; 1 vision, 4 priority areas, 18 goals. Members were also advised of the steps to initiate the plan for 2009/10.

Observations and questions were raised and responses given including:

- Terms for a provider for some GP surgeries are currently being finalised.
- Contracts will include provision for GP surgeries to be open 7 days a week, 12 hours a day where possible and include weekend openings.
- Over 50% of GPs now operate longer hours of opening.
- Some GP surgeries may collaborate on service provision.
- Alcohol and drug misuse will be targeted under substance misuse.
- Although independent (non-NHS) providers might be used, the funding and commissioning of the providers will still remain with the NHS.

ACTION AGREED

To note the report.

7. Peterborough Community Services

The committee received a report on the decision of the PCT Board regarding the long-term organisational model for Peterborough Community Services and to update the committee on

the progress of the future organisational arrangements. Members were advised that the report was submitted to the PCT Board on 5 November 2008 and would be submitted to Cabinet on 15 December 2008.

ACTION AGREED

To note the report.

8. Annual Health Check - results of the 2007/08 check published by the Healthcare Commission

The committee received a report advising of the 2007/08 Annual Health Check ratings for local NHS Trusts published in October 2008 by the Healthcare Commission. Members from each Trust detailed in the report gave feedback to the committee on the statistics that were shown.

Members were advised that the Peterborough & Stamford Hospitals NHS Trust had requested that the figures for its section of the report were reviewed as the results were felt to be unreasonable.

The Chairman passed his congratulations to the representative from the Cambridgeshire and Peterborough Mental Health Trust for its performance in the report.

The representative from the East of England Ambulance Service NHS Trust advised that although the Trust did not score well in all the ratings, measures had been taken to resolve the issues that affected the scores. The East of England Ambulance Service NHS Trust agreed to provide a report to the committee detailing the changes that have been made since the figures for the ratings were taken.

Observations and questions were raised and responses given including:

- Only a draft budget was available in April 2008 as the income for the year ahead was not known.
- Many of the performance targets were not known at the beginning of the year and were only announced after work had already begun.
- Training on and provision of defibrillators has increased so that the performance ratings being determined by this improves.

ACTION AGREED

- 1) To receive a report from the East of England Ambulance NHS Trust on the measures taken to address the performance issues of the Trust.
- 2) To note the report.

9. Feedback and Update Report

The Panel received a regular report that forms part of the Panel's 2008/2009 work programme. The Health Scrutiny Officer advised Members that a report would be brought to the committee in three months time following the installation of sharps disposal bins. Members would be updated on the results of placing the bins at key sites where drug related litter was a problem.

ACTION AGREED

To note the report.

10. Forward Plan of Key Decisions

The Panel received the Council's Forward Plan which outlined forthcoming Executive Decisions for the period December 2008 to March 2009 for consideration.

ACTION AGREED

To note the report.

11. Health and Adult Social Care Scrutiny Panel Work Programme 2008/09

The Panel received and noted the latest work programme for 2008/2009.

12. Date of Next Meeting

Tuesday, 6 January 2009 at 7pm in the Bourges/Viersen Room, Town Hall.

The meeting began at 7.00 pm and ended at 9.10 pm

CHAIRMAN

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HEALTH & ADULT SOCIAL CARE SCRUTINY COMMITTEE	Agenda Item No. 4
22 JANUARY 2009	Public Report

Report of:

Robert Ferris Chief Operating Officer of Peterborough Community Services

Report Author: Robert Ferris

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FUTURE ORGANISATIONAL ARRANGEMENTS FOR PETERBOROUGH COMMUNITY SERVICES

1. PURPOSE

The purpose of this report is for Committee to note the decision of the Cabinet regarding the long-term organisational model for Peterborough Community Services.

2. BACKGROUND

- 2.1 NHS Peterborough asked for a business case recommending the preferred long term organisational form for the majority of services provided by Peterborough Community Services, to be produced for the PCT Board by November 2008.
- 2.2 A report outlining the process for identifying the preferred long term organisational model was presented to the Committee on September 2nd 2008.
- 2.3 A further report, confirming the outcome of the process and the recommendation going to the PCT Board on November 5th 2008, was presented to the Committee on October 14th 2008.
- 2.4 A Business Case was presented to the PCT Board on November 5th 2008 recommending that:
 - The preferred organisational model for Peterborough Community Services is a Community Foundation Trust for Peterborough
 - Peterborough Community Services, supported by NHS Peterborough and NHS East of England and in partnership with Peterborough City Council, will prepare to seek the Secretary of State's support to apply to become Peterborough Community Health and Social Care Foundation Trust.
- 2.5 The PCT Board agreed the recommendations subject to Cabinet approval.
- 2.6 Cabinet considered the issues at its meeting on December 15th 2008.

CABINET RESOLVED TO:

1. Agree that adult social care services provided by the PCT's provider arm "Peterborough Community Services" form part of a programme of work to submit an application for Community Foundation Trust (CFT) status to the Department of Health.
2. Note that further reports will be made to Cabinet at significant decision points in the process e.g. formal public consultation and the submission of an application for CFT status.
3. Note that the Council expects the commissioning PCT to deliver year on year improvements and efficiencies in adult social care as set out in the Annual Accountability Agreement and that the creation of a CFT should deliver better outcomes for local people.

The cabinet decision is subject to the call- in mechanism. The decisions will be implemented from 23 December 2008 subject to these provisions

3. KEY ISSUES

- 3.1 The Business case assessed three organisational models: Arms Length Trading Organisation, Community Foundation Trust and Social Enterprise.
- 3.2 Based on the evaluation of benefits and costs, the community foundation model scored the highest and is the recommended model.
- 3.3 Social care assessment and care management functions can only be delegated to statutory organisations. Social Enterprises are not statutory organisations and if this model had been chosen, Peterborough Community Services would not be able to provide fully integrated health and social care services.

4. IMPLICATIONS

- 4.1 By pursuing the CFT model the aim would be to achieve:
 - Services which deliver the best possible outcomes for local people
 - Increased contestability in the market resulting in higher quality and more cost effective services
 - Assurances that the PCT's 'duty of care' to its staff is fulfilled
 - Continuation of and further building upon the extensive partnership arrangements with the City Council
 - Delivery of key performance indicators
 - Further improvement in performance ratings
 - Sustainable service delivery

5. CONSULTATION

- 5.1 The findings of the Next Steps Public Consultation, approved by the Board in November 2007, were taken into account in the process to identify the preferred organisational model.
- 5.2 As part of the process for applying to become a CFT, two public consultations will be required:
 - Consultation by the PCT for the provider services to be established as an NHS Trust.
 - Consultation by PCS to move from the NHS Trust status to a Community Foundation Trust
- 5.3 Both of these consultation processes will provide the Committee, the public, staff and other key stakeholders with the opportunity to support or reconsider the decision to apply to become a CFT.

6. EXPECTED OUTCOMES

This report is to ensure that the committee is aware of the Cabinet decision on December 15th 2008.

7. NEXT STEPS

It is proposed to bring further reports to the committee and the progress towards CFT status as requested by the Committee.

8. BACKGROUND DOCUMENTS

Commissioning a Patient-Led NHS,(2005) Department of Health.

NHS Peterborough Business Case Recommending the Future Organisational Model for Peterborough Community Services

10. APPENDICES

None

Health and Adult Social Care Scrutiny Panel	Agenda Item No. 5
22 January 2009	Public Report

Report of the Executive Director - Strategic Resources

Report Author – John Harrison, Executive Director of Strategic Resources

Contact Details – John Harrison, Executive Director of Strategic Resources, Tel 452520; John Blair Head of Strategic Finance and Performance Improvement, Tel 384564

BUDGET 2009/10 AND MEDIUM TERM FINANCIAL PLAN TO 2011/12

1. PURPOSE

The report sent to all members outlines the proposed budget for 2009/10 and Medium Term Financial Strategy to 2011/12 to which Scrutiny and Scrutiny Panels have been invited to make comment. The purpose of this report is to review aspects of these proposals relevant to the functions and remit of this Panel. Any observations will be included in a report back to Cabinet on 2 February 2009.

2. RECOMMENDATIONS

The Panel is asked to comment on the draft budget 2009/10 and medium term financial plan to 2011/12 in so far as it relates to the remit of the Panel

3. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

The budget provides the resources to meet the targets and aspirations of the Corporate Plan, Sustainable Community Strategy and Local Area Agreement.

4. BACKGROUND

This report is submitted to the Panel following consideration of the report by Cabinet on 15 December 2008.

NB: Please remember to bring your copy of the budget papers (previously circulated to all members of the Council) to this meeting.

A briefing on the budget for Members will be held in the Council Chamber at 5.30pm on the 8th January.

5. KEY ISSUES

- 4.1 The proposed Budget 2009/10 and Medium Term Financial Plan to 2011/12 was presented to Cabinet on 15 December 2008 and has been sent to all members of the council. Cabinet resolved that consultation be undertaken and comments invited on the budget proposals outlined in this report from Scrutiny, Scrutiny Panels and other interested organisations.
- 4.2 The main focus of attention for this panel will be the executive summary (pages 2 to 4) which outlines the issues facing the council and proposed actions and pages 9 to 11 of the main report, which detail those projects forming phase 3 of the business transformation programme.
- 4.3 The capacity bids submitted for the next three years include those relating to the impacts of the credit crunch and actions taken to mitigate against these, as well as the costs of financing the proposed capital programme.

6. IMPLICATIONS

As set out in the report to Cabinet on the 15 December 2008.

7. CONSULTATION

This formed part of the process leading to budget setting in February 2009.

8. EXPECTED OUTCOMES

A report to Cabinet with the Panel's views.

9. NEXT STEPS

Comments and observations of the Panel will be presented to Cabinet at its meeting on 2 February 2009 prior to a recommendation being made to full Council on 25 February.

10. BACKGROUND DOCUMENTS

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

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

As set out in the report to Cabinet - 15 December 2008.

11. APPENDICES

None.

ANNUAL ACCOUNTABILITY AGREEMENT

WORKING DRAFT

2009 – 2010

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Section 8	Adult mental health and substance misuse	

1. INTRODUCTION

- 1.1 This is the sixth Annual Accountability Agreement produced in accordance with the Partnership Agreement between Peterborough City Council and the former Greater Peterborough Primary Care Partnership (now NHS Peterborough – the local Primary Care Trust – PCT).
- 1.2 The Annual Accountability Agreement is a public statement of the following:
- Peterborough City Council's contribution to the PCT's pooled budget.
 - The level of performance that this contribution enables the PCT to deliver across a range of adult social care performance indicators on behalf of Peterborough City Council.
 - Key service developments that the PCT plans to take forward in 2009/10 that are either fully, or partly, adult social care.
 - The eligibility threshold for people to receive adult social care services as set by Peterborough City Council.
 - The charges that will be made to people receiving adult social care services on behalf of Peterborough City Council.
- 1.3 2009/10 will continue to be a challenging year for the delivery of adult social care services with ongoing demographic pressures, ever increasing expectations of improved service levels, the transformation requirements of “Putting People First” and the need to generate significant efficiency savings. The growth in the number of older people, particularly in the 85+ age band, is resulting in increased demand for adult social care services, a pattern which is being experienced by most other authorities. The government has recognised that long-term care requires a fundamental review of the current arrangements and a Green Paper is expected in early 2009 which, it is also anticipated, will include changes to the national framework for eligibility criteria.
- 1.4 The partnership is well established and continues to represent one of the most advanced and integrated models of health and social care services in the country. Continued commitment to the partnership will be key to continued success in the delivery of high quality services and good outcomes for local people. It is essential that the work looking at the future of the PCT's provider arm (“Peterborough Community Services”) be fully aware of adult social care services in framing the way forward
- 1.5 The Commission for Social Care Inspection (CSCI) will carry out an inspection of adult social care and our partnership arrangements in January 2009 and the outcomes will need to feed into the 2009/10 work programme.
- 1.6 Nationally, the White Paper “Our Health, Our Care, Our Say” and its associated guidance, such as “Commissioning for Health and Wellbeing”, continue to provide a framework for the development of integrated approaches to addressing issues across health, social care and other services e.g. housing, transport, leisure, education and employment. The seven outcomes for adults – good health, good quality of life, choice and control, personal dignity, economic wellbeing, freedom from discrimination and harassment and making a positive contribution will continue to be the aims for the delivery of our integrated services. “Putting People First”, the national concordat, sets out the transformation agenda for adult social care and this agreement will ensure that the programme of work linked to this is delivered.
- 1.7 Locally, the new Community Strategy and associated Local Area Agreement will be delivered in part through the partnership between the PCT and City Council and will

set out some of the key priorities which require a collaborative approach across a range of partners in order to maximise outcomes.

1.8 In 2009/10 we, therefore, anticipate focusing the PCT's efforts on the following areas:

- Improving choice and control through increasing the number of Direct Payments and through the implementation of Individual Budgets.
- Supporting the increased number of older people and those with physical and sensory needs who are eligible for adult social care and promoting prevention, early intervention and rehabilitation in order to deliver the best outcomes for these people.
- Continuing to improve learning disability services following the previous CSCI inspection with a focus on better planning for young people moving from Children's Services and the development of more local accommodation and support services.
- Ensuring that changes in mental health services arising from new legislation are implemented effectively.
- Sustaining and, where possible, improving access to services including particular improvements where needed in waiting times for assessment.
- Delivering efficiencies.
- Addressing the requirements of "Putting People First" including the provision of universal information, advice and signposting.

1.9 Peterborough is well set to respond to this agenda and the PCT will make every effort, within the resources made available to it by the City Council, to sustain the high quality work that led to its national rating of two stars announced in November 2008.

2. FINANCIAL ARRANGEMENTS

2.1 The pooled fund

	2009 - 2010	2008 - 2009
The Council (PCC)	£37,124,000	£35,295,000
Peterborough PCT	£180,499,000	£177,482,000
TOTAL	£217,623,000	£212,777,000

The Council's proposed figure of £37,124,000 is net of assumed income from charges and other sources, capital charges and Area Based Grant.

2.2 Charges for Social Care Services

The PCT operates and administers Peterborough City Council's charging policy for non-residential social care services (referred to as the Fairer Charging policy) on behalf of the Council, but it cannot vary the level of charges.

There are no changes to the charging policy to be implemented in 2009/10.

2.3 Eligibility Criteria

The PCT operates and administers the eligibility criteria for adult social care services (within the Fair Access to Care framework) on behalf of Peterborough City Council. Eligibility for services is currently set at the level of "high moderate". It will remain at this level for 2009/10. This notes an intention to maintain the eligibility threshold and reflects partners' wishes to continue to support vulnerable people through preventative approaches whenever possible.

2.4 Medium Term Financial Arrangements

Contributions to the pooled fund for 2010/11 and 2011/12 have been agreed by the City Council at £37,643,000 and £38,379,000 respectively.

2.5 Capital

No new items of capital funding for adult social care have been included in the programme for 2009/10.

3. GENERAL COMMITMENTS AND DEVELOPMENTS FOR ALL SERVICE USERS

3.1 "Putting People First"

3.1.1 Designed to build upon "Our Health, Our Care, Our Say ", Department of Health – DH (2006), "Putting People First", HM Government (2007) reinforced the message of the government's ambition and commitment to "put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity". This ministerial concordat established the importance of collaboration between central and local government, the sector's professional leadership, providers and the regulator. By ensuring strong links and alignment to the NHS reforms of "The Next Stage Review" (Darzi, DH June 2008) and the "NHS Operating Framework", it sets out the shared aims and values which will guide the transformation of adult social care and recognises that the sector will work across agenda with users and carers to transform people's experience of local support and services. "Putting People First" seeks to establish Individual Budgets for everyone eligible for publicly funded adult social care support and links this to Lord Darzi's "NHS Next Stage Review", which suggested that in the future, personal budgets for people with long-term conditions could include NHS resources.

3.1.2 A key component of the 2009/10 agreement is the delivery of the requirements set out in "Putting People First". Key aspects have been detailed in the descriptions of major service developments. However, the aim by March 2011 is to have delivered the transformation in its entirety.

3.2 National Strategies

3.2.1 NHS Peterborough will need to ensure that all relevant national policy and guidance in relation to adult social care is implemented and adhered to. This includes, but is not limited to, "Putting People First" (as above), "Our Health, Our Care, Our Say", the commissioning framework for health and wellbeing, "No Secrets", the national carers' strategy, national service frameworks across all client groups, all relevant legislation including such recent changes as the Mental Health and Mental Capacity Act, "Valuing People" and the forthcoming "Valuing People Now" and the forthcoming dementia strategy.

3.3 Summary of major service developments to be delivered in 2009/10

3.3.1 Effective performance management and quality monitoring of all aspects of adult social care:

- Maintain or improve performance on all adult social care performance indicators, including achieving the necessary improvement on those where thresholds have been raised.
- Establish and improve performance monitoring for all adult social care national indicators, including proactive involvement in regional and national benchmarking work.
- Review integrated quality assurance processes to ensure that adult social care standards are achieved.
- Implement the recommendations from the 2007/08 performance assessment and from the January 2009 social care inspection.
- Further strengthen contract management processes to support performance improvement.

3.3.2 Implementation of national and local service reforms:

- Implement Individual Budgets for all new clients and for existing clients at the point of their annual review.
- Implement new arrangements and the action plan for safeguarding vulnerable adults and evaluate progress at regular intervals.
- Strengthen mechanisms for service users and carers to influence the development of services.
- Improve assessment and care management processes, including specific improvement in waiting times for assessment.
- Ensure that adult social care is taken account of in the work towards submitting an application for community Foundation Trust status for the PCT provider arm.

3.3.3 Ensure effectiveness and quality of care records:

- Remap the care management processes to ensure robust use is made of RAISE as the electronic care management record, including incorporation of workflows to support Individual Budgets.
- Ensure robust information security and information management for all adult social care information and records.
- Improve the RAISE system to incorporate better recording in relation to safeguarding vulnerable adults.

4. CARERS

4.1 Analysis of need and changes to legislation

- 4.1.1 At any one time, one in ten people in Britain are carers and every day, 6,000 people take on new caring responsibilities. The number of people over the age of 85 (the most likely to need care) is set to double in the next 20 years (DH 2008).
- 4.1.2 Carers at the heart of the 21st century – families and communities (DH 2008) sets out a vision that by 2018, carers will be universally recognised and valued as fundamental to strong families and stable communities. Support will be tailored to meet individual needs, enabling carers to maintain a balance between their caring responsibilities and life outside caring, whilst enabling the person they support to be a full and equal citizen.
- 4.1.3 National estimates suggest that up to 20% of employees are likely to have caring responsibilities which can cause financial hardship and difficulties in employment.
- 4.1.4 The 2008 drug strategy sets out the government's aims for the next 10 years in drug treatment and prevention to improve the care and support service users receive, placing greater emphasis on families' and carers' needs. This represents a positive step towards better support and outcomes for carers.
- 4.1.5 The Carers Equal Opportunities Act identifies three elements that must be addressed by all agencies:
- The duty to inform carers of their right to an assessment including those carers not presently in contact with the service, the so called hidden carers.
 - The assessments must take into account the carer's wish or need to work or take up opportunities that are taken for granted by other people who have no caring responsibilities.
 - Co-operation between authorities, e.g. health and housing. How requests for support and information should be given due consideration to ensure planning for services for carers is more inclusive.
- 4.1.6 The Children Act 2006 has relevance for support for parent carers – those parents with responsibility for a child with disabilities. The right support at this stage can bring huge benefits for the family and for statutory bodies in terms of future care needs.

4.2 Summary of major service developments to be delivered in 2009/10

- 4.2.1 Improve access to information, advice and support for carers:
- Increase awareness and understanding by carers of the support and services available.
 - Achieve a year-on-year improvement against the national performance assessment framework indicator for services to carers.
 - Develop plans to ensure that young carers know how to access information and are aware of the services that are available by September 2009.
 - Achieve a year-on-year percentage increase in the total number of carers' breaks provided.
 - Pilot the delivery of seamless, integrated services that support carers at high risk times by April 2010.
 - Ensure carers from previously under-represented groups are able to access culture specific or specialist services by September 2009.
 - Achieve a year-on-year increase in the number of new carers' assessments completed.
 - Achieve a year-on-year increase in the number of completed carer reviews.

- Increase the involvement of carers in service development.

4.2.2 Support and promote the wider well-being of carers:

- Develop processes with local employers to ensure that, where possible, carers are supported to work flexibly and are able to combine work and learning with care if they wish to do so from April 2009 onwards.
- Raise the awareness of the rights to flexible working practices by employees who are carers and by carers wishing to access employment by linking into the new Job Centre Plus Carers from April 2009 onwards.
- Work with Children's Services to ensure young carers are aware of and are able to access emotional and practical support services where appropriate from April 2009 onwards.
- Ensure specific equality targets are set within SLAs and contracts to assist organisations in working towards more equal access to services from April 2009.
- Increase the training and awareness of all key professionals from health and housing support about the needs of carers.

5. OLDER PEOPLE

5.1 Analysis of need and changes to legislation

5.1.1 At present, there are approximately 24,100 people living within Peterborough City Council boundaries aged over 65 years. The predicted percentage increase in older people in Peterborough is higher than that predicted both for Cambridgeshire and nationally. The growth rate for those aged over 80 is around 4.5% per annum, with this group consuming around 70% of service provision. However, the greatest level of increase will be amongst those aged 85+, and it is well established that it is this very elderly group that is the highest user of social care resources. In the 2001 census, 4.1% of the older residents described themselves as non-white, the largest populations being Asian British Pakistani and Asian British Indian. This is a larger percentage than for England as a whole.

5.1.2 The national census 2001 showed that:

- Over 8,750 people aged 60+ were living alone.
- 56% of people aged 75+ had a limiting long-term illness.
- 77% of people aged 85+ had a limiting long-term illness.

5.1.3 On average in 2008:

- Over 1500 people aged 65+ receive a community package to help them to remain living at home. This includes home care, meals on wheels, community equipment and day care.
- Over 800 people aged over 65 with high support needs were receiving care, either as part of an intensive home care package or as a resident in a residential or nursing home.

5.1.4 The direction for older people's services was set in the National Service Framework for older people and provided the framework to achieve the elimination of age discrimination, the provision of person-centred care, the promotion of older people's health and independence, and fitting services around people's needs. Therefore, with an increasing focus on enabling older people to live independent lives, the current pattern of service provision is being remodelled, over a period of time, to shift away from institutional settings to enhanced support to remain at home. The following themes run through all of the projects below and apply to all adult service users. However, they are expected to demonstrate a particularly significant impact in older people's services and will ensure the delivery of key outcomes highlighted in national and local strategies. These are personalisation, prevention, early intervention, care closer to home, better management of long term conditions and end of life care.

5.1.5 Essential to all of this is ensuring that a network of co-ordinated services is available to citizens which support independence and ensure access to effective timely health and social support when needed. The implementation of Independent Living Support Services, which aim to provide integrated services across sectors and professional boundaries, including housing-related support, social care and health for all adults, will have strong links to community nursing. This replaces and improves upon traditional arrangements for Supporting People and domiciliary care.

5.1.6 Putting People First requires the provision of universal information, advice and sign-posting and this will be incorporated into the development of the universal hub from 2009. The hub will also ensure independent professional support to service users in accessing self-directed support via assessment and referral processes.

5.2 Summary of major service developments to be delivered in 2009/10

5.2.1 Improve awareness and support for older people's health and wellbeing:

- Develop the role of the Older People Partnership Board in ensuring a collaborative approach to implement the older people's strategy.
- Develop a range of community-based and peer delivered activities for older people and their carers, involving public health care professionals and the voluntary sector, including long term support.
- Following the review of day services and non-centre based day service provision from the range of in-house, independent sector and voluntary organisations, develop a commissioning strategy which will address unmet needs and gaps in provision. This will look at increasing capacity, the development of self directed support and physical activity, ensuring older people are able to access a range of support which is appropriate to their needs.

5.2.2 Ensure appropriate preventative services are available to support older people to remain in their own homes:

- Continue to increase the range of housing and support options to enhance opportunities for independence for older people. This will be done through implementation of the agreed Accommodation and Support Strategy for Older People using a phased approach and building on current good practice.
- Implement improved primary support and integrated teams' support into care homes.
- Develop and commission a health and well-being model of respite, offering a health check, holistic assessment and support to manage social and health needs.
- Continue to focus on prevention and early intervention and ensure that services are accessible to all who need to use them, including the development of the integrated falls team.

5.2.3 Increase the availability of rehabilitation services in the most appropriate setting based on the individual's need at all relevant parts of the pathway, including access to early and specialist rehabilitation:

- Increase the amount and effectiveness of intermediate care services which support people living independently in their own homes.

5.2.4 Increase choice and control for older people:

- Complete the development of the Independent Living Support Service and introduce from October 2009.
- Introduce phase one of the Universal Hub from October 2009.

5.2.5 Continue to develop commissioning plans:

- Develop the accommodation strategy to ensure the mental health and dementia needs of older people are reflected and aligned with the mental health strategy and develop the local dementia strategy in 2009 (see section 8).
- Review the demand for residential and nursing care in the light of recent trends, and national and local strategic drivers.

6. LEARNING DISABILITY

6.1 Analysis of need and changes to legislation

6.1.1 Over the next twenty years, expected demographic trends will result in a significant increase in the number of older people in need of care and support due to:

- An increase in life expectancy, especially among people with Downs Syndromes.
- Growing numbers of children and young people with complex and multi-disabilities now surviving into adulthood.
- A sharp rise in school aged children with autistic spectrum disorders, some of whom will have learning disabilities.

6.1.2 The biggest challenge is how to provide for increasing demand whilst making services person-centred, keeping them within the resources available and on a path of steady performance improvement in line with the guidance in "Putting People First". The government's forthcoming review of social care funding and eligibility will be critical.

6.2 Summary of major developments to be delivered in 2009/10

- Reduce number of people living in residential and nursing homes – particularly the number of out of area placements.
- Increased privacy and dignity for service users within local in-patient accommodation.
- Increase engagement for black and minority ethnic groups with social services.
- Increase the number of people with learning disabilities identified within GP registers.
- Produce an implementation plan for day opportunities for adults with physical and learning disabilities by September 2009 and commence implementation.
- Increase the number of people with learning disabilities in paid and voluntary employment.
- Transitions strategy, as developed by the group, to be adopted by all relevant organisations and used for all transitions by September 2009.

7. PHYSICAL DISABILITIES AND SENSORY NEEDS

7.1 Analysis of need and changes to legislation

- 7.1.1 It is estimated that approximately 52,000 people in Peterborough have some sort of long-term condition, with more than 5,000 of those having more than one condition. We know that 26,285 people in Peterborough stated that they had a "limited long-term illness" (OPCS 2001).
- 7.1.2 For people with sensory impairments, the Grant Funded Services Return (GFRS1) provides information on people provided with non-community care preventative social care services. The PCT also maintains registrations of people with sensory impairments.
- 7.1.3 In total, 388 people with sensory impairments were supported by a community based social care service at 31 March, 26.1% of the numbers registered.
- 7.1.4 Overall admissions for adults aged 18-64 into long term care are favourably low compared to both nearest neighbour (IPF) comparators and the national average. This corresponds to an increase in the number of people aged 18-64 with a physical disability receiving community care services to support them to live at home.
- 7.1.5 Adults with physical disabilities were the biggest growth area for receipt of Direct Payments. This trend will increase with the implementation of Individual Budgets from January 2009.
- 7.1.6 People with long term conditions place considerable demands on health and social care services. Nationally they account for:
- 8 of the 11 top causes for hospital admission.
 - 80% of GP consultations, and
 - 5% of in patients who occupy 42% of all acute bed days.
- 7.1.7 With an ageing population and increased longevity due to new technologies, demand will only increase.
- 7.1.8 The latest evidence continues to support the clear messages about long term conditions:
- People with long term conditions are intensive users of health and social care services, including community services, urgent and emergency care and acute services.
 - Numbers are predicted to increase due to factors such as an ageing population and certain lifestyle choices that people make.
 - Ill health among the working population places a significant burden on health and social care.
- 7.1.9 Therefore, investment by health and social care communities in effective management of long term conditions delivers benefits to the population and value for money.
- 7.1.10 The Long Term Conditions Strategy is driven by standards in key National Service Frameworks, including long term conditions, coronary heart disease, cancer, children, young people and maternity services, mental health, older people, paediatric intensive care and diabetes.

7.2 Summary of major developments to be delivered in 2009/10

7.2.1 Improve education and awareness about long term conditions for both patients and health care professionals:

- Develop programmes to educate high risk groups (targeting areas of inequality, BME and areas of deprivation) by September 2009.
- Review the educative model of care developed as part of the integrated community diabetes service to assess suitability of implementing this model for other long term conditions by June 2009.
- Ensure voluntary sector public and patient engagement in working groups.
- Develop the Healthy Living Centre model of care promoting treatment, education and promotion of self-management for a range of long term conditions from a single access point from September 2009 to March 2010.
- Capture expertise and input from the voluntary sector by June 2009.
- Create and extend support services for all families and carers, including bereavement support.

7.2.2 Develop a range of community based and peer delivered activities for people who have long term conditions and their carers, involving public health, health care professionals and the voluntary sector, including long term support:

- Review and develop expert patient and condition-specific education programmes by March 2010.
- Implement the agreed plans for the social care ring-fenced stroke funding, including the development of a communication disability support group for stroke patients in conjunction with the Stroke Association and peer support. This is a two year goal from April 2009 - March 2011.
- Ensure an action plan is in place to focus the exercise referral scheme on areas of inequality by June 2009.

7.2.3 Ensure a preventative approach to reduce the incidence of long-term conditions and ensure early intervention:

- Increase coverage of screening programmes and primary care registers, proactively and opportunistically targeting areas of the population with the most need to identify a patient's risk of developing a long term condition.
- Offer early recognition of significant symptoms, timely diagnostic tests, effective education to maintain a healthy lifestyle, and appropriate access to specialist advice and support.

7.2.4 Increase the availability of a full range of rehabilitation services in the most appropriate setting based on the individual's needs at all relevant parts of the pathway, including access to early and specialist rehabilitation:

- Develop the role of Stroke Co-ordinator to promote integrated stroke services across pathway.
- Review the provision of community based intensive stroke rehabilitation as part of the development of the City Care Centre from May 2009.
- Ensure optimum support to care pathways through intermediate care and rehabilitation resources based at the City Care Centre from May 2009.

7.2.5 Increase choice and control for people with physical disabilities and sensory needs:

- Increase the utilisation of personal health plans empowering people to manage their own long term condition.

- Increase access to integrated independent living support services, including the universal hub, from October 2009.
- Develop a patient experience survey during 2009/10.
- Increase individuals' choice within end of life care pathway, including choice of place of care.

7.2.6 Continue to develop commissioning plans:

- Develop an action plan following the review of sensory support services by September 2009.

8. MENTAL HEALTH AND SUBSTANCE MISUSE

8.1 Analysis of need and changes to legislation

8.1.1 Mental Health is fundamental to good health, wellbeing and quality of life. It impacts on how we think, feel, communicate and understand. It enables us to manage our lives successfully and live to our full potential. One in four people will experience mental health problems at some point in their lives and it is likely that for general emotional difficulties such as stress and anxiety the figure is much higher. Many of these problems are already treated in primary care and effective commissioning should, therefore, be a priority for NHS Peterborough. The population growth, especially among older people and new communities in Peterborough, are going to have a significant impact on mental health of the population in these communities, mainly due to issues related to social cohesion. Major development areas are central and east wards. It will be necessary to ensure people in new and existing communities are informed and involved in supporting decision making in order to create cohesive, healthy communities. The Peterborough Primary Care Trust operational plan for 2008/09 – a new health service for Peterborough has developed the following strategic priorities: access, healthy lifestyle, vulnerable people and health inequalities.

8.1.2 The aims of the mental health strategy are:

- To increase and improve the level of support for those suffering mental health issues through improved housing provisions.
- Improved referral times at primary and secondary settings for those suffering mental health issues within 18 weeks and, in many cases, quicker.
- Introduce specialist mental health service provision for pregnant women.
- Improved early identification of mental health problems through other routes.
- Fully implement the Mental Health Act 2007 and Mental Capacity Act 2005.
- Improve the process for identifying the support offered to carers of those with mental health issues.
- Enable more people suffering from mental health issues to return to work through the provision of psychological therapy.
- Reduce social isolation for those suffering from mental health issues.
- Improve the quality of acute provision for those suffering from mental health issues.
- Develop and implement a local dementia strategy in line with national strategy.

8.2 Summary of major developments to be delivered in 2009/10

8.2.1 Well-being and prevention:

- Increase the number of those people with mental health problems to return to work through increased access to psychological therapies. This goal will be completed over a two-year period with the recruitment of staff and the roll-out commencing during quarter one of 2009/10.
- Revisit the review of mental health day care and update information as required. This will lead to the development of a day care review option appraisal and appropriate consultation by March 2010.

8.2.2 Older people's mental health services:

- Improve the level of appropriate mental health provision for older people. This goal will be completed in two phases with phase one being the completion of an older people's mental health strategy by September 2009.
- Implement the national and local dementia strategies.

8.2.3 Long term and acute mental health services:

- Reduce the social isolation of those suffering with mental health issues by the implementation of a mental health promotion strategy and suicide audit being completed through 2009/10.
- Improve the level of support for those suffering with mental health issues through the provision of improved housing. This goal will be achieved in two stages, with needs assessment options and appraisal work completed by September 2009 and newly commissioned services tendered and commissioned by March 2010.
- Improve and increase the access to services for BME groups.
- Ensure that those requiring intervention and treatment from acute mental health services receive the appropriate intervention in a timely manner.

9. PERFORMANCE INDICATORS

The attached table summarises the targets set for adult social care in 2008/09 [2008/09 table included currently – this will be updated by Quarter 1 of 2009/10].

ADULT SOCIAL CARE PERFORMANCE INDICATORS 2009/10

2009/10 TARGET

LOCAL TARGETS (old targets still to be monitored)	2009/10 Target (to be submitted in self assessment survey by 31/05/09)
AO/C28 Intensive home care - numbers of households receiving 10 hours of more home care a week delivered via 6 or more visits.	tbc
AO/C72 Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care - per head of the older population	tbc
AO/C73 Adults aged 18-64 admitted on a permanent basis in the year to residential or nursing care - per head of the population aged 18-64	tbc
AO/D40 Clients receiving a review	tbc
AO/D54 Percentage of items of equipment and adaptations delivered within 7 working days (BVPI 56) (KT)	tbc
AO/E47 Ethnicity of older people receiving assessment	tbc
AO/E48 Ethnicity of older people receiving services following an assessment	tbc

NEW INDICATORS	2009/10 Target
LOCAL AREA AGREEMENT	
NI 130 Social care clients receiving self directed support per weighted population	2395 per 100k pop
NI 135 carers receiving needs assessments or review and carer's services, advice and information - as a proportion of all users receiving services	32%
NI 150 Adults in contact with secondary mental health services in employment	To be confirmed in LAA refresh
NEW NATIONAL INDICATORS	
NI 133 Timeliness of social care packages - % of care plans fully implemented within 4 weeks of assessment	tbc
NI 131 Delayed Transfers of Care - average number per week	tbc
NI132 Acceptable Wait times for Assessments - % of social care assessments completed within 4 weeks of first contact	tbc
NI 136 Numbers of adults supported to live independently through social services per 1,000 of the population, weighted by age	tbc
NEW NATIONAL INDICATORS - BASELINE YEAR 2008/09	
NI 145 The % of adults with learning disabilities who are in settled accomodation	tbc
NI 146 % of adults with learning disabilities who are supported in employment	tbc
NI 149 Adults in contact with secondary mental health service in settled accomodation	tbc
NI 125 Achieving independence for older people through rehabilitation/intermediate care	tbc
NI 127 Self reported experience of social care users	tbc

HEALTH & ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 6
22 JANUARY 2009	Public Report

Report of the Director of Adult Social Services and Performance

Report Author – Denise Radley, Director of Adult Social Services and Performance

Contact Details – 01733 758444

2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS

1.0 PURPOSE

- 1.1 The Scrutiny Panel is asked to comment on the Commission for Social Care Inspection's Performance Assessment letter and summary of Adult Social Care (attached as appendix 1) and the action plan that has been developed to support the key areas for development (attached as appendix 2).

2.0 BACKGROUND

- 2.1 It is a requirement of CSCI to submit the 2007-08 performance assessment summary to an open meeting of the council by 31 January 2009.

3.0 ANNUAL REVIEW OF PERFORMANCE

- 3.1 A key aspect of the Commission for Social Care Inspection's (CSCI's) assessment entails an annual review meeting which, this year, took place on 4 September 2008. This meeting considers aspects of the statutory social services functions relating to adult social care, following which a report confirmed the key strengths as well as identifying areas for development in the coming year. The annual performance assessment judgement and summary was published on 27 November 2008. The summary document is attached to this report as appendix 1.
- 3.2 Social care services for adults were deemed to be "good" at delivering outcomes with "promising" capacity for improvement, and retained a two star overall judgement.
- 3.3 On four of the seven outcome areas (improved health and emotional well-being, making a positive contribution, freedom from discrimination and harassment, and economic well-being) services received a rating of "good" (from a possible poor, adequate, good or excellent). On the other three outcome areas the judgement was adequate.
- 3.4 CSCI also judged adult social care services as having "promising" capacity to improve with a rating of "promising" for leadership and commissioning/use of resources.
- 3.5 An action plan has been developed to support the key areas for development and this is attached as appendix 2.

4.0 EXPECTED OUTCOMES

- 4.1 That the Scrutiny Panel notes the outcome of the performance assessment for adult social care and acknowledges the key strengths outlined together with identified areas for development.
- 4.2 The Director of Adult Social services and Performance will make a presentation to the meeting, updating members on the action plan and progress in relation to areas for development.

5.0 NEXT STEPS

- 5.1 Progress against the action plan will be monitored via Routine Business Meetings with CSCI.

6.0 BACKGROUND COUMENTS

Used to prepared this rkeport, in accordance with the Local Government (Access to Information) Act 1985.

Commission for Social Care Inspection Performance Summary Report of 2007-08 Annual Performance Assesement of Social Care Services for Adults Services for Peterborough City Council.



Making Social Care
Better for People

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Ms Denise Radley
Director of Adults Services
Peterborough City Council
Town Hall
Bridge Street
Peterborough,
PE1 1HL

27th November
2008 12.01am

Dear Director,

Following our letter of 27th October, I am writing to confirm your adult social care performance judgements and rating.

Performance Judgements and Ratings for Adult Social Care Services

The performance judgements for your Council are as follows:

Delivering outcomes: **Good**

Capacity for improvement: **Promising**

Your adult social care services performance rating is **2 stars**.

The performance ratings and underlying judgements will be published today. The summary report for your Council and a copy of this letter will also be available on the CSCI website at www.csci.org.uk/councilstars.

Yours sincerely

Chief Inspector

Copies: Council Chief Executives;
Peterborough City Council - Gillian Beasley
Peterborough PCT - Angela Bailey

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Dear Ms Radley,

PERFORMANCE SUMMARY REPORT of 2007-08 ANNUAL PERFORMANCE ASSESSMENT OF SOCIAL CARE SERVICES FOR ADULTS SERVICES FOR PETERBOROUGH CITY COUNCIL

Introduction

This performance summary report summarises the findings of the 2008 annual performance assessment (APA) process for your Council. Thank you for the information you provided to support this process, and for the time made available by yourself and your colleagues to discuss relevant issues.

You will have already received a final copy of the performance assessment notebook (PAN), which provides a record of the process of consideration by CSCI and from which this summary report is derived. You will have had a previous opportunity to comment on the factual accuracy of the PAN following the Annual Review Meeting.

The judgements outlined in this report support the performance rating notified in the performance-rating letter. The judgements are

1 Delivering outcomes using the LSIF rating scale

And

2 Capacity for Improvement (a combined judgement from the Leadership and the Commissioning & Use of Resources evidence domains)

The judgement on Delivering Outcomes will contribute to the Audit Commission's CPA rating for the Council.

The Council is expected to take this report to a meeting of the Council within two months of the publication of the ratings (i.e. by 31st January 2009) and to make available to the public, preferably with an easy read format available.





ADULT SOCIAL CARE PERFORMANCE JUDGEMENTS FOR 2007/08

Areas for judgement	Grade awarded
Delivering Outcomes	Good
Improved health and emotional well-being	Good
Improved quality of life	Adequate
Making a positive contribution	Good
Increased choice and control	Adequate
Freedom from discrimination and harassment	Good
Economic well-being	Good
Maintaining personal dignity and respect	Adequate
Capacity to Improve (Combined judgement)	Promising
Leadership	Promising
Commissioning and use of resources	Promising
Performance Rating	2 Stars

The report sets out the high level messages about areas of good performance, areas of development over the last year, areas which are priorities for development and where appropriate identifies any follow up action CSCI will take.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY PEOPLE USING SERVICES

Key strengths	Key areas for development
All people using services	
<ul style="list-style-type: none"> ➤📁 Survey evidence suggest that people who use adult social care services feel safer than those in the general community ➤📄 Satisfaction surveys report almost all service users receive satisfactory or good information about the services available to them. 	<ul style="list-style-type: none"> ➤📄 People receiving a review ➤📄 Consideration should be given to monitoring the level of provision to prevent hospital admission to ensure it meets the level of need of the local community. ➤📁 Review the provision of information about preventative services to ensure this is easily accessible. ➤📄 Should promote and increase the use of telecare ➤📄 Review the capacity of the POVA team to ensure that capacity can be met
Older people	
<ul style="list-style-type: none"> ➤📄 Services provided within four weeks following assessment 	<ul style="list-style-type: none"> ➤🕒 Assessments of older people completed within two and four weeks
People with learning disabilities	
<ul style="list-style-type: none"> ➤📁 Commissioning strategy and restructure of the Learning Disability Partnership Board ensures that views of service users and carers are captured and that people are able to engage 	<ul style="list-style-type: none"> ➤📁 Out of Area placements ➤📄 Improve the choice of residential breaks within Peterborough
People with mental health problems	
<ul style="list-style-type: none"> ➤📁 Helped to live at home ➤📄 Improvements in the Care Programme Approach arrangements 	<ul style="list-style-type: none"> ➤📄 Out of Area placements ➤📄 Ensure that new care pathways are implemented and embedded in the Mental Health trust
People with physical and sensory disabilities	

<ul style="list-style-type: none"> ➤  Disability Forum set up, and owned by disabled people. 	
Carers	
<ul style="list-style-type: none"> ➤  Development of Crafty Carers Group as a carer's initiative 	<ul style="list-style-type: none"> ➤  Services for carers ➤  Clarify to ensure all those currently in receipt of services are counted.

KEY STRENGTHS AND AREAS FOR DEVELOPMENT BY OUTCOME

Improved health and emotional well-being

The contribution that the Council makes to this outcome is Good

There is a wide range of information available on promoting healthy lifestyles including a number of award winning initiatives. There have been targeted activities to reduce health inequalities, for example the healthy living partnership which has resulted in positive outcomes for people. A range of targets to promote health and reduce inequality were included in the Local Area Agreement. Some, but not all, of these targets were met, for example the reduction in coronary heart disease and obesity exceeded their targets.

All elements of the single assessment process for older people have been implemented. Services work in partnership with the Council being a well-established integrated service with health. Improvements have been made in the Care Programme Approach for people with mental health needs and this has seen a significant increase in the numbers helped to live at home.

The Council / PCT, although aware of the issues leading to this year's performance, needs to improve on the percentage of people receiving a review. The number of delays of transfers of care attributable to social care have improved and are relatively low.

There are no learning-disabled adults who remain in NHS hospitals or in campus accommodation. The Council / PCT benefits from additional funding, was awarded a revenue grant to reflect early re-provision work.

Key strengths

- There are no learning-disabled adults who remain in NHS hospitals or in campus accommodation.
- High Levels of Intermediate Care
- Award winning Healthy Lifestyles initiatives including Healthy Living Partnership
- Reduction in delayed discharges from hospital, particularly days attributable to social care

Key areas for development

- Clients receiving a review require improvement.
- The Council / PCT should ensure Local Area Agreement targets to improve health and wellbeing, and reduce health inequalities are met.

➤ Although the Council / PCT has a high level of intermediate care provision consideration should be given to monitoring the level of provision to prevent hospital admission to ensure it meets the level of need of the local community.

Improved quality of life

The contribution that the Council makes to this outcome is Adequate

The Council / PCT has significantly improved timescales for minor adaptations with excellent performance in this area. The Council / PCT faced some challenges in the timely delivery of equipment but effectively resolved this during the year and maintained very good performance. Feedback on the provision of equipment has been very positive with high levels of satisfaction.

There was a small delay in the opening of one extra care housing but this became available in July 2008. The numbers of people helped to live at home has increased across all client groups, but significantly amongst those with mental health needs. There continues to be a good level of provision of intensive home care however the use of direct payments to purchase intensive home care should improve further.

Generally the number of breaks, both to carers and those for people with a learning disability, provided is reported to be low. There is good joint working with partners to reduce falls, and there has been a reduction in the rate of people falling.

People may access voluntary sector services through Peterborough Direct which will signpost people, although information about voluntary sector services on the Council / PCT website was limited or apparently had not been recently reviewed. There is evidence of people benefiting from assistive technology.

There has been a marginal reduction in the reporting of the services to carers as recorded in the performance indicator. From feedback received, this indicated carers valued the carers support groups although the newsletter provided to carers could be improved. The Council / PCT aims to commission services locally.

Generally people who use services report feeling safer than the general population.

Key strengths

- Adaptations tend to be provided on a timely basis, particularly for minor adaptations
- Survey evidence suggests that people who use adult social care services feel safer than those in the general community.
- Adults with mental health problems helped to live at home
- High Levels of satisfaction with the equipment service reported

Key areas for development

- Services for carers, and moving forward the new carers strategy. The carers newsletter is a helpful way of keeping in contact with carers but it could be further improved in ensuring it is issued in a more timely way, and steps taken to ensure it includes up to date information on national as well as local issues for carers. The Council / PCT should also ensure carers of young people are informed about and able to access carers services.
- The Council / PCT should work to ensure there is a good range of breaks available to meet local need. To improve the choice of residential breaks within Peterborough for people with learning disabilities.
- The Council / PCT should promote and increase the use of telecare, within the context of the existing level of provision which the Council / PCT should clarify to ensure all those currently in receipt are counted.
- The Council / PCT should review the provision of information about preventative services to ensure this is easily accessible.

Making a positive contribution

The contribution that the Council makes to this outcome is Good

The Council / PCT has developed a range of opportunities for people who use services and their carers to contribute their views about service development. The Learning Disability Partnership Board, jointly chaired with a service user and the director of adult social care, has been further developed to enable people to more effectively contribute. Views of carers and people who use services are taken into account and have helped develop improvements or new services, for example Crafty Carers (a craft group for carers). The Council / PCT provides feedback, including in an accessible format, to people who contribute to service development. There was some limited evidence that the Council / PCT does not routinely ask for feedback from people on the services they receive.

The Council / PCT has supported people to undertake the Partners in Policy Making course with some of those attending subsequently obtaining paid employment. The Wellbeing Centre has successfully assisted service users to gain skills and employment. Volunteers are engaged to support to more vulnerable people. There are low numbers of people with a learning disability supported into voluntary work, within the context of percentage assisted into paid employment.

Key strengths

- The impact of the Wellbeing Centre
- The improvements in the Learning Disability Partnership Board
- The consultation and contribution made by people on Valuing People
- The appointment of an advocacy worker for the black and minority ethnic community
- Development of Crafty Carers Group as a carer's initiative

Key areas for development

- Engaging with people who have drug and alcohol problems as identified through the Drugs and Alcohol Team needs assessment
- Improve the mechanisms for obtaining feedback on an ongoing basis from people who use services on those services
- Increase the numbers of people with a learning disability helped into voluntary work

Increased choice and control

The contribution that the Council makes to this outcome is Adequate

The Council / PCT has improved timescales for commencing assessments but is slow in completing assessments which they acknowledge is an area for improvement. There has been a very good improvement in providing a service following an assessment.

We received positive feedback about key members of staff with whom individuals have contact, for example social workers and the carer's development worker. As in 2006/07 the Council / PCT needs to improve its performance in assessing and reviewing carers of people with a learning disability.

The Council / PCT continues to reduce the numbers of older people living in a care home setting and maintains a very good performance in this area. There has been a slight increase in the number of younger adults moving into a care home setting, but this represents just 4 people.

There has been a good improvement in the numbers of people receiving a direct payment but the Council / PCT should strive for further improvement. Some initial work has been undertaken on developing individual budgets with a target date of April 2009 for full implementation. Information we saw to consult on self directed support was not fully accessible, for example reference made in community languages, although the Council confirmed information can be made available in other languages/formats. The website enabled people to access the information in different languages by having a flag in the bottom left which you could click on to change the language.

Outcome focussed care or support planning has not been fully implemented, and not everybody who has requested it has a person centred plan. There was evidence of good developments of person centred in the transition service for those with a learning disability moving into adulthood.

The Council / PCT continues to receive a relatively low level of complaints, and there was some evidence not everybody knew the process for making a complaint. There has been some improvement in that the Council / PCT is now able to report the services to which complaints relate. There is evidence of complaints leading to improvements in services.

There has been some improvement in advocacy provision and steps are being taken by the Council / PCT to ensure there is adequate capacity. People we met were aware of advocacy services available.

Key strengths

- 📄 Services provided within four weeks following assessment
- 📅 Timeliness with which services are provided after an assessment
- 🗨️ Satisfaction surveys report almost all service users receive satisfactory or good information about the services available to them.
- 💻 Positive interaction noted between service users and key members of staff
- 👤 Person centred planning in the transition service

Key areas for development

- 🕒 Assessments of older people completed within two and four weeks
- 📁📁 The Council / PCT should progress the arrangements to develop more flexible working as undertaken with the project to undertake reviews out of office hours
- 📁📁 Complete the pilot for carers emergency respite care and ensure the

- proposal reflects demand for emergency respite care services for all carers
- To implement individual budgets for new and existing service users as planned
 - Review and implement changes as necessary to the system for producing public information
 - Examine the reasons for the relatively low number of complaints and ensure the process for making complaints is accessible
 - Ensure all service users receive outcome focussed/person centred planning

Freedom from discrimination and harassment

The contribution that the Council makes to this outcome is Good

The Council / PCT has maintained access to services for people with moderate to high levels of need and there are no plans to change this. Information about eligibility for services can be found through the Community Care Directory on the PCT website. The Council / PCT monitors the impact of voluntary sector services through its contract monitoring. The impact of the eligibility criteria on outcomes for individuals not eligible for a Council / PCT funded service is not measured. Peterborough Direct, the call centre, is able to provide callers with information about Council / PCT and voluntary sector services. Everybody, including self-funders, is entitled to receive a full assessment.

The Equality Standard for Local Government is not applicable to this Council as it is the Primary Care Trust that commissions and delivers adult social care on their behalf. The Council / PCT has maintained an acceptable level of performance in the numbers of people from black and minority ethnic groups who have both been assessed and in receipt of services. There is a good performance in recording the ethnicity of those assessed for a service but the recording of ethnicity of those receiving a service has deteriorated in the past year. It is positive to note the expert patient programme is being run in Gujarati. Equality impact assessments are regularly undertaken and this is imbedded in practice. The Council / PCT has increased its level of engagement with minority groups, for example through Health Connectors. In addition a Disability Forum has recently been established in response to requests from stakeholders. Disability, gender and race equality action plans are in place but the information available on the PCT website did not provide details of outcomes of these plans.

Key strengths

- 📁 Equality impact assessments are embedded within the practice of the Council / PCT
- 📄 Disability Forum established
- 📄 Good performance in recording the ethnicity of people assessed for a service

Key areas for development

- 📁 The Council / PCT should focus on the provision of non-care managed services in using the reform grant as is planned.
- 📄 Recording of ethnicity of people in receipt of a service
- 📄 Monitor action taken in response to the race, gender and disability equality action plans to ensure the required impact is achieved
- 📄 Monitor the impact on outcomes for people of the eligibility criteria

Economic well being

The contribution that the Council makes to this outcome is Good

Continuing care arrangements are effective and there have not been any disputes or delays in providing a service. The modernisation of day services for people with a learning disability has increased staffing in the employment support team.

There are relatively low numbers of people with a learning disability helped into paid employment however almost half of those people, who have a learning disability, known to the Council / PCT are in some form of employment; either paid, work experience or voluntary work. Carers and people with mental health needs, as already identified by the Council / PCT, would benefit from improvements in enabling them to return to or remain in employment. The Director for Public Health is working with partners to improve employment opportunities the aim of which is to further reduce health inequalities. The Council / PCT anticipates they will receive an increase in contributions made as the numbers of people receiving services/packages of support will increase although the majority of people pay the minimum contributions.

The Council / PCT provides advice for people on benefits and has seen an increase in take up. There is a good level of satisfaction with the benefits service provided.

Key strengths

- 📁 Continuing Care disputes are dealt with effectively and promptly
- 📄 Level of satisfaction with the benefits service
- 📄 Work undertaken by the Director for Public Health to improve employment

Key areas for development

- 📁 The Council / PCT have already identified helping carers and those with mental health needs to remain in or return to paid work as an area for development
- 📄 There are low numbers of people with a learning disability helped during the year into employment, paid or voluntary, although almost half are in some form of employment currently. The Council / PCT should ensure it maximises opportunities for people with a learning disability for employment, paid or otherwise

Maintaining personal dignity and respect

The contribution that the Council makes to this outcome is

Adequate

There has been an increase in the percentage of Council / PCT staff trained in working with vulnerable people, and there has been a good percentage of staff in the independent sector trained in adult protection, with further improvements planned. There is a dedicated team of two people (POVA team) who work with the local teams responding to safeguarding concerns. There has been a considerable increase in the number of safeguarding alerts to the POVA team, with a high (98%) percentage of cases completed. There is a higher level of referrals of self-funders compared to similar Councils, which suggests that there is a high level of awareness of safeguarding procedures.

The Peterborough Safeguarding Adults Partnership Committee has been re-established and initial feedback about its functioning is positive. There is evidence that Peterborough has, since the end of March, moved forward with safeguarding and have a committee made up of at director level or thereabouts. Three meetings have been held and have been very positive. The meetings are now viewed to be well structured and involve a number of agencies. There has been a small improvement in the provision of single rooms for those admitted to care homes on a permanent basis. There is limited information relating to interpersonal relationships for service users.

Key strengths

- 📁 The percentage of people in the independent sector trained in safeguarding
- 📄 High level of alerts

<h4>Key areas for development</h4>

- | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ➤📁 Review the capacity within the POVA team to deal with the increase in alerts and adjust as necessary ➤📄 Develop guidance on interpersonal relationships for all service user groups |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

across both Council / PCT and contracted services. Make this accessible to everybody in both format and publication

Capacity to improve

The Council's capacity to improve services further is Promising

The Council / PCT now has a permanent senior management team in place, with the Director of Adult Social Care taking up post in September 2007, and the Assistant Director – Operations for Peterborough Community Services in January 2008. There is a high level of confidence in and support for the senior management from the chief executives and lead cabinet member. The lead cabinet member is a champion for social care working across Council / PCT departments for the benefit of vulnerable people, for example transport and leisure. Vulnerable people remain a corporate priority aligned with the Community Strategy priorities of vulnerable people, access, healthy lifestyles and health inequalities. These in turn are reflected in the priorities of the Local Area Agreement. Staff engagement is encouraged from listening and responding projects through to business planning. Four performance indicators improved their bandings, and none declined.

Most targets for improvement were met however others were exceeded. There are low levels of staff vacancies and staff turnover has reduced. There is an increased level of sickness absence, which requires improvement. There is excellent performance in the recording of staff ethnicity. A system for staff supervision and appraisal is in place. Performance targets exist at team level. The Council / PCT undertakes targeted work with poorly performing contracted services to good effect.

The Joint Strategic Needs Assessment (JSNA) was completed in December 2007, and has been effectively used to develop Local Area Agreement targets for 2008 onwards. The JSNA has also helped increase understanding of the needs of the local community, for example the sharply increasing prevalence of depression in older people. There has been additional investment in adult social care to reflect increasing demands and the priority afforded to it. The Council / PCT managed its budget well coming in slightly under spent. The Council / PCT reviews its eligibility annually in line with their business planning. Good progress has been made on achieving efficiencies.

The Learning Disability Partnership Board has responsibility for the spend from the Learning Disability Development Fund. Service users

and carers are involved in the consultations on commissioning strategies. There is ongoing work with independent sector providers in relation to self-directed support.

There has been a good overall improvement in the number of registered services judged to be poor, with the Council operating as an integrated service with health. The Council / PCT monitors contracted services through its contract monitoring arrangements. As of September 2007 a high percentage of placements in care homes for older people were in services that had not been rated by the regulatory body.

Key strengths

Leadership

- Corporate support for social care
- Effective senior management leadership
- Peterborough Executive Committee represents social care professionals
- Low level of staff vacancies

Commissioning and use of resources

- | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">➤ Completion of JSNA which was used to develop the LAA targets➤ Budget management, and ongoing investment in social care |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Key areas for development

Leadership

- | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">➤ Performance management to ensure targets set are met and corrective action taken as necessary➤ Reducing staff sickness absence |
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Commissioning and use of resources

- | |
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| <ul style="list-style-type: none">➤ The Council / PCT should ensure there are robust systems in place to monitor placements made in services which have not been rated by the regulatory body |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Progress to address the key areas for development will be monitored through regular routine business meetings between the Council and the Commission for Social Care Inspection.

Yours sincerely

NORWYN COLE

Regional Director
Commission for Social Care Inspection

*cc: Council Chief Executives,
Peterborough City Council - Gillian Beasley
Peterborough PCT – Angela Bailey*

ADULT SOCIAL CARE PERFORMANCE ASSESSMENT 2007-08 – AREAS FOR DEVELOPMENT ACTION PLAN (FINAL)

Area for development	Lead	Comments / Actions	When
OUTCOME 1 – IMPROVED HEALTH AND EMOTIONAL WELL-BEING JUDGEMENT = GOOD			
<p>➤ Clients receiving a review requires improvement.</p> <p>Updated position Performance on reviews at October 2008 was at 79% for the rolling 12 month period against a target of 75%.</p>	<p>Karen Wadham</p>	<p>Review care management and structures to allow for better throughput and prioritization of reviews.</p> <p>Current review process now undertaken by specific staff within teams and working with Resource Allocation System (RAS) Questionnaire to complete 6 week review within timescale. Overall review performance currently within target. Peterborough Community Services (PCS) currently working to deliver more effective performance management systems.</p>	<p>Completed</p>
<p>➤ The Council / PCT should ensure Local Area Agreement (LAA) targets to improve health and wellbeing and reduce health inequalities are met.</p> <p>Updated position October 2008 = Amber rating for this block of the LAA.</p>	<p>Sue Mitchell</p>	<p>Actions and milestone dates set out in LAA delivery plan.</p> <p>The performance of the Improving Health target indicators in the LAA has improved from red to amber since September, and there is now increased confidence in delivery. Whilst there are still some indicators only reported annually and one with no available data as yet, there is now greater clarity and understanding of the reasons behind the performance of each indicator.</p> <p>The only red area is Obesity in Children. The performance is partly due to reporting problems, and action plans have already been put in place to address the issues. Unfortunately the Healthy Town Bid was unsuccessful. The planned work will still continue but not at the uplifted scale. A Solutions Centre on childhood obesity has commenced. It is clear that a number of the indicators are subject to</p>	

Area for development	Lead	Comments / Actions	When
<p>➤ Although the Council / PCT have a high level of intermediate care provision, consideration should be given to monitoring the level of provision to prevent hospital admission to ensure it meets the level of need of the local community.</p>	Ellen White	<p>significant monthly variations i.e. seasonal such as more smokers want to quit in January than any other time, or due to the small numbers involved a small number of additional teenage pregnancies can make a significant difference to the overall performance.</p> <p>Following the LAA Delivery Summit, plans are being made to hold an Improving Health Delivery Summit, to engage action plan authors, partner organisations including voluntary organisations.</p>	June 2009
		<p>Monitor intermediate care (IC) use and ensure appropriate balance between admission avoidance and hospital discharge whilst maintaining flexibility in use.</p> <p>The PCT believes there is greater scope for admission avoidance which could be realised by additional intermediate care facilities. From June 2009 the intermediate care service will move to the City Care Centre – with additional bed capacity. The new service (from June 2009) will include an element of neurological rehabilitation as well as giving additional capacity for “traditional” intermediate care.</p> <p>It is intended that through a piece of work managed by Peterborough Emergency Care Network (PECN) that the correlation between IC and hospital discharges/admissions avoidance will be clearly indicated.</p>	
OUTCOME 2 – IMPROVED QUALITY OF LIFE JUDGEMENT = ADEQUATE			
<p>➤ Services for carers, and moving forward the new carers strategy. The carers newsletter is a helpful way of keeping in contact with carers but it could be further improved in ensuring it is</p>	Trish McHugh	<p>Complete carers' strategy by March 2009.</p> <p>Future distributions of the PCS Newsletters will be Spring, summer, autumn and Christmas issues.</p>	<p>March 2009</p> <p>Quarterly</p>

Area for development	Lead	Comments / Actions	When
<p>issued in a more timely way, and steps taken to ensure it includes up to date information on national as well as local issues for carers. The Council / PCT should also ensure carers of young people are informed about and able to access carers' services.</p> <p>Updated position The draft carers' strategy 2009 – 2011 was taken to NHS Peterborough Board in December 2008 for comment.</p> <p>Peterborough Community Services (PCS) is developing their carers' newsletter to include both regional and national news as well as covering the local perspective / issues for carers.</p> <p>A proposal for a part-time carers' case worker based at PCVS has been developed which will be supported by funding secured from a move of resource from PCS.</p>		<p>Joint protocols due to be completed by February 2009.</p> <p>Young carers' steering group in place Quarter 1 2009/10.</p> <p>Case worker in post by end of January 2009.</p> <p>A young carers' steering group is to be set up in partnership with children's service</p>	<p>February 2009</p> <p>June 2009</p> <p>January 2009</p> <p>February 2009</p>
<p>➤ The Council / PCT should work to ensure there is a good range of breaks available to meet local need. To improve the choice of residential breaks within Peterborough for people with learning disabilities.</p> <p>Updated position The annual commissioning return – CRILL – shows increased temporary break admissions in the 12 month period to September 2009.</p>	Jo Wright-Lakin	<p>The introduction of Individual Budgets from January 2009 will provide the opportunity for individuals to purchase breaks which best meet their outcomes and suit their individual needs.</p> <p>To support an informed choice, the PCT is developing information and advice centre which will signpost and refer people to appropriate providers/agencies from October 2009.</p> <p>Prior to October, NHS Peterborough will be working to develop the local market to ensure a range of local opportunities is available.</p>	<p>January 2009</p> <p>October 2009</p> <p>Ongoing</p>
<p>➤ The Council / PCT should promote and</p>	Jessica Slater	Cross Keys Homes in conjunction with NHS	October

Area for development	Lead	Comments / Actions	When
<p>increase the use of telecare, within the context of the existing level of provision which the Council / PCT should clarify to ensure all those currently in receipt are counted.</p> <p>Updated position Previous issues around undercounting of new admissions to sheltered schemes with Telecare and community alarms scheme users have been addressed via regular reports from Cross Keys housing.</p>		<p>Peterborough and Supporting People Programme are piloting a hospital discharge service. Using Telecare the pilot will support timely hospital discharge of older people and provide direct contact for patients for the first three months after leaving hospital. A dispersed Telecare alarm unit will be made available to every person aged over 50 during the discharge planning phase. The alarm will be cost free to the person during the three month trial period.</p> <p>This pilot aims to achieve a 20% reduction in readmission to hospital of people over 50 within 28 days of leaving hospital.</p>	2008 – April 2011
<p>➤ The Council / PCT should review the provision of information about preventative services to ensure this is easily accessible.</p> <p>Updated position Voluntary sector review (June to October) of organisations with which we contract, identified approximately 2350 adults who are also identified on RAISE receive a low level preventative service from the voluntary sector.</p> <p>The Grant Funded Services Return work is currently underway – which will provide the full picture of current service take up within voluntary sector preventative and low level services.</p>	Jessica Slater	<p>Review all voluntary sector contracts.</p> <p>Expand services linked to Healthy Living Centre.</p>	December 2009 December 2009
OUTCOME 3 – MAKING A POSITIVE CONTRIBUTION JUDGEMENT = GOOD			
<p>➤ Engaging with people who have drug and alcohol problems as identified through the Drugs and Alcohol Team needs assessment.</p>	Howard Shoebridge	<p>Expert groups (including users and carers) to take place on 15 and 16 December 2008 and include feedback from all service providers and their target groups.</p>	December 2008

Area for development	Lead	Comments / Actions	When
<p>Updated position The PCT now receives quarterly performance reports from the Joint Commissioning Group.</p>		<p>As part an integrated drug treatment system in prison, engagement events are planned with prisoners and carers.</p>	<p>By March 2010</p>
<p>➤ Improve the mechanisms for obtaining feedback on an ongoing basis from people who use services on those services.</p> <p>Updated position As part of all new contracts there will be a requirement for the provider to submit evidence around users' feedback. This will be reviewed at provider level through the contracts monitoring governance arrangements and organisationally via the PCT's Quality Group.</p>	<p>Aidan Fallon</p>	<p>Undertake comparative benchmarking of complaints and survey responses and measure trends and progress over time.</p> <p>Refresh the contract management, performance management and governance arrangements to ensure that service user experience information is used to influence the planning of services and commissioning decisions.</p>	<p>March 2009</p> <p>Completed</p>
<p>➤ Increase the numbers of people with a learning disability helped into voluntary work. (Also referenced in "Economic Wellbeing" – all work).</p> <p>Updated position As at October 2008: 134 people in paid work. 56 people in work experience. 15 people in voluntary work.</p>	<p>Jo Wright-Lakin</p>	<p>Raise expectations around work, particularly in schools and colleges.</p> <p>Expect organisations we contract with to create employment within their services.</p> <p>Asking any other organisations we work with to create employment within their services.</p> <p>Work in partnership with Job Centre Plus to get more people into work.</p>	<p>March 2010</p>
<p>OUTCOME 4 – INCREASED CHOICE AND CONTROL JUDGEMENT = ADEQUATE</p>			
<p>➤ Assessments of older people completed within two and four weeks.</p> <p>Updated position Assessments completed within 4 weeks – year to date at November 2008 = 72.6% against a target</p>	<p>Karen Wadham</p>	<p>Review care management processes and streamline to ensure standards can be met.</p> <p>Introduce new performance reporting to enable weekly monitoring and managing of assessment timeframes by individual Team Managers which is</p>	<p>Completed</p> <p>November 2008</p>

Area for development	Lead	Comments / Actions	When
<p>of 85%.</p> <p>50.4% of assessments were completed within 2 weeks. Weekly reports on individual breaches in place. Improved performance expected in December data.</p>		<p>ensuring assessments are completed in timely way.</p>	
<p>➤ The Council / PCT should progress the arrangements to develop more flexible working as undertaken with the project to undertake reviews out of office hours.</p>	Denise Radley	Commissioners to review out of hours services in 2009/10 as part of "Putting People First".	March 2010
<p>➤ Complete the pilot for carers' emergency respite care and ensure the proposal reflects demand for emergency respite care services for all carers.</p> <p>Updated position The annual commissioning return - CRILL - shows increased temporary break admissions in the 12 month period to September 2009. To date, 90 carers have made contact to register for the emergency respite service. Of these:</p> <ul style="list-style-type: none"> • 75 have completed the care plan and these have been signed off. • 15 people not yet returned the plan. • 45 of these carers have had previous referrals and are known to ASC. • 45 were previously unknown. <p>To-date no-one has requested emergency support.</p>	Trish McHugh	<p>Progress updates and review meetings to continue quarterly for the duration of the pilot.</p> <p>Evaluate pilot and confirm ongoing service model.</p>	<p>Quarterly</p> <p>March 2010</p>

Area for development	Lead	Comments / Actions	When
<p>➤ To implement individual budgets for new and existing service users as planned.</p> <p>Updated position Project currently underway.</p>	Jessica Slater	Individual budgets will be introduced from January 2009 for new service users. From 1 April 2009 we aim to include all existing service users at the point of their annual review. From October 2009 service users will be able to access a range service via an independent universal access support and information hub. All actions and dates set out in separate project plan.	January 2009 October 2009
<p>➤ Review and implement changes as necessary to the system for producing public information.</p> <p>Updated position NHS Peterborough has reviewed all adult social care information provided to the public, service users and carers, along with the distribution and accessibility of this information.</p>	Amie Barber	<p>A review of the Providing Information policy has resulted in the addition of a notice to all documents, informing of its availability in alternative formats and languages.</p> <p>Review public website.</p> <p>Launch new website in early 2009.</p> <p>All new publications will follow the Providing Information Policy including stakeholder/service user input, and will receive final sign off from the Director of Adult Social Services.</p>	Completed Dec 2008 Feb/March 2009 On-going from January 2009
<p>➤ Examine the reasons for the relatively low number of complaints and ensure the process for making complaints is accessible.</p>	June Stefanelli	Quality Group to review systems and processes for complaints.	September 2009
<p>➤ Ensure all service users receive outcome focused/person centred planning.</p>	Karen Wadham	<p>Staff involved in Resource Allocation System questionnaires to facilitate outcome based assessments ahead of individual budgets implementation.</p> <p>Training for all assessment staff for January 2009 in outcome based care planning.</p>	October – December 2008 January 2009

Area for development	Lead	Comments / Actions	When
OUTCOME 5 – FREEDOM FROM DISCRIMINATION AND HARASSMENT JUDGEMENT = GOOD			
<p>➤ The Council / PCT should focus on the provision of non-care managed services in using the reform grant as is planned.</p>	Denise Radley	Phase 2 of "hub" development will consider universal information and advice provision.	October 2009 – March 2010
<p>➤ Recording of ethnicity of people in receipt of a service.</p> <p>Updated position Recording of ethnicity for service users receiving a care managed service from the PCT or independent sector continues to be good. Issues remain around the recording of ethnicity for those receiving a service from the voluntary sector.</p>	Tina Hornsby	Enhanced reporting requirements built into new contracts to enable closer monitoring of this.	April 2009
<p>➤ Monitor action taken in response to the race, gender and disability equality action plans to ensure the required impact is achieved.</p> <p>Updated position A review of policies for which impact assessments had been completed and the date undertaken has been carried out in order to prioritise future refresh activities.</p>	Aidan Fallon	<p><i>Training and awareness raising</i></p> <ul style="list-style-type: none"> • Implement new mandatory programme of training on equality and diversity (E&D) at work • E&D refresher training targeted at Board members and senior management will be provided. • Plans are being made to re-launch a programme of Equality Impact Assessment (EIA) training. • Appoint workforce equality officer has been appointed. <p><i>Equality governance</i></p> <ul style="list-style-type: none"> • We have in place an Equality and Diversity Steering Group which oversees E&D issues/developments in the organisation. 	<p>Completed</p> <p>April 2009</p> <p>December 2009</p> <p>Completed</p> <p>On-going</p> <p>On-going</p>

Area for development	Lead	Comments / Actions	When
		<ul style="list-style-type: none"> A six monthly E&D progress report continues to be made to the Board. <p><i>Providing information/Translations /Interpreting</i></p> <ul style="list-style-type: none"> A 3-year contract developed in partnership with Peterborough City Council is in place with CINTRA to provide professional translation and interpreting services. Information published on our website can be translated in to key local languages at the push of a button. <p><i>Development of Single Equality Scheme (SES)</i></p> <ul style="list-style-type: none"> Develop a Single Equality Scheme. Set up a project group comprising staff and external stakeholder representation to oversee the development of the SES. 	<p>On-going</p> <p>On-going</p> <p>March 2009 Completed.</p>
<ul style="list-style-type: none"> Monitor the impact on outcomes for people of the eligibility criteria. <p>Updated position Peterborough continues to implement the eligibility criteria at "high moderate".</p>	Denise Radley	Consider evaluation of impact once future national plans are published.	2009 (to be confirmed)
OUTCOME 6 – ECONOMIC WELLBEING JUDGEMENT = GOOD			
<ul style="list-style-type: none"> The Council / PCT have already identified helping carers to remain in or return to paid work as an area for development. The Council / PCT have already identified helping those with mental health needs to remain in or return to paid work as an area for 	Trish McHugh Howard Shoebridge	<p>Implement the Improving Access to Psychological Therapies (IAPT) programme with the aim of keeping people in work.</p> <p>Develop a plan of initiatives that will support carers to remain in or return to work.</p>	<p>From April 2008</p> <p>April 2009</p>

Area for development	Lead	Comments / Actions	When
<p>development.</p> <p>Updated position The National Indicator around supporting people with mental health problems to remain in work has been included as a LAA target.</p> <p>A carers' drop in session was held on Carer's Rights Day on 5 December 2008. This was supported by a number of agencies including Connexions, JobCentre Plus and PCVS. The aim of the day was to provide information and support for working carers and general benefits advice.</p>			
OUTCOME 7 – MAINTAINING PERSONAL DIGNITY AND RESPECT			
JUDGEMENT = ADEQUATE			
<p>➤ Review the capacity within the POVA team to deal with the increase in alerts and adjust as necessary.</p> <p>Updated position Interim consultant safeguarding manager in post as well as additional capacity of social work time in Safeguarding Team.</p> <p>➤ Develop guidance on interpersonal relationships for all service user groups across both Council / PCT and contracted services. Make this accessible to everybody in both format and publication.</p>	<p>Karen Wadham</p>	<p>Review safeguarding arrangements using external support.</p> <p>All Team Managers to be trained to chair and manage the safeguarding process and strategy meetings to embed in core assessment and care management.</p> <p>New policy and procedures and Serious Care Review policy to be signed off by Safeguarding Adults Board and launched.</p> <p>To consider when this piece of work can be resourced within 2009/10 Annual Accountability Agreement.</p>	<p>Completed</p> <p>Completed</p> <p>January 2009</p> <p>2009/10</p>
LEADERSHIP			

Area for development	Lead	Comments / Actions	When
<p>➤ Performance management to ensure targets set are met and corrective action taken as necessary.</p> <p>Updated position NHS Peterborough has a new Performance Management Framework. This framework seeks to ensure that appropriate focus is given to achievement of priority targets, and turning round under performing targets.</p>	Tina Hornsby	<p>Priority and turnaround targets to be reported to Directors fortnightly, and the Board monthly.</p> <p>Monthly Performance Clinics to be established whereby all senior managers consider performance issues on key targets and work to ensure work plans are embedded throughout the organisation</p> <p>As part of the review and creation of all contracts quality and performance schedules are being included to ensure holistic reporting of performance and quality. The following major contracts are being reviewed in the next 12 months.</p> <ul style="list-style-type: none"> • Acute • Mental Health • Peterborough Community Services 	<p>Ongoing</p> <p>Ongoing</p> <p>April 2009 Oct 2009 April 2009</p>
<p>➤ Reducing staff sickness absence.</p> <p>Updated position The Quarter 2 sickness rate for all staff was 6.42% against a target of 6.20 – a reduction from 7.36 in 2007/08.</p>	Angela Cunnington	<p>New Managing Attendance at Work Policy ratified in 2008, and supported by line managers training. Project Group overseeing this area.</p> <p>Managing attendance meetings of Human Resources team members, line managers and Occupational Health representatives re-established to discuss specific cases and agree actions. Also use of "options interviews".</p> <p>Use of the information available through the Electronic Staff Record (ESR), to alert to line managers via the budgeting/guidance process of their team's current sickness status.</p> <p>Individual areas of good practice shared with other areas, e.g. in Residential Care (PCS provided). A local system of only reporting sickness to the Service Manager, with credit card issue of his contact number, has been very effective and has been cascaded to</p>	<p>Completed</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

Area for development	Lead	Comments / Actions	When
		<p>other teams as a good idea.</p> <p>Regular Board reporting of sickness levels and actions to address including a target for reduction.</p>	Quarterly
COMMISSIONING AND USE OF RESOURCES			
<p>➤ The Council / PCT should ensure there are robust systems in place to monitor placements made in services which have not been rated by the regulatory body.</p> <p>Updated position The PCT does not use non-regulated services.</p> <p>2008/09 CRILL was submitted on 30 November 2008 – we are awaiting analysis from CSCI.</p>	Helga Crick	<p>Feedback from the 2007/08 Commissioning Return (CRILL) process has been fed back to the contracts team, which has added local intelligence in order to identify non-rated services which may be of concern. It is expected that the number of unrated services will be greatly reduced in the 2008/09 CRILL return.</p>	Completed

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 7
22 JANUARY 2009	Public Report

Report of the Director of Adult Social Services and Performance

Report Author – Denise Radley
Contact Details – 01733 758444

NO SECRETS REVIEW CONSULTATION

1. PURPOSE

- 1.1 To inform the Panel of the current national review in relation to safeguarding vulnerable adults and to provide an opportunity for Panel members to contribute to Peterborough’s response to the consultation.

2. LINKS TO CORPORATE PLAN, SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT

- 2.1 Safeguarding vulnerable adults is at the heart of the Sustainable Community Strategy, our ambition includes working to help the people of Peterborough “be protected from abuse, discrimination and harassment”. The Local Area Agreement targets relating to vulnerable people have particular links to this area.

3. BACKGROUND

- 3.1 Guidance (the “No Secrets” document) on protecting vulnerable people from abuse was published by the Department of Health and Home Office in 2000. Since that time there have been many changes including a move to the broader term “safeguarding” to reflect work to help people protect themselves as well as a much stronger focus on community safety across a range of areas.
- 3.2 A consultation document was published in mid October which reviews “No Secrets” and the entire framework for the safeguarding of vulnerable adults. The consultation includes among other areas, the case for legislative change. The consultation closes on 31 January 2009. Directors of Adult Social Services have been asked to ensure that locally, as many stakeholders as possible, contribute to the consultation document.
- 3.3 The document itself is lengthy, some 70 pages and is available from the Department of Health website. An easy read pictorial version (approximately 45 pages) is also available. To inform discussion, the introduction to the document and the consultation questions are attached to this report. A presentation of the key issues will also be made to the Panel.

4. KEY ISSUES

- 4.1 The document focuses on some key issues which the Panel may wish to contribute to:
- Leadership – the presentation will explain how the Peterborough Safeguarding Adults Partnership operates. The Panel receives six monthly reports on adult protection and may wish to consider and comment on its own role in supporting good leadership around this agenda.

- Prevention – good prevention leads to better outcomes and should be a key approach in protecting the vulnerable.
- Outcomes – there are no national performance indicators which directly link to safeguarding. The consultation asks a number of questions about how outcomes might be defined and measured. Getting feedback from those who have been abused or at risk is an important and sensitive part of this.
- Risk and choice – safeguarding work links to the management of risk and in Peterborough our partnership arrangements add some complexity to this. The introduction of Individual Budgets may increase risk and our approach needs to balance choice and personal control with risk.
- Health services – there is national concern regarding health organisations and the safeguarding agenda. Our local partnerships should strengthen our work in this area. The presentation will include details of how health organisations are currently linked in with this agenda.
- Housing and community empowerment – the consultation includes reference to policy links as well as the need for housing providers to be engaged with this agenda.
- Criminal Justice – the consultation asks questions about the police involvement in safeguarding including whether resources and focus are sufficient. There is potential for more integrated working in the future between local organisations.
- Legislation – the consultation asks whether safeguarding should be put on a more formal, legal footing asking to safeguarding children. The Panel may wish to debate and form a view in this regard. Legal powers including a duty for partners to co-operate and powers to remove vulnerable people being abused are also considered.
- Definition – the consultation asks if the definition of a vulnerable adult should be reviewed. The presentation will explain the current definition and how this is interpreted in Peterborough.

5. IMPLICATIONS

- 5.1 The report concerns a national consultation. Implications including financial and staffing would become relevant once the outcome of the consultation is known.

6. CONSULTATION

- 6.1 A range of groups are being consulted on Peterborough's response to this consultation.

7. EXPECTED OUTCOMES

- 7.1 Comments from the Panel for inclusion in the Peterborough response.

8. NEXT STEPS

- 8.1 The Panel receives six monthly reports on safeguarding vulnerable adults. Updates on the national consultation process will be included in these reports. The Panel may wish to consider the need for any further work in this area and/or other aspects of local safeguarding work it would like to see reflected in future reports.

9. BACKGROUND DOCUMENTS

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

“Safeguarding Adults – A Consultation on the Review of the ‘No Secrets’ Guidance’, 14 October 2008, Department of Health, Home Office, Criminal Justice System

10. APPENDICES

Introduction & Consultation Questions

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EXTRACT FROM THE DEPARTMENT OF HEALTH DOCUMENT SAFEGUARDING ADULTS – A CONSULTATION ON THE REVIEW OF THE "NO SECRETS" GUIDANCE

INTRODUCTION

What is the consultation about?

This consultation document is about how society enables adults to be safe from abuse or harm. In particular, it asks how we need to change and develop the *No secrets*¹ guidance – the key piece of policy guidance in this area – and how we combine keeping people safe with three sets of wider Government policy goals. These are the vision of increasing

(i) independence, choice and control for users of services; (ii) access to meaningful community empowerment and safer housing in wider society; and (iii) access to criminal justice for all.

The Department of Health and the Home Office issued joint guidance in 2000 on keeping adults safe, called *No secrets*. The guidance is reviewed in chapter 2. The focus of *No secrets* was on ‘adult protection’. Since then there has been a move towards using the broader term ‘safeguarding adults’.

In this review we make no distinctions between the three terms ‘adult protection’, ‘safeguarding’ and ‘keeping people safe’ and we use each to refer to the same activities and outcomes.

Often, in keeping people safe, the focus is on people who may be vulnerable or in vulnerable situations. There are people who are at risk of harm or abuse because they are perceived as easy targets, owing to their age or disabilities; others live with few or no social contacts or in situations where they rely on others for daily support, or they lack the mental capacity to be aware of what may be happening to them. However, keeping people safe is a universal government objective and applies equally to all adults. In this consultation we therefore have a dual focus – on all citizens and also on those groups where practice and research have shown that specific public policy and professional responses may be needed in order to keep them safe.

Why have a consultation?

In the summer of 2007, Ivan Lewis, Minister for Care Services, announced that *No secrets* was to be reviewed. This announcement was made in the context of the publication of the first ever study of the prevalence of abuse in people’s own homes. He said:

“Seven years on, and in the light of several serious incidences of adult abuse, it is timely to review this guidance and to consult with other government departments that have an interest in this field. New guidance is necessary to reflect the evidence in today’s report and respond to the new demographic realities which are affecting our society. We will also consider the case for legislation as part of the review process.”

There are therefore three main reasons for this review. The first is the major changes in the Government’s vision of the kind of society it envisages for the future. The policy environment has changed considerably since 2000, when *No secrets* was published, and it is important that policies on safeguarding are fit for this new environment, i.e. that they are fit for purpose and fit for the future. The second reason is that many stakeholders, including researchers on safeguarding, have identified weaknesses in implementation of the *No secrets* guidance and

have suggested that various parts of it should be reviewed and strengthened. *No secrets* was a good start but, almost ten years later, it is time to take stock and consider how it might be updated. The third reason is that some people have expressed the view that we need legislative powers in this area. They have drawn attention to the lack of legislative provisions around safeguarding adults and have compared this unfavourably with the legislative provisions around safeguarding children. Equally, other people feel that the top priority should be to change culture and practice rather than to legislate. A specific objective of this consultation is therefore to examine the case for legislative change.

Numerous extensive changes since 2000 have impacted on people's lives and on the systems which are designed to keep us well and safe. There has been much new legislation, such as the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006, which we discuss later. We begin, however, by highlighting three sets of important policy changes.

First, there are the Department of Health's initiatives around choice, control and promoting independence. Second, there is Communities and Local Government's focus on creating a new relationship between the Government and its citizens – making community Empowerment and lifetime housing a reality for everyone. Third, there are the combined efforts of the Home Office, the police service and the Ministry of Justice to increase access to criminal justice for everyone, including those who are described as vulnerable.

Safeguarding adults is an important and complex area. Before we launched this consultation we felt it was important to listen to people's views on the strengths and weaknesses of the current arrangements. The Department of Health, the Home Office and the Ministry of Justice launched the listening phase of the review of *No secrets* on 20 February 2008. In the subsequent months, we have held 'listening events' across the country to inform us of the specific questions to ask about how to improve safeguarding. We have established an advisory group of about 40 experienced representatives from voluntary organisations, advocacy groups, service providers, professional groups and the social care regulator, and a programme board is steering this work. We have spoken at small and large events to some 600 people – people with experience of regulating, providing and using social care and healthcare services. This consultation incorporates many of the views, questions and debates that we listened to. In this consultation document, we have asked a large number of questions and we invite you to answer some or all of the questions – whichever are most relevant to you.

The consultation document is divided into nine chapters:

Chapter 1 describes the main messages about *No secrets* and sets the scene for mainstreaming safeguarding – making it everyone's business.

Chapter 2 describes the policy background against which this review is taking place, and looks at personalisation, empowerment and access to criminal justice.

Chapter 3 examines three issues which the early consultations events considered important: leadership, prevention and outcomes.

Chapter 4 both reflects, and invites, a debate about what aspects of safeguarding can be built into personalisation and what aspects of choice and control can be built into safeguarding.

Chapter 5 identifies some of the levers which are leading the development of safeguarding in health services and asks what more needs to be done to integrate safeguarding into high-quality healthcare for all.

Chapter 6 asks whether safeguarding, housing responsibilities and community empowerment should be better integrated, and what housing providers should do to enable tenants and residents to live safer lives.

Chapter 7 reflects the questions asked about how safeguarding vulnerable adults can become core police business and what more the courts can do to increase access to justice. **Chapter 8** asks whether we need more guidance and if so what kind, and/or whether we need new legislation, and if so what would make the big difference to making safeguarding more effective. **Chapter 9** raises questions of definitions, eligibility criteria, language and principles.

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EXTRACT FROM THE DEPARTMENT OF HEALTH DOCUMENT SAFEGUARDING ADULTS – A CONSULTATION ON THE REVIEW OF THE "NO SECRETS" GUIDANCE

SUMMARY OF CONSULTATION QUESTIONS

1. Leadership

Q1a. Where should leadership for safeguarding adults lie nationally, and how should the various national organisations work together?

Q1b. Where should it lie locally? If within local government, then where in local government?

Q1c. Do we need a template for 'a local safeguarding job description' and national procedures for use locally?

Q1d. How do we know if a safeguarding board is working effectively? To whom should it be accountable?

Q1e. Where should leadership for NHS safeguarding issues lie? Do we want national procedures for the NHS?

Q1f. Where should leadership for safeguarding in the care home sector lie? What can be done to strengthen this?

Q1g. Given that there are multiple 'chains of command', how do we ensure that formal leadership roles are accompanied by appropriate authority levels?

2. Prevention

Q2a. Should we be doing more work on prevention? If so, where should we concentrate our efforts? If you are doing effective preventive work, please tell us what it involves.

Q2b. Should we develop a national prevention strategy for adult safeguarding which includes, for example, links with neighbourhood policing, with a human rights agenda, and with Health and Well-Being?

Q2c. Are whistle-blowing policies effective? What can we do to strengthen them?

3. Outcomes

Q3a. Would an **outcomes framework** for safeguarding adults be useful? If so, which indicators should we use within the wider responsibilities of local government, the NHS and the police force?

Q3b. Should we encourage **local annual reports** to be more evaluative?

Q3c. How can we **learn from people's experiences of harm** and their experiences of the safeguarding process in order to improve safeguarding?

Q3d. Should we review current arrangements for delivery of safeguarding adults **training**? Should we have national occupational training standards across all agencies?

Q3e. Should we have a national **database of recommendations** from serious case reviews at a national level? Should we review the effectiveness of serious case reviews as learning tools? What should trigger a serious case review, and how should the conclusions be disseminated?

Q3f. Should we develop **joint inspections** to look at safeguarding systems as a whole? Should this include the police (Her Majesty's Inspectorate of Constabulary) – as for inspecting local children's services?

Q3g. What are the desired **outcomes** of safeguarding work?

Q3h. Should there be **national safeguarding adults guidance** that incorporates training, outcomes and multi-agency procedures? How would this be integrated into the personalisation agenda discussed in chapter 4?

Q3i. How much does adult protection **currently cost**? How is it funded? What evidence

is there, if any, that increased funding would lead to better outcomes?

4. Managing risks

Q4. In an environment where an increasing number of people will be taking responsibility for arranging their own support, we need to have a debate on how their interests can be safeguarded. What aspects of safeguarding do we need to build into personalisation? What training, risk assessment and risk management should we use? Please tell us what you are doing locally and what more needs to be done.

5. Managing choice

Q5. What aspects of personalisation – greater independence, choice and control – can we build into safeguarding? How do we better reflect service users' informed choices? How do we facilitate informed self-determination in risky situations and in the safeguarding process? How can we move forward on this agenda?

6. Health services and safeguarding

Q6a. How is the **No secrets guidance being implemented** and applied to ensure that it enables staff in the NHS to recognise, investigate and act on abuse? Are local arrangements effective? What more should be done?

Q6b. Are health organisations able to work with and adopt multi-agency guidance, or is it essential to **develop operational guidance** that adapts procedures into language, culture and structures appropriate to healthcare?

Q6c. What are the **responsibilities of the NHS safeguarding leads** – are they champions, professional leaders, awareness-raisers, data collectors and reporters? Can one person fulfil all these roles? If not, how should these responsibilities be shared?

Q6d. Is there a need for **regional safeguarding forums** where health organisations can share good practice and learning? If so, what would they look like?

Q6e. How do **procedures for investigating serious untoward incidents** (SUIs) fit into the multi-agency context of safeguarding?

Q6f. Are adult safeguarding **systems within the NHS effective**? If not, what are the specific challenges that need to be addressed?

Q6g. Are any parts of the NHS or healthcare sector **less engaged** and more in need of assistance to get on board with safeguarding?

Q6h. Is the **role of GPs** a crucial role for safeguarding in the NHS? Where is the existing good practice and what can be learnt from it?

Q6i. Are there particular issues in relation to safeguarding and **mental health**? If so, how should these be addressed?

Q6j. What **central leadership** role should there be (if any), and what function should it have (Healthcare Commission, Monitor, Department of Health, General Medical Council, Nursing and Midwifery Council, strategic health authorities)?

Q6k. What are the main **drivers for standards** in the NHS that safeguarding should be linked to?

7. Safeguarding, Housing and Community Empowerment

Q7a. Do we need stronger policy links between safeguarding and community development and empowerment? How can this be achieved at the national and the local levels?

Q7b. How can housing providers contribute to safeguarding? What could housing departments, housing associations and supported housing/living providers do to enable their tenants and residents to live safer lives?

8. Access to the criminal justice system

Q8a. How can safeguarding vulnerable adults be **better integrated** into the mainstream criminal justice arena?

Q8b. Are **police units adequately staffed** to respond to the increased reporting of adult protection issues? If not, what changes are needed?

Q8c. Is there a **need to develop a more formal system**, as in MAPPA and MARAC, with regular police-led safeguarding meetings for serious cases?

Q8d. Is there support for **multi-disciplinary teams/joint investigation teams** working together at the same location to assess intelligence, risk assess situations, take decisions on immediate action to safeguard vulnerable adults, decide whether a crime has been committed and whether the allegations should enter the safeguarding adults process? What are the advantages and disadvantages of joint investigations or joint investigation teams? What helps a joint investigation to work well?

Q8e. Police officers have considerable experience of **risk assessment and risk management**. Has that been sufficiently integrated into adult protection work and shared with the multi-agency partners, or should that be further developed? How should this be taken further?

Q8f. Should **information** about the safety of a person **be passed between** health and social care organisations, the ambulance service, GPs, the CSCI and the police? If so, can it happen now or does it need legislation? Should such information include incidents not amounting to abuse, but which may provide early indicators of the likelihood of abuse?

Q8g. Should we have **guidance on** if and when information should be shared, even when the victim expresses a wish that it is not shared?

Q8h. Should we look at ways of making it easier for people who may be vulnerable to **report abuse**?

Q8i. Would the proposal to have an **annual analysis/review** of all information held on each care/nursing home by all relevant agencies be likely to gain support from agencies, the public and the independent sector providers?

Q8j. **Financial abuse** appears to have increased steadily and to have diversified. Is there a need to explore the most common types and most effective responses? Should this include preventive strategies in consultation with the Financial Services Authority and the British Bankers' Association? Should banks, building societies and the Financial Services Authority be encouraged to share information that suggests financial abuse of vulnerable adults?

Q8k. What **strategic links** should there be between homicide reduction strategies, crime reduction partnerships, children's safeguarding boards, adult safeguarding boards, domestic violence forums and disability hate crime?

Q8l. **What else** is needed to increase the ability of the **police** to participate fully in adult protection/safeguarding?

Q8m. What can be done to **improve identification** of vulnerable adults by criminal justice practitioners? For example, could local arrangements be made to provide the police with local groups who might be able to offer advice?

Q8n. What more can be done to raise awareness in local areas of the **availability of intermediaries** to assist vulnerable adults with communication difficulties in criminal investigations and trials?

Q8o. **What else do you think would make a difference?**

9. Guidance and legislation

Q9a. Do we need an updated and refreshed **No secrets guidance**? If so, should it be one document for all multi-agency partners, or should there be separate documents for: the criminal justice system; the health sector; and local authorities, to include social care, housing and community safety?

Q9b. Is new **legislation** necessary and how would it help?

- Q9c. Should legislation place **safeguarding adults boards** on a statutory footing be introduced? Should it include a duty to commission and contribute information to serious case reviews?
- Q9d. Should we introduce a **wider duty to cooperate** in relation to safeguarding? Who would this apply to, how would it improve outcomes and how would it be enforced?
- Q9e. Should there be a **power to enter premises** where it is suspected that a vulnerable adult is being abused? Should this power apply to: the police only; or social workers and other professionals as well?
- Q9f. Should such a **power apply when an adult has mental capacity** and may be self-neglecting or self-harming?
- Q9g. If a power of entry is supported, which **means to obtain entry** should be introduced (e.g. authorisation by a senior police officer or magistrate or other means)?
- Q9h. Should an **offence of ill-treating or neglecting a vulnerable adult with capacity** be introduced?
- Q9i. Should there be a **power to remove an adult** who does have capacity and who does not consent, but who is thought to be being subjected to harm?
- Q9j. Should **force** be used to remove a person who is self-neglecting or self-harming?
- Q9k. If a person is **removed, where** should they be taken, for what purpose and for how long?
- Q9l. Is current **care standards legislation sufficient** for closing down poorly performing care homes in a timely and effective manner?

10. Definitions

Q10a. Should the *No secrets* definition of a vulnerable adult be revised? If so should the revised definition do the following, and if so, how?

Should it:

- enable practitioners to decide which groups of people they believe require special support?
- provide clarity on what 'wrongs' we want the new *No secrets* guidance to put right?
- clarify how bad the 'wrong' has to be to warrant a response, i.e. define the threshold needed to justify a response?
- take into account those vulnerable by reason of a temporary physical or mental condition?
- distinguish between abuses carried out by a person in a position of trust or power in relation to the victim and those committed by a stranger?
- make reference to an adult being unlikely to be able to protect himself or herself from harm or exploitation?

Q10b. What language should we use? Is 'abuse' always useful or should we change to 'harm' and 'crime'? Is 'perpetrator' always useful (i.e. for neglect within families)?

Q10c. How do we enshrine within safeguarding the principles contained within the Mental Capacity Act 2005 and the Human Rights Act 1998?

HEALTH AND ADULTS SOCIAL CARE SCRUTINY PANEL	Agenda Item No. 8
22 JANUARY 2009	Public Report

Report of the Director of Strategic Resources

Report Author – Liz Boome, Performance Scrutiny Officer

Contact Details – Tel 01733 452324

FORWARD PLAN – 1 JANUARY 2009 – 30 APRIL 2009

1. PURPOSE

For the Panel to note the latest version of the Forward Plan; agree any areas for inclusion within the Panel's work programme and submit any observations concerning the Plan to the Executive.

2. BACKGROUND

This is a regular report to the Health and Adult Social Care Scrutiny Panel, outlining the content of the Council's Forward Plan.

3. KEY ISSUES

- 4.1 The latest version of the Forward Plan is attached at Appendix 1. The Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) will be making over the next four months.
- 4.2 The Panel may wish to include some of the items highlighted on the Plan onto their future work programme or to request additional information from the Executive before a decision is made. Any comments about the format of the Plan would also be welcomed.
- 4.3 In accordance with the Council's Executive procedure rules, the Cabinet or Cabinet Member will not make any key decision until at least five clear days after the receipt of the report relating to that decision. The Group representatives of the Scrutiny Committee are sent a copy of these reports at the same time as the Cabinet Member and any comments can be passed onto the Member before a decision is made.

4. EXPECTED OUTCOMES

That the Panel notes the latest version of the Forward Plan; agrees any areas for inclusion within the Panel's work programme and submits any observations concerning the Plan to the Executive.

5. NEXT STEPS

Areas agreed by the Panel to be included in the work programme and observations submitted to the Executive.

6. BACKGROUND DOCUMENTS

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

Peterborough City Council's Forward Plan for 1 January 2009 – 30 April 2009.

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN

1 JANUARY 2009 TO 30 APRIL 2009



FORWARD PLAN OF KEY DECISIONS – 1 JANUARY 2009 TO 30 APRIL 2009

During the period from 1 January 2009 to 30 April 2009 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

This Forward Plan should be seen as an outline of the proposed decisions and it will be updated on a monthly basis. The dates detailed within the Plan are subject to change and those items amended or identified for decision more than one month in advance will be carried over to forthcoming plans. Each new plan supersedes the previous plan. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Lindsay Tomlinson, Governance Support Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to lindsay.tomlinson@peterborough.gov.uk or by telephone on 01733 452238.

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

NEW ITEMS THIS MONTH:

- Midland Highway Alliance – Junction 8 Parkway Signalisation Project
- Shared Services

JANUARY - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
Tourist Information Service To determine delivery mechanisms for tourist information services	January 2009	Cabinet Member for Community Services, Councillor Lee	Consultation will take place with relevant stakeholders as appropriate, including staff, trades unions and the Community Development Scrutiny Panel	Linda Wills Tourism Services Manager Tel: 01733 863835 linda.wills@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Riverside Community Sports Pavilion To appoint a contractor to build the Riverside Community Sports Pavilion.	January 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Riverside Residents' Association, ward councillors and potential user groups.	Paul Stevenette Programme Consultant Tel. 01733 452475 paul.stevenette@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Vendor Neutral Solution for Provision of Agency Staff To agree a process for engaging with a managed service provider for agency staff	January 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	Consultation will take place with internal stakeholders and relevant departments.	Chris Berry Business Transformation Consultant Tel: 07976 619906 christopher.berry@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made
Nene Bridge Refurbishment To award contract for refurbishment	January 2009	Cabinet Member for Efficiency and Business Improvement, Councillor Scott	All utility companies, Network Rail, Environment Agency, internal stakeholders, emergency services and transport groups.	Richard Cranwell Environmental Engineering Team Manager Environment and Community Services Tel. 01733 453504 richard.cranwell@peterborough.gov.uk	Public report will be available from the Governance Support Officer one week before the decision is made

<p>Future of Peterborough Professional Development Centre (PPDC) To consider options for the future utilisation of the site by the council</p>	<p>January 2009</p>	<p>Cabinet Member for Efficiency and Business Improvement, Councillor Scott</p>	<p>Consultation with take place with relevant stakeholders including Ward Councillors</p>	<p>Richard Hodgson Head of Strategic Projects Tel. 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>
<p>Midland Highway Alliance - Junction 8 Parkway Signalisation Project To appoint a contractor for the project</p>	<p>January 2009</p>	<p>Cabinet Member for Efficiency and Business Improvement, Councillor Scott</p>	<p>Internal stakeholders as appropriate</p>	<p>Chris Berry Business Transformation team Tel. 07976 619906 christopher.berry@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>
<p>Shared Services Memorandum of Agreement to deliver revenues and benefits with Luton Borough Council</p>	<p>January 2009</p>	<p>Cabinet Member for Efficiency and Business Improvement, Councillor Scott</p>	<p>Internal stakeholders as appropriate</p>	<p>John Harrison Executive Director – Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Support Officer one week before the decision is made</p>

FEBRUARY - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Refreshed Local Area Agreement (LAA) To sign off the refreshed LAA prior to its submission to the Government Office</p>	February 2009	<p>Leader of the Council and Cabinet Member for Finance and Human Resources, Councillor Peach</p>	Relevant stakeholders and fora including Scrutiny Committee	<p>Richard Astle Director, Greater Peterborough Partnership Tel: 01733 865042 richard@gpp-peterborough.org.uk</p>	Public report will be available from the Governance Support Officer one week before the decision is made
<p>Section 4/4 Input to Regional Spatial Strategy (RSS) Review To give advice to East of England Regional Assembly on proposed review of the Regional Spatial Strategy to 2031</p>	February 2009	<p>Cabinet Member for Strategic and Regional Partnerships, Councillor Collins and Cabinet Member for Housing, Regeneration and Economic Development, Councillor Murphy</p>	External and key stakeholders including neighbouring local authorities, land agents and chamber of commerce	<p>Rob Brown Area Strategic Planning Manager Tel: 01733 863795 robert.brown@peterborough.gov.uk</p>	Public report will be available from the Governance Support Officer one week before the decision is made

MARCH - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
There are currently no key decisions scheduled for March.					

APRIL - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
There are currently no key decisions scheduled for April.					

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

Communications
Strategic Growth and Development Services
Legal and Democratic Services
Human Resources
Policy and Research
Economic and Community Regeneration
Housing Strategy
Drug Intervention Programme and Drug and Alcohol Team

CITY SERVICES DEPARTMENT Nursery Lane, Fengate, Peterborough PE1 5BG

Property Services
Building & Maintenance
Streetscene and Facilities
Finance and Support Services

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

Finance
Internal Audit
Information Communications Technology (ICT)
Business Transformation
Performance and Programme Management
Strategic Property
Customer Services

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

Families and Communities
Commissioning and Performance
Learning
Resources

OPERATIONS DEPARTMENT Bridge House, Town Bridge, PE1 1HB

Planning Services
Building Control Services
Environmental and Public Protection
Cultural Services
Transport and Engineering Services
Emergency Planning
Occupational Health
City Centre Services

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**HEALTH AND ADULTS SOCIAL CARE SCRUTINY PLAN
WORK PROGRAMME 2008-9**

Date of Meeting	Item (including what the Panel is requested to do)	Item referred by	Type of Scrutiny Activity	Relevant Terms of Reference	Expected Outcome
22 January 2009 (Papers despatched – 23 Dec)	<p align="center">Budget 2009/10</p> <p>To consider and comment on the Executive's proposals for the 2009/10 budget, including the Draft Annual Accountability Agreement.</p> <p align="center">Contact Officer: John Harrison</p>	Constitution	Policy Development	To comment on the relevant sections of the annual budget proposals and Corporate Strategy.	Recommendations to the Executive
	<p align="center">Annual Review of Performance</p> <p>To consider and comment upon the annual review letter on Adult Social Care performance from Commission for Social Care Inspections (CSCI)</p> <p align="center">Contact Officer: Denise Radley Director of Adult Social Services and Performance</p>	Officer	Performance Management	To monitor the performance of the Health and Adult Social Care portfolio through regular performance monitoring reports	Identification of any areas of concern
	<p align="center">The Future of Peterborough Community Services - decision Update</p> <p align="center">Contact Officer: Robert Ferris, Chief Operating Officer, PCT</p>	PCT	Consultation	To undertake all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001 and section 244 of the National Health Service Act 2006 and associated regulations	To involve the Panel in the process
	<p align="center">Department of Health – Safeguarding Adults consultation</p> <p>Consultation on the current review of 'No secrets' guidance by the DoH.</p> <p align="center">Contact Officer: Denise Radley, Director of Adult Social Services and Performance</p>	Director of Adult Social Services & Performance	Consultation	To undertake all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001 and section 244 of the National Health Service Act 2006 and associated regulations	To involve the Panel in the process

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17 February 2009 (Papers despatched – 9 Feb)	<p>Standards for Better Health (Annual Health Check)</p> <p>To consider the approach to be adopted for receiving and commenting on the Standards 4 Better health submissions. Contact Officer: Liz Boome</p>	PPCT/P&S Hospitals/Mental Health Trust	Scrutiny of external bodies or agencies	To undertake all of the Council's statutory functions in accordance with Section 7 and associated regulations of the Health and Social Care Act 2001	Recommendations to NHS Trusts
	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To receive an update on progress and key achievements on the objectives within the Annual Accountability Agreement 2007/08 and performance against other social care targets Contact Officer: Tina Hornsby</p>	Panel	Performance Management	To monitor the performance of the Health and Adult Social Care portfolio through regular performance monitoring reports	Identification of any areas of concern
	<p>Accommodation and Housing Related Support Needs for Older People</p> <p>Update on progress Contact Officer(s) – Denise Radley/Alison Reid</p>	PPCT	Scrutiny of external bodies or agencies	To consider any matter the Panel considers appropriate	Comments to PPCT
	<p>Peterborough NHS Budgetary Monitoring Report</p> <p>To receive a budgetary report for NHS Peterborough Contact Officer: David Bacon, Director of Finance & Contracts</p>	NHS Peterborough	Performance Management	To monitor progress on the Council's priority of achieving the best possible health and well being	Comments to NHS Peterborough

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Date of Meeting	Item (including what the Panel is requested to do)	Item referred by	Type of Scrutiny Activity	Relevant Terms of Reference	Expected Outcome
17 Feb 09 (cont'd)	<p>Equitable Access to Primary Care Services</p> <p>To receive an update on the progress with provision of a Primary Care Centre</p> <p>Contact Officer: Roger Evans Peterborough NHS</p>	NHS Peterborough	Scrutiny of external bodies or agencies	To consider any matter the Panel considers appropriate	Comments to NHS Peterborough
31 March 2009 (Papers despatched – 23 March)	<p>Standards for Better Health (Annual Health Check)</p> <p>(i) To endorse the Panel's comments for inclusion with all local NHS Trust submissions to the Healthcare Commission</p> <p>(ii) To consider the declarations of compliance of all the local NHS Trusts prior to their submission to the Healthcare Commission</p> <p>Contact Officer: Liz Boome</p> <p>Progress Report on the Teenage Pregnancy Strategy</p> <p>To consider progress made in addressing the high rates of teenage pregnancy in Peterborough</p> <p>Contact Officer: Jo Melvin</p>	Officer and NHS Trusts	Scrutiny of external bodies or agencies	To undertake all of the Council's statutory functions in accordance with Section 7 and associated regulations of the Health and Social Care Act 2001	Recommendations to NHS Trusts
		Panel	Performance management	To monitor the performance of the Health and Adult Social Care portfolio through regular performance monitoring reports	Comments to officers

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Date of Meeting	Item (including what the Panel is requested to do)	Item referred by	Type of Scrutiny Activity	Relevant Terms of Reference	Expected Outcome
31 March 09 (cont'd)	<p>Presentation from Peterborough and Stamford Hospital Trust</p> <p>To receive a presentation outlining the Trust's:</p> <ul style="list-style-type: none"> ▪ performance ▪ strategy ▪ Future <p>Contact Officer: Jane Pigg P'Boro & Stamford Hospitals NHS Foundation Trust</p>	Hospital Trust	Scrutiny of external bodies or agencies	To consider any matter the Panel considers appropriate	Comments to Hospital Trust
	<p>Update on Adult Protection</p> <p>To consider and comment on the six monthly report and identify any areas of concern.</p> <p>Contact Officer: Denise Radley Director of Adult Social Services and Performance</p>	Officer	Performance Management	To monitor progress on the Council's priority of achieving the best possible health and well being.	Identification of any areas of concern

Items to be scheduled into the work programme

Adult Social Care

1. Developments with the voluntary sector – engagement and support provided (Director of Adult Social Care)
2. Preventative work and eligibility criteria thresholds
3. Services for Carers – emphasis on provision of services for young carers
4. Telecare Strategy – (Ellen White)

Health

1. 18 Week Patient Pathway – to consider a progress report (Trish McHugh)
2. Practice based commissioning – progress in Peterborough (possible presentation by participating GP practice)
3. Future reconfiguration of Children's Services

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4. Spearhead PCT
5. Expert Carers Programme
6. End of life care networks
7. Out of hours service
8. Choose and book
9. Learning disabilities service – communications techniques to reach migrant workers and other hard to reach groups
10. Ambulance Service – future strategic direction - update
11. Chiroprody Services
19. Hospital Hygiene (report on follow-up by Healthcare Commission Feb/Mar 09).

Regular Items

1. PPCT quarterly performance reports
2. Peterborough NHS budgetary reports to every other meeting (to commence Jan/Feb 2009)
3. Peterborough Hospitals NHS Foundation Trust – progress on implementation of Greater Peterborough Health Investment Plan (annual update)

Induction Programme with NHS Peterborough – dates to be arranged

Visits	City Care Centre	Richard Spiers
Primary Care	Walk in Centre / Out of Hours	Andrea Patman / Richard Spiers
	GP/Dentist Contracts	
	Darzi Centre Premises Development	David Bacon
Pooled Budgets	Submission to HASC Scrutiny Panel Meeting	Alison Reid
Commissioning	Submission to HASC Scrutiny Panel Meeting	Andy Liggins
Public Health	Coronary Heart Disease	
	Smoking Cessation Obesity	
Intermediate Care	Support services	Alison Reid

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