

## SCRUTINY COMMISSION FOR HEALTH ISSUES

**TUESDAY 12 NOVEMBER 2013**

**7.00 PM**

**Bourges/Viersen Room - Town Hall**

### AGENDA

Page No

**1. Apologies**

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

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

Members must also declare if they are subject to their party group whip in relation to any items under consideration.

**3. Minutes of Meeting Held on 19 September 2013**

**3 - 8**

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.

**5. The Clinical Commissioning Group (CCG) Response to the Francis Report 2013**

**9 - 12**

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

**13 - 20**

**7. Peterborough Safeguarding Adults Board Annual Report 2012/2013**

**21 - 44**

**8. Public Health**

**45 - 56**

**9. Longer Lives - A Peterborough Perspective**

**57 - 68**

**10. Update on the Development of Peterborough City Council's Dementia Strategy Including the Commissioning of a Dementia Resource Centre**

**69 - 74**

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| 11. | <b>Scrutiny in a Day: Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough</b> | <b>75 - 82</b>  |
| 12. | <b>Forward Plan of Key Decisions</b>  | <b>83 - 96</b>  |
| 13. | <b>Work Programme 2013/2014</b>   | <b>97 - 104</b> |
| 14. | <b>Date of Next Meeting</b>   |                 |

Wednesday 22 January 2014



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

#### **Emergency Evacuation Procedure – Outside Normal Office Hours**

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

#### Committee Members:

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

Substitutes: Councillors: J Peach, D Harrington and M Jamil

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – [paulina.ford@peterborough.gov.uk](mailto:paulina.ford@peterborough.gov.uk)

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL  
ON 19 SEPTEMBER 2013**

**Present:** Councillors B Rush (Chairman), J Peach, D McKean, D Harrington and A Sylvester

**Also present** Dr Peter Reading Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust  
Assistant Director, Quality Information and Performance  
Damien Ashford PWC  
Mubarak Darbar Head Of Commissioning Learning Disabilities

**Officers Present:** Tina Hornsby Assistant Director, Quality Information and Performance  
Tim Bishop Assistant Director, Strategic Commissioning, Adult Social Care  
Dania Castagliuolo Governance Officer  
Catherine Berriman Lawyer

**1. Apologies**

Apologies for absence were received from Councillor Lamb, Councillor Allen and Councillor Sharp. Councillor Peach and Councillor Harrington attended as substitutes.

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

There were no declarations of interest or whipping declarations

**3. Minutes of Meetings Held on 20 June and 16 July 2013**

The minutes of the meetings held on 20 June and 16 July 2013 were approved as an accurate record.

**4. Call-in of any Cabinet, Cabinet Member or Key Officer Decisions**

There were no requests for Call-in to consider.

**5. Contingency Planning Team Report**

The report was presented to the Commission as the Monitoring Contingency Planning Team had published its recommendations on the future of Peterborough and Stamford Hospitals NHS Foundation Trust on 12 September 2013. A presentation of the options report was delivered to the Commission and the following key points were highlighted:

Sustainability

- Clinically and operationally the trust was sustainable yet financially it was unsustainable

### Causes of Financial Challenges

- Inefficiency at the Trust
- Underutilised Trust Estate
- Lack of joined up working with health economy
- High costs of the Trust's estate

### How the options were developed

- There was involvement from national stakeholders, Commissioners, Providers, Clinicians, Staff and patients
- The process included brainstorming which led to over 30 options
- There was input from over 400 people
- A medium list of options was created
- A short list of options was then developed which resulted in a four part solution
- Legal advice was taken to ensure everything was compliant with current legislation

### The Solution

- Inefficiency at the trust
  - Development of a comprehensive cost improvement programme
  - Free up beds and increase clinical capacity
- Underutilised Trust Estate – Use the Trust's own facilities better by working with one or more partners
- Lack of joined up working with the health economy
  - Align services with the Trust's commissioners' intentions
  - Revise the care pathways
  - Link budgets to the outcomes
- High cost of the Trust's estate – Secure Department of Health (DH) funding to fill any gaps

The Commission was asked to note the content of the Contingency Planning Team's report and the recommendations on the future of Peterborough and Stamford Hospitals NHS Foundation Trust and to use these to identify areas for further scrutiny.

Observations and questions were raised and discussed including:

- Members queried how the Private Finance Initiative (PFI) contractor would be involved in these recommendations and would the trust have to seek PFI approval for these recommendations. *Members were advised that the recommendations had already been made public and the PFI contractors were supportive of them.*
- Members queried whether after the staff cuts they could be reassured that the quality of service would remain up to standard. *Members were advised that the principal of quality of care to the patient would not change as this was paramount.*
- Members commented that they were not convinced that the PFI would work as it was a long term commitment and the Council had experienced problems with previous PFI's. *Members were advised that the PFI was an agreement and it was already in place therefore it was a case of looking forwards and working with what had already been agreed.*
- Members queried why such a large hospital was built if there was no need for the fourth floor. *Members were advised that the fourth floor was built because the aim of the hospital was to have over 700 beds. The scheme was then reviewed in 2006 and the decision was reached to take out 98 beds and leave the space for future growth.*

*This happened in line with other hospitals under PFI when the National Government changed rules around PFI Schemes.*

- *Members queried if the fourth floor was sublet would the hospital then be in a position to cope with the projected growth of Peterborough. Members were informed that for future proofing there would be a tender process. One of the requirements for the process would be to look at what the future requirements for the hospital would be and to make sure that any bid received took account of this.*
- *Members queried what the situation was with the sale of the old hospital site and how the money from the sale would be spent. Members were informed that last year the preferred bidder (Land Improvement Holdings) was announced and the negotiations on this deal were now close to conclusion. Gaining vacant possession with respect to two buildings and the mental health ward on the site had been two critical factors that have had to be worked through over the past few months. The money from the sale had already been taken account of in the long term financial planning.*
- *Members were concerned that there were still issues with reablement and conditions not being ready for patients to be released back in to the community. Members were advised that the number of delayed discharges had increased over the past few months. As part of the Governments Winter Pressures Scheme the Peterborough system was allocated £5.50M this winter and a large part of that would be spent on 60 virtual beds (care packages) in the community which would provide support for patients at home to allow them to be discharged earlier.*
- *Members queried whether the £10M of efficiency savings, which was mentioned within the report was to be made over a one year or a five year period. Members were informed that this saving was to be made every year for the foreseeable future and Peterborough was on target.*
- *Members queried where the office staff would be located to if the fourth floor of the hospital was sublet. Members were informed that they could use other empty space within the hospital building or be located to rented accommodation or construct on site office space. This would have to be part of the tender package and whoever came in to the fourth floor would need to demonstrate how the staff would be relocated.*
- *Members queried who would make the decision on who used the fourth floor of the hospital. Members were informed that the Peterborough and Stamford Hospitals NHS Trust would lead the exercise as part of the recommendations and as a consequence they would evaluate the bids received and decide on the most efficient bid.*
- *Members commented that within the report it stated that three extra wards would be used outside of the main hospital building and queried whether these would be in existing buildings or would they be new builds. Members were advised that this part of the report was aimed primarily at the fourth floor. The other options available should the fourth floor be sublet would be alternative space used on campus or at Stamford Hospital.*
- *Members queried if the Peterborough Regional Steering Group would include Peterborough City Council and Health Watch. Members were advised that the group was in the process of being established and an independent Chairman had not yet been selected. The membership of the group would be reviewed by the Chairman prior to the first formal meeting of the group.*
- *Members queried what the development time was for Stamford Hospital. Members were advised that work would begin in 2014 and the projected end date would be late 2016 to early 2017.*
- *Members queried whether there would be funding available for Capital Projects. Members were informed that there was a capital programme in place which did fund Capital Projects. £1.2M to £1.3M per year had been earmarked for Stamford to invest in a number of building projects and IT schemes.*
- *Members queried whether the operating theatres were used seven days a week. Members were informed that they were not always used seven days a week although*

*they were always available for emergencies twenty-four hours a day and seven days a week.*

- Members commented that the care for cancer patients from the hospital was exceptional.

## **6. Adult Social Care – Local Account 2012/13**

The report provided the Commission with overview of the activities and achievements of the Adult Social Care Department. A previous draft of the Local Account had been shared with the Commission for comment and the final version was now being presented for information.

The Commission were asked to agree to the publication of the Local Account.

Observations and questions were raised and discussed including:

- Members were concerned that on page 29 of the report there were five points indicated where Adult Social Care were not performing too well and queried why this was and what action was being taken. *The Assistant Director of Quality, Information and Performance advised members that:*
  - *Point 1 there were two issues:*
    - *Peterborough had a block contract for equipment therefore equipment was received instead of the budget for it.*
    - *Patients were not given a budget amount for residential and nursing care.*
  - *Point 2 was mostly a data quality issue as there were a number of people with mental health issues in employment that Adult Social Care were unaware of. Work was being carried out with the Mental Health Trust to try and obtain correct numbers of people in employment.*
  - *The information in point 3 was obtained from the Carers Survey and this was something that needed to be built in to the Adult Social Care transformation as it was key that carers and their needs should be considered at all points.*
  - *At point 4 there were issues around information. However since the surveys were carried out the Carers Port Directory had been implemented and there had been some ongoing work around the website looking at how accessible it was and how it could be improved*
  - *Point 5 was an issue around how safe people felt and even though Safer Peterborough Partnership reported that crime against people in Peterborough had reduced people were still not feeling safe. Work was being carried out with the Police to help with perception of safety in the community.*
- Members queried whether a progress report would be brought to the Commission in future. *Members were advised that a progress report was on the work programme for November.*
- Members queried whether there were any churches or centres in Peterborough which distributed information on care for adults. *Members were advised that part of the council's wider transformation was to look at their customer strategy which included looking at key information and contact points.*
- Members queried what steps were being taken to ensure service providers were able to resolve issues and if there was criteria in place for them to follow. *Members were informed that there was currently a programme of re tendering for the services that the council purchased. This introduced contracts that had been developed by the National Association of Directors of Adult Social Services which had much tighter criteria around quality, training and recruitment practice. This would provide a better way of holding providers to account. The issue was with the current providers that did not have contacts.*

## **7. Transforming Person-Centred Opportunities for Younger Adults**

The report provided the Commission with an update on the progress made on the changes in Adult Social Care, particularly around Personalisation and Transforming Opportunities for Younger Adults (under 65)

The Council was moving toward enabling Personalisation for all social and care customers. This meant services that were currently delivered would have to be reviewed and work would be carried out with customers to understand how Personalisation could work best for them. This approach was agreed by Cabinet in February 2013 when it was resolved to:

- Revise the Eligibility Criteria for Adult Social Care from high/moderate to critical/substantial in line with Department of Health categories with effect from April 2013 for new service users and for existing service users from the date of their annual review or sooner if there was a change in circumstance which merits earlier review
- Provide Reablement to all existing and new service users who would benefit
- Offer longer term transitional support to younger adults with long term conditions including those who fell below critical/substantial needs as part of the Council's preventative offer
- Re-commission and further invest in 'a preventative offer' available to the wider community

A video was shown to the Commission to accompany the report which gave the Commission an idea of the general transformation across Adult Social Care and they were asked to:

- ❖ Provide feedback on the video
- ❖ Discuss the issues identified and considered changes
- ❖ Note that the views of carers and current and future users had been appropriately considered; and
- ❖ Highlight anything further that they felt should be explored before the proposals progressed

Observations and questions were raised and discussed including:

- Members commented that they found the video very interesting and queried whether the case studies shown in the video were something that were going to be brought to Peterborough. *The Assistant Director for Strategic Commissioning and Adult Social Care advised members that one of the case study services was already in place in Peterborough and the service had been in place for some time.*
- *Members were advised that a proper consultation would commence in November after the item had been taken to Cabinet.*
- Members commented that they were concerned that centres for people with disabilities were closing and queried how they were going to maintain friendships and socialise. *Members were advised that during all work with disabled people one theme was constant and that was friendship.*
- *Members were informed that service users and carers had seen the video and had a lot of engagement, there had also been sessions for parents and carers where the video was shown.*
- Members queried whether Peterborough City Council staff had seen the video. *Members were advised that staff had already been involved in creating the video. There had been a range of staff engagement events where the whole transformation process was discussed and the video was being used for these events.*

## **8. Notice of Intention to Take Key Decisions**

The Commission received the latest version of the Council's Notice of Intention to Take Key Decisions, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Notice of Intention to Take Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

## **ACTION AGREED**

The Commission noted the Notice of Intention to Take Key Decisions.

## **9. Work Programme**

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

## **ACTION AGREED**

To confirm the work programme for 2013/14 and the Governance Officer to include any additional items as requested during the meeting.

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

Tuesday 12 November 2013

The meeting began at 7.00pm and finished at 8.55pm

CHAIRMAN



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Executive Director of Cambridgeshire & Peterborough Clinical Commissioning Group**

Contact Officer(s) – Jill Houghton

Contact Details – [jill.houghton@cambridgeshireandpeterboroughccg.nhs.uk](mailto:jill.houghton@cambridgeshireandpeterboroughccg.nhs.uk)

### **THE CLINICAL COMMISSIONING GROUP (CCG) RESPONSE TO THE FRANCIS REPORT 2013**

#### **1. PURPOSE**

1.1 To update the Commission on the response of the CCG to the 2013 Francis Report.

#### **2. RECOMMENDATIONS**

2.1 To note the update.

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

3.1 N/A

#### **4. BACKGROUND**

4.1 The Mid Staffordshire NHS Foundation Trust Public Inquiry Report was published on 6 February 2013 following serious failures of care identified between January 2005 and March 2009 in this Trust.

4.2 The Inquiry was chaired by Robert Francis QC and is known as the Francis Report.

4.3 The Report includes 3 volumes of evidence and 290 recommendations with 21 themes.

4.4 The Department of Health and other national agencies have made some changes already following the publications of the Report including:

- A revision of the NHS Constitution to give more prominence to NHS values
- The Care Quality Commission (CQC) has increased the number of compliance inspectors and improved their training. All inspections are now unannounced. Patient Led Assessment of the Care Environment (PLACE) will commence from April with local people joining the assessment teams to assist in the review of the fundamentals of care
- Explicit rights and pledges to whistleblowing has been set out in new guidance to employers and there is a duty of candour within the 2013/14 National Contract
- The Professional Standards Authority for Health and Social Care has published standards for members of NHS Boards and Governing Bodies
- Compassion in Practice (the strategy for nursing, midwifery and care staff) has been published and the Skills for Health and Skills for Care Council has been developing minimum standards and a code of conduct for healthcare workers and adult social care workers in England
- The Power of Information has been published setting out the Department's 10 year framework for transforming information for health and social care
- Every hospital has been asked to hold listening events with staff to reflect on the report and consider how to apply the learning on their Trust
- Professor Don Berwick has undertaken a review of patient safety in the NHS

- A review of complaints processes is underway

4.5 The Government Response to this Report was published on 26 March 2013 – ‘Patients First and Foremost’ and although has not yet directly accepted all of the 290 recommendations has made the following commitments:

- A reaffirmation of the values of the NHS set out in its Constitution and a commitment for further amendments later this year
- The recruitment of a Chief Inspector of Hospitals for the CQC
- The Healthy NHS Board is being updated and future Foundation Trust applications will receive heightened scrutiny of boards and its members
- There will be a statutory duty of candour
- CCGs will be held to account for quality outcomes and for financial performance
- Quality Surveillance Groups will assess quality problems with the CQC in the lead – Monitor and the National Trust Development Authority will have an enforcement role
- The National Institute for Health Research is launching a call for research to evaluate interventions to increase compassion and dignity in the NHS
- The development of a Cultural Care Barometer
- A review of bureaucratic burdens on the NHS has been commissioned from the NHS Confederation
- Introduction of ratings by the CQC and publish individual outcomes for a range of specialities
- To standardise Quality Accounts
- To pilot student nurses working as healthcare assistants prior to entry to the degree course for nursing
- Revalidation of nurses
- A change in nurse staffing ratios

4.6 The Government Response to the Report is described as being an initial response and a further paper will be published in the Autumn of 2013 to describe progress and a fuller response to all of the 290 recommendations in Francis Report II.

## 5. KEY ISSUES

5.1 A Government Response is awaited in the Autumn of 2013. All Healthcare Trusts are required to produce an action plan relating to the relevant recommendations in the Francis Report by the end of December 2013. Locally, all Cambridgeshire and Peterborough NHS Trusts are working towards this.

5.2 The CCG has taken some specific actions as below:

- All CCG Governing Body members have a copy of the Francis Report
- The Governing Body has been briefed in public on the Report and key actions taken to begin implementation of the recommendations
- Every Local Commissioning Group has also presented the Report to their Boards
- Every NHS Trust has also received a presentation on the Francis Report and provided the CCG with assurance that this has occurred
- The CCG has revised its Quality Strategy and reformatted it to accommodate the relevant themes from the recommendations accompanied by a delivery plan
- Where possible some of the recommendations have been captured within NHS Trust contracts for 2013/14. These will be refreshed and enhanced for 2014/15 following the Government Response to the Report in the Autumn
- The CCG has launched a Soft Intelligence Line for GPs to capture any quality concerns in order to inform discussions with providers and remedial action is taken where required

**6. IMPLICATIONS**

6.1 The Report has implications for all NHS Trusts

**7. CONSULTATION**

7.1 N/A

**8. NEXT STEPS**

8.1 The CCG awaits the Government response in the Autumn of 2013 before further actions will be undertaken.

**9. BACKGROUND DOCUMENTS**

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

9.1 The Mid Staffordshire NHS Foundation Trust Public Inquiry Report 2013

**10. APPENDICES**

N/A

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Executive Director of Adult Social Care and Health and Wellbeing**

**Contact Officer(s) – Tina Hornsby – Assistant Director Quality, Information and Performance**  
**Contact Details – 01733 452427, tina.hornsby@peterborough.gov.uk**

### **ADULT SOCIAL CARE - QUARTER 2 PERFORMANCE REPORT**

#### **1. PURPOSE**

- 1.1 The report provides a summary of performance delivery against the four priorities within the Adult Social Care Outcomes Framework. It provides an overview of progress against key projects to achieve the outcomes and performance information to illustrate the current position as at the end of September 2013 (Quarter 2).

#### **2. RECOMMENDATIONS**

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

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

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

#### **4. BACKGROUND**

- 4.1 The report contains an overview of delivery of outcomes in the first half of the year 2013/14. Appendix one provides a one page summary for each outcome. This new format has been developed following discussions with Cllr McKean on behalf of the Scrutiny Commission around presentation and content.

For each outcome there is a summary of the following:

- Key projects and objectives
- Priority timeline and milestones
- Priority headlines
- Priority metrics
- Exceptions with commentary and mitigating actions

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

The Department has some challenging programmes to deliver in the current financial year and in the main these are achieving the expected progress. There are some areas of challenge which we have identified and responded to, which we cover in more detail within the report in order to provide assurance. Overall it has been a positive first six months of the year as summarised below.

##### **5.1 Priority One: Enhancing quality of life for people with care and support needs.**

- 5.1.1 The Key projects in this area are the strands of the department's Transformation Programme around Personalisation and Transforming Day Opportunities for Younger of Adults. Both of which have been previously presented to Scrutiny Commission. Key headlines for these projects in Quarter two are:
- Work is underway to develop a new operating model. This is on target to be outlined by a detailed business case in December 2013.

- A prevention strategy has been developed
- Consultation has commenced on day opportunities for younger adults.

There are two metrics with a green rating (on target) and one with an amber rating. Details around the amber rated metric are presented below.

<p><b>Title: Proportion of adults with a learning disability who live in their own home or with their family</b></p>	<p><u>Current Position:</u></p>	<p><u>Improvement Plan:</u></p>																
<p><u>Domain:</u> Enhancing Quality of life for people with care and support needs</p>	<p>- We currently have 527 total service users known to the learning disability teams.</p>	<p>- Commissioning self-contained flats</p>																
<p><u>Selection Reason:</u> Local performance on this target remains below the average of our comparator group of Councils. This is due to the continuing numbers in residential care.</p>	<p>- 108 are in residential care, a decrease of 2 in the quarter.</p>	<p>- No new residential placements made in Q2</p>																
<table border="1"> <caption>Proportion of adults with a learning disability who live in their own home or with their family</caption> <thead> <tr> <th>Period</th> <th>Peterborough</th> <th>Comparator Avg</th> <th>National Avg</th> </tr> </thead> <tbody> <tr> <td>2012/13</td> <td>77.2%</td> <td>80.5%</td> <td>73.2%</td> </tr> <tr> <td>Q1 2013/14</td> <td>74.0%</td> <td>80.5%</td> <td>73.2%</td> </tr> <tr> <td>Q2 2013/14</td> <td>76.0%</td> <td>80.5%</td> <td>73.2%</td> </tr> </tbody> </table>	Period	Peterborough	Comparator Avg	National Avg	2012/13	77.2%	80.5%	73.2%	Q1 2013/14	74.0%	80.5%	73.2%	Q2 2013/14	76.0%	80.5%	73.2%	<p>- There are plans in place to help 40 adults with learning disabilities to live in the community rather than in residential care over the next five years.</p> <p>- Although we do not perform well compared to similar local authorities we are better than the national average.</p>	<p>- Tight control of residential admissions and expansion of non-residential housing options will improve the position by 2015</p>
Period	Peterborough	Comparator Avg	National Avg															
2012/13	77.2%	80.5%	73.2%															
Q1 2013/14	74.0%	80.5%	73.2%															
Q2 2013/14	76.0%	80.5%	73.2%															

## 5.2 Priority two: Delaying and reducing the need for care and support

5.2.1 Key projects to support this priority are the further development of reablement services and the Dementia Strategy and Dementia Resource Centre. Key headlines for Quarter two are:

- Tenders evaluated for Dementia Resource Centre
- Dementia Strategy drafted and undergoing consultation
- Reablement is achieving its savings target by successfully delivering the outcome of over 60% of people completing the service needing less or no on-going social care services.

5.2.2 All priority metrics are rated green (on target).

5.2.3 There is an exception issue around the objective of building enhanced reablement capacity. This is due to difficulties with recruitment and also delays in the re-tendering of the independent sector contracts.

### 5.2.4 Residential home resettlement

5.2.5 We continue to monitor and review the resettled residents from Greenwood and Welland House. At the point of last review all 17 of the current resettled residents were considered to be settled. All are placed within the home of their choice with a single room. Over 50% have en-suite facilities and the majority maintain contact with family and friends with the remaining few being reported to have

good social interaction within the home. Regular reviews will continue for these residents.

**Priority three: Ensuring people have a positive experience of care and support**

5.3 Key projects supporting this priority are the development of information and advice, including an online directory, and developing and implementing a quality framework for Adult Social Care.

- 5.3.1 Key headlines for Quarter two are:
- Quality Board established and running with service users and carers driving the agenda.
  - Standardised leaflet template agreed for all public information
  - A range of safeguarding audit and evaluation processes developed, resulting in a better understanding of practice issues.

As statutory survey questions are only refreshed once a year we have introduced new metrics from our reablement survey, which are not rag rated this year as it is a baseline year. Full analysis of the annual customer survey will be brought to scrutiny with the quarter 4 report.

5.4 **Priority Four: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm**

5.4.1 Our key project for this outcome is Raising The Bar for Adult Safeguarding. Priority headlines are as follows:

- In-depth practice training was commissioned and started in October for Adult Social Care staff from the Council and the Mental Health Trust and key provider managers.
- Weekly case audits are undertaken by the department’s senior management team with operational manager invited.
- Soft concerns and large scale investigations procedures agreed and will be implemented in November 2013.

5.4.2 Two performance metrics are rated red – the information below provides details.

<p><b>Title: Percentage of safeguarding investigations completed within 20 working days</b></p>	<p><b>Current Position</b></p> <ul style="list-style-type: none"> <li>- We are currently seeing a high percentage of investigations taking longer than 20 working days to complete.</li> <li>- A number of delays are unavoidable due to criminal investigations</li> <li>- Other delays are due to delays in involved agencies undertaking internal investigations</li> <li>- Further delays are due to recording issues .</li> <li>- PCC performance for the quarter = 53%</li> <li>- CPFT performance for period = 30%</li> </ul>	<p><b>Improvement Plan</b></p> <ul style="list-style-type: none"> <li>- Detailed exception reporting on reasons for all delays to be considered by the monthly raising the bar meeting</li> <li>- Safeguarding Adults Board to receive a report evidencing all third party delays, in order to support system wide improvements and to review target set.</li> <li>- Improved recording process and forms to be introduced on 1 November 2013.</li> <li>- Improvements expected in Q3, with expectation of further improvement to meet Board reviewed target by end Quarter 4.</li> </ul>																			
<p><b>Domain: Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm</b></p>																					
<p><b>Selection Reason:</b> Below target</p>																					
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Month	Peterborough (%)	Target (%)																			
Apr	40	85																			
May	55	85																			
Jun	50	85																			
Jul	45	85																			
Aug	48	85																			
Sep	50	85																			

<b>Title: Percentage of safeguarding strategy meetings completed within 5 working days</b>	<b>Current Position</b> This measure is improving although still more than 5% off target.	<b>Improvement Plan</b>																					
<b>Domain: Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm</b>		<ul style="list-style-type: none"> <li>- Detailed exception reporting on reasons for all delays to be considered by the monthly raising the bar meeting</li> </ul>																					
<b>Selection Reason:</b> Below target and deteriorating	<b>Part of the reason for the under performance is around a high volume of alerts being raised by the mental health wards in response to CQC recommendations</b>	<ul style="list-style-type: none"> <li>- Improved recording process and forms to be introduced on 1 November 2013.</li> </ul>																					
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Month	Peterborough (%)	Target (%)																					
Apr	85	85																					
May	75	85																					
Jun	65	85																					
Jul	70	85																					
Aug	75	85																					
Sep	73	85																					

## 6. IMPLICATIONS

- 6.1 This report covers national Adult Social Care Outcome Framework indicators. The report relates to services provided to the whole city.

## 7. CONSULTATION

- 7.1 None.

## 8. NEXT STEPS

- 8.1 Further reporting for 2013/14 will take place quarterly throughout the year.

## 9. BACKGROUND DOCUMENTS

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

- 9.1 None.

## 10. APPENDICES

- 10.1 Appendix One – Quarter 2 Performance Summary



# Performance Report 2013-14 (Quarters 2: July – September 2013)

## Priority 1: Enhancing quality of life for people with care and support needs

### Priority overview:

The department's transformation programme has a central focus on enhancing the quality of life for people, through prevention of dependency on services where possible, but also through enhancing the quality and flexibility of support options available to those who do need them, including those who fund their own care and support.

### Key projects to support this priority:

- Personalisation
- Transforming opportunities for younger adults

### The key objectives of these projects are to:

- deliver planned savings and improved outcomes for customers
- adopt a delivery model that has self-reliance and the promotion of independence at its heart
- focus on prevention activities and targeted early intervention
- deliver a strategy to meet the day opportunity needs of younger people

### Priority headlines:

The Prevention Strategy has been developed

Consultation on the review of day opportunities has commenced

The work to develop a new operating model is underway. There have been a number of staff visioning events and working groups.

### Key priority metrics:

The proportion of people using social care who receive self-directed support via a direct payment

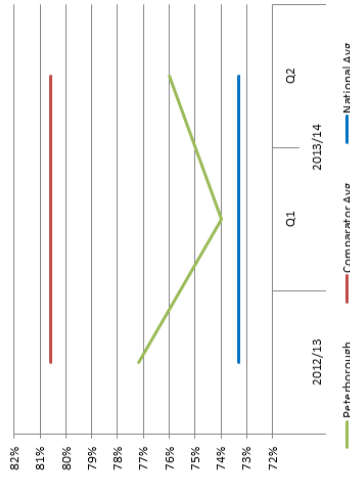
↑	Comparator Av. 14.6%	<b>19% - Green</b>
This has increased in the year but is still an area for focus		

The proportion of adults with a learning disability in paid employment

↑	Comparator Av. 6.3%	<b>7.2% - Green</b>
Those in paid employment at minimum wage or more		

The proportion of adults with a learning disability who live in those own home or with their family

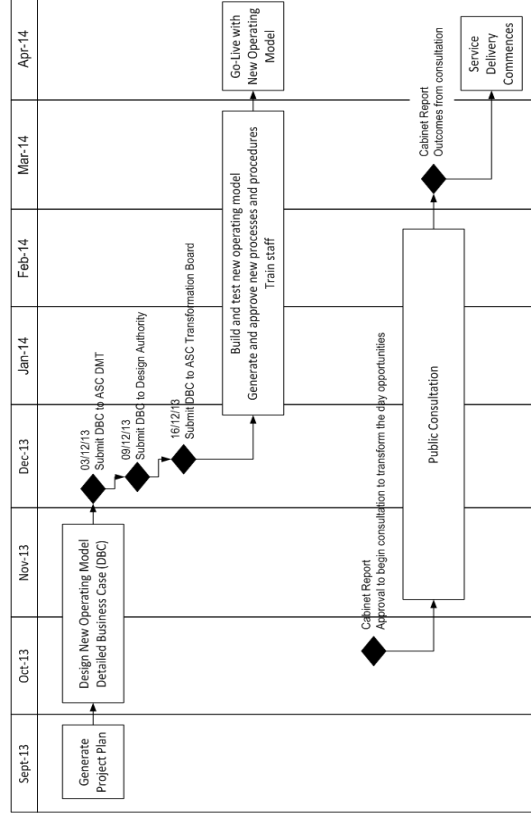
↑	Comparator Av. 80.6%	<b>76% - Amber</b>
See exception report		



Current	Plan
<ul style="list-style-type: none"> <li>• 527 total service users</li> <li>• 108 are in residential care</li> <li>• decrease of 2 in the quarter</li> <li>• do not perform well compared to similar local authorities but better than the national average</li> </ul>	<ul style="list-style-type: none"> <li>• plans to move 40 of these over 5 years</li> <li>• commissioning self-contained flats</li> <li>• no new residential placements made in Q2</li> <li>• Tight control of residential admissions and expansion of non-residential housing options will improve the position by 2015</li> </ul>

### Key priority milestone:

**RAG = GREEN** all milestones on target



Key:

- ↔ - remaining static
- ↑ - improving
- ↓ - deteriorating

- - behind target by more than 5% and / or behind comparator average by more than 5%
- - behind target and / or comparator average but within 5%
- - on target and / or at or better than comparator average

# Performance Report 2013-14 (Quarter 2: July - September 2013)

## Priority 2: Delaying and reducing the need for care and support

### Priority overview:

The need for long term care services can be avoided or delayed by the right kind of support services being introduced at a point of crisis or after key diagnosis such as dementia. Key priorities under this objective include development of reablement services across the health and social care and independent sectors. Implementation of the Dementia Strategy and provision of a Dementia Resource Centre.

### Key projects to support this priority:

- Developing Reablement Services
  - Dementia Strategy and Dementia Resource Centre
- The key objectives of these projects are to:**
- deliver reablement services as part of the prevention strategy
  - provide reablement services at the beginning of the service as a default option for all client groups
  - deliver a dementia strategy which will set out the Council's aims and objectives in relation to improving dementia services.

### Priority headlines:

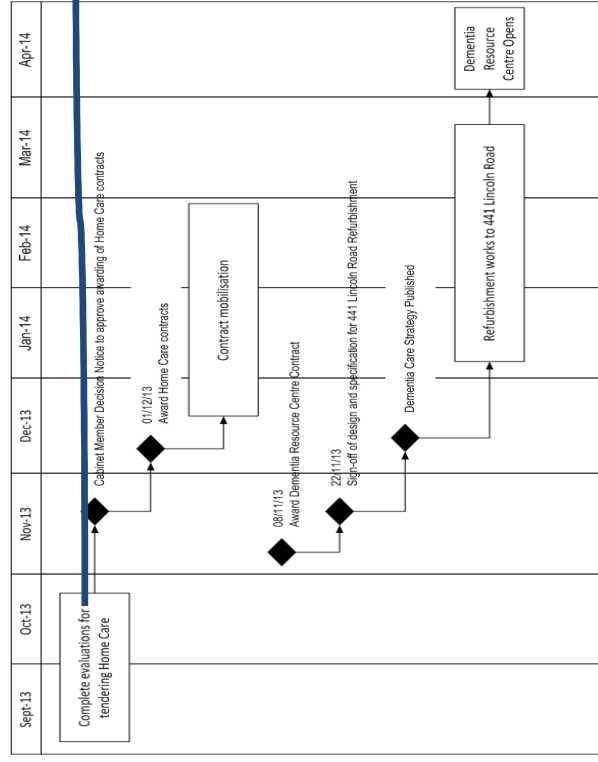
- Contract tenders evaluated for Dementia Resource Centre
- Dementia Strategy drafted and undergoing consultation
- Re-ablement has achieved its savings target of £250,000 and its target of over 60% of people completing the service needing less or no on-going social care services
- We continue to regularly review the 17 transferred residents from Greenwood and Welland House

### Key priority metrics:

Delayed transfer of care from hospital attributable to adult social care	↔	Comparator Av. 4	0 - Green
No delays from hospital for social care reasons	↔		
The proportion of older people who were still at home 91 days after discharge from hospital into rehab / reablement services.	↑	Comparator Av. 80.2%	84% - Green
Outcomes have improved in Quarter 2			
Permanent admissions to residential care homes for older people per 100,000 of the population	↔	Comparator Av. 617.2	327.0 - Green
Numbers remain low			

### Key priority milestone:

RAG = AMBER – some slippage on contract milestones



Current	Retender of contracts (Home Care) for reablement – <b>Milestone Delayed</b>
Plan	working with existing contracted providers to build on capacity new contracts will be awarded by 1 Dec-13

Key:

- ↔ - remaining static
- ↑ - improving
- ↓ - deteriorating

- behind target by more than 5% and / or behind comparator average by more than 5%  
 - behind target and / or comparator average but within 5%  
 - on target and / or at or better than comparator average

# Performance Report 2013-14 (Quarter 2: April – September 2013)

## Priority 3: Ensuring People have a positive experience of care and support

### Priority overview:

As the range of care and support options widen and as more people take up options to support themselves via direct payments and self service, the need for an overview of quality becomes even more important, as does the provision of the right information to inform choice. The quality framework is putting mechanisms in place to enhance our oversight of quality. The Care and Support Directory and the wider Councils customer strategy is key to delivery appropriate information and advice.

### Key projects to support this priority:

- Care Directory
  - Quality Framework
- The key objectives of these projects are to:**
- provide a universal information and advice service to the Council's customers. Including the ability for self-service where this is the customer preference
  - establish quality assurance mechanisms that support quality improvements and identify areas for focus.

### Priority headlines:

- Quality Board established and running with service users and carers driving the agenda
- Standardised leaflet template agreed for all public information
- A range of safeguarding audit and evaluation processes developed, resulting in improved practice

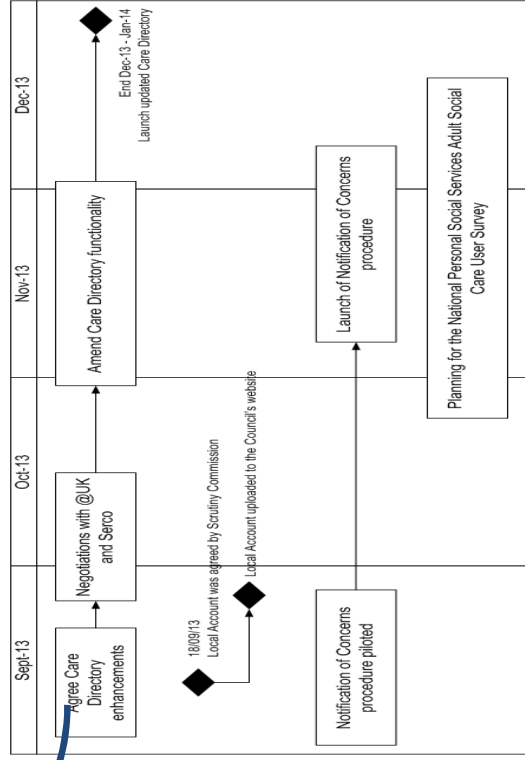
### Key priority metrics:

The percentage of complaints responded to within timescales	
↑ Target 75%	<b>86.7% - Green</b>
13 out of 15 complaints investigated and responded to within best practice timescales.	

Did you feel you had enough information about the reablement services prior to you being seen by them?	
↑ Comparator Av. 80.2%	<b>76%</b>
Baseline – no target yet set	

By working towards your re-ablement goals, do you feel better able to manage your everyday activities?	
<b>New</b> Comparator Av. 61.7.2	<b>76%</b>
Baseline – no target yet set	

### Key priority milestone: RAG = AMBER



Current	Care Directory Improvements – <b>Milestone Delayed</b>
Plan	<ul style="list-style-type: none"> <li>review of care directory in Aug-13 identified some fundamental issues</li> <li>Negotiations undertaken with Serco and supplier (@UK) to determine requirements and agreement reached to improve the directory at no cost to PCC during November.</li> <li>updated care directory planned to go live in Dec-13/Jan-14</li> </ul>

Key:

- ↔ - remaining static
- ↑ - improving
- ↓ - deteriorating
- Red box - behind target by more than 5% and / or behind comparator average by more than 5%
- Yellow box - behind target and / or comparator average but within 5%
- Green box - on target and / or at or better than comparator average

# Performance Report 2013-14 (Quarter 2: April – September 2013)

**Priority: Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm**

## Priority overview:

The Council and the Peterborough Safeguarding Adults Board have responsibility to oversee the safety of health and social care services in the city and prevent and investigate instances of harm occurring to vulnerable adults. Our key focus is improving the timeliness and effectiveness of investigation processes and improving our oversight of potential safeguarding concerns at a wider institutional or organisational level.

## Key projects to support this priority:

- Raising the Bar for safeguarding
- The key objectives of these projects are to:**
- deliver robust performance and quality oversight and management for safeguarding investigations
  - undertake a programme of awareness raising for vulnerable people to lessen the likelihood of isolation through fear of crime and harm through experience of crime

## Priority headlines:

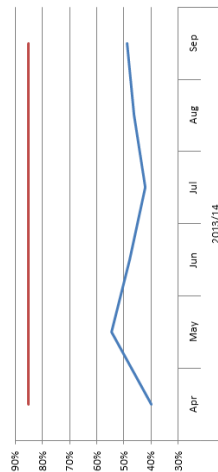
In depth practice training commissioned and started in October for ASC/CPFT staff and key provider managers

Weekly audits of investigations undertaken by department senior management team with team managers now invited

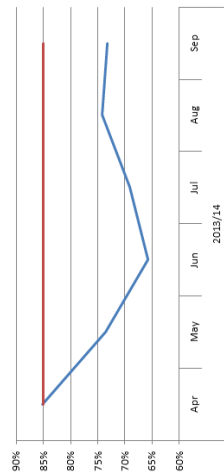
Soft concerns and large scale investigations procedures agreed and will be implemented in Quarter 3

## Key priority metrics:

The percentage of safeguarding investigations completed within 20 working days	Target is 80%	<b>46.2% - Red</b>
See detailed exception report – high is good		
The percentage of strategy meetings and discussions held within 5 working days	Target is 85%	<b>74.2% - Red</b>
See detailed exception report – high is good		
The percentage of re-referrals for safeguarding investigation	Baseline year – 12% (2012-13)	<b>26.4%</b>
Low is good. Comparator 13%		

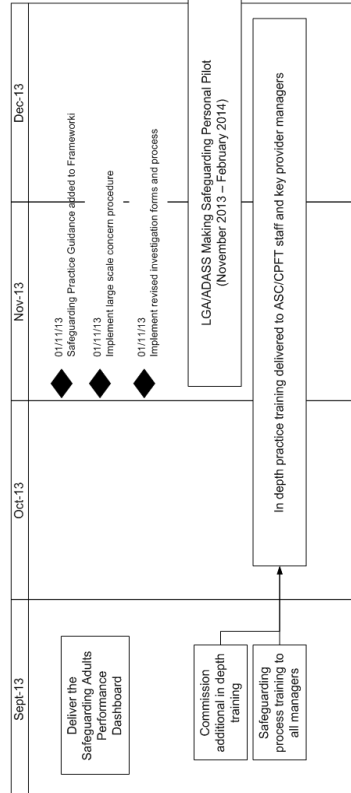


- delays due to recording issues, criminal investigations and other agencies undertaking investigations
- improved reporting and recording processes



- improving, but high volume of alerts raised by the MH wards in response to CQC recommendations
- improved reporting and recording processes, and new thresholds for referrals from MH Trust wards

## Key priority milestone:



- Implementation of large scale concern procedure – Milestone Delayed**
- agree to slip go live to allow the more robust recording system to be introduced into procedure
  - Will go live alongside new recording procedure and forms 1 Nov-13
- Implementation of revised investigation forms and process – Milestone Delayed**
- Some amendments identified as being required via training
  - continued weekly audits to oversee current quality and address issues identified
  - 1 November full go live for new process and forms

Key:

- ↔ - remaining static
- ↑ - improving
- ↓ - deteriorating

- Red - behind target by more than 5% and / or behind comparator average by more than 5%
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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

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

Contact Officer(s) – Tina Hornsby – Assistant Director Quality, Information and Performance  
Contact Details – 01733 452427, [tina.hornsby@peterborough.gov.uk](mailto:tina.hornsby@peterborough.gov.uk)

### **PETERBOROUGH SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2012/2013**

#### **1. PURPOSE**

- 1.1 This report is being presented to evidence the achievements of the Safeguarding Adults Board and developments in the field of safeguarding adults during 2012/2013

#### **2. RECOMMENDATIONS**

- 2.1 That committee adopts this report and agrees to its publication

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

- 3.1 This report links to Priority 1 Creating Opportunities, outcome 2 Supporting Vulnerable people.

#### **4. BACKGROUND**

- 4.1 Publication of an annual report is a requirement of the Safeguarding Adults Board in order to demonstrate activity and achievements as well as documenting future work plans.
- 4.2 The Annual Report was agreed by the Peterborough Safeguarding Adults Board in September 2013 and is attached at Appendix 1.

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

- 5.1 The Peterborough Safeguarding Adults Board has a work plan to deliver on the following three priority areas:

- Effective safeguarding policies and procedures and governance
- Improved responses to safeguarding concerns
- Increased access and involvement.

The report is a summary of all work undertaken by the partner members on the Board in these priority areas. At the end of each section priorities are shown as agreed by the Board for the current year, 2013/14.

- 5.2 To inform the Annual report each member organisation provided a report which have been published as a supporting document. This can be found at <http://www.peterborough.gov.uk/pdf/HealthAndSocialCare-ASC-Safeguarding-Board-MembersCommentary2012-13.pdf>

**6. IMPLICATIONS**

- 6.1 It is a requirement for the Safeguarding Adults Board to publish an annual report to ensure transparency in how it safeguards vulnerable adults across the city.

**7. CONSULTATION**

- 7.1 The annual report has commentary from all key partners.

**8. NEXT STEPS**

- 8.1 Scrutiny commission will receive updates on safeguarding within the quarterly performance reports from Adult Social Care.

**9. BACKGROUND DOCUMENTS**

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

- 9.1 None.

**10. APPENDICES**

- 10.1 Appendix One – Peterborough Safeguarding Adults Board Annual Report 2012/13



# **Peterborough Safeguarding Adults Board**

## **Annual Report 2012—2013**

**Working together to stop abuse**



# The Peterborough Safeguarding Adults Board Annual Report 2012-13

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## Introduction

It is my pleasure to introduce the Peterborough Safeguarding Adults Board's 2012-13 Annual report. The aim of the report is to capture the difference we made in 2012/13, set against the priorities we had identified in our business plan, together with the challenges we still face.

Once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership. Nevertheless, I think that we have made considerable progress and that the Board is now more confident about the important role it plays in overseeing adult safeguarding work across Peterborough. This is especially important now that the Government has confirmed that Safeguarding Adults Boards will become statutory bodies with the implementation of its long awaited Care Bill.

We have also maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across council boundaries.

I should like to thank all those colleagues who have worked so hard to promote and improve our approach to safeguarding over the last year

Felicity Schofield  
Independent Chair  
September 2013

## **Background**

Adult Safeguarding is governed by the statutory guidance “No Secrets” issued by the Department of Health in 2000, which gave Social Services lead responsibility to co-ordinate the development of the local multi agency framework, policies and procedures. Every statutory agency is expected to work in partnership with all agencies involved in the public, voluntary and private sectors to safeguard adults at risk of abuse from abuse. Additional legislation, for example the Mental Capacity Act 2005 and the Safeguarding Vulnerable Groups Act 2006, have addressed different aspects of adult abuse. These have recognised that abuse occurs in a range of settings, is perpetrated by a range of people and that it must be made clear that this is not acceptable.

The Role of the Peterborough Safeguarding Adults Board:

- To ensure the safeguarding of adults at risk in Peterborough, to prevent abuse and neglect happening within the community and in service settings.
- To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of vulnerable adults to enable their wellbeing and safety.
- To promote, inform and support the work to safeguard adults in Peterborough across all the partnership agencies.
- To develop Peterborough’s strategic safeguarding policies, and ensure the inclusion of these policies in all agencies strategy documents and plans.

## **Members**

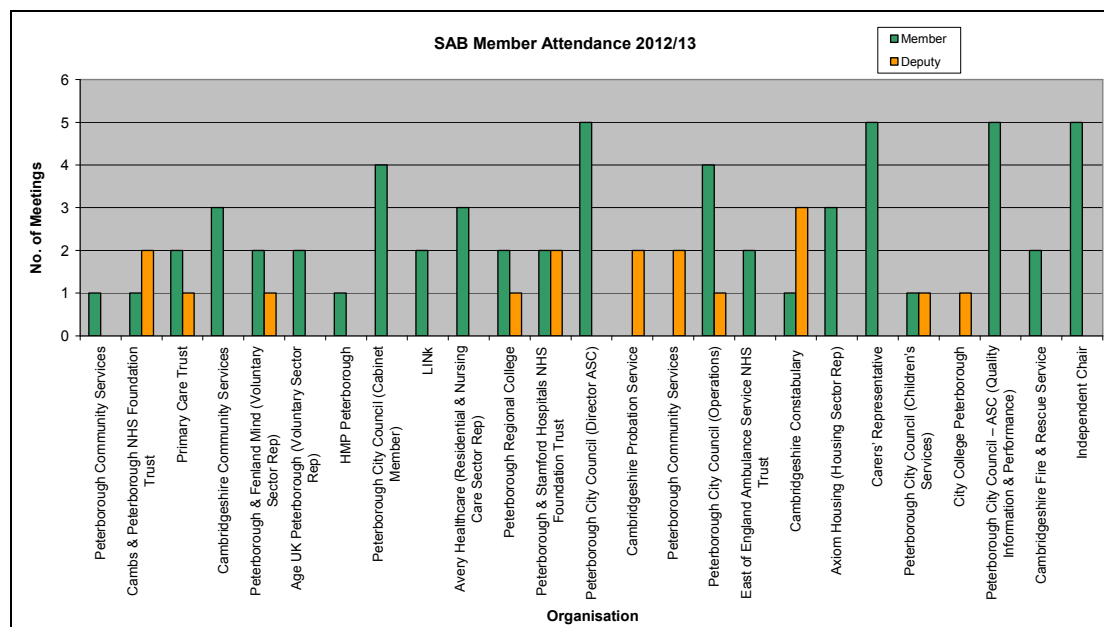
The Board has representation from the following organisations:

- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Community Services
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- Carers Partnership Board
- East of England Ambulance Service NHS Trust
- Independent Providers
- NHS Cambridgeshire and Peterborough Clinical Commissioning Group
- HMP Peterborough
- LinK
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough City Council (representation from Adult Social Care, Community Safety, Children’s Services and including the lead member for adult services)
- Peterborough City College
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Age UK and Mind)
- Probation Service

For further information about the work undertaken by member organisations across the partnership in 2012/13, please refer to the “Peterborough Safeguarding Adults Board Members Commentary” document.

## Attendance at Meetings

Detailed below is a chart which shows board members attendance over the year 2012-13



## How the Board Operates

The Peterborough Safeguarding Adults Board is well established and provides the strategic leadership for safeguarding adults work locally. The Board’s approach to safeguarding is based on promoting dignity and respect, helping all people to feel safe and making sure safeguarding is everyone’s business

In 2012-13 Adult Social Care continued to restructure as its responsibilities transferred back to the Local Authority from Peterborough Community Services and the Primary Care Trust. There was continued health reorganisation during 2012-13 and considerable work was undertaken to prepare for April 2013, when the Primary Care Trusts were replaced by GP led Clinical Commissioning Groups (CCG’s), together with a Local Commissioning Group (LCG). Against this backdrop the Safeguarding Adults Board continued to provide the strategic leadership for the adult safeguarding agenda.

The Board is supported by three sub-groups:

- Quality and Performance Sub-Group
- Training Sub-Group
- Serious Case review Sub-Group

The Board monitored its progress for 2012/13 against the three priorities identified in its business plan:

- Priority Area 1 - Effective safeguarding policies procedures and governance
- Priority Area 2 – Improved response to safeguarding concerns
- Priority Area 3 – Increased access and involvement.

Having identified significant failings in safeguarding performance during 2011-12 the Board had a particular focus during 2012-13 on setting up the systems and structures to ensure that system wide improvements could be made and tracked. This report reflects the work undertaken which will allow significant performance improvement to be achieved across the system during 2013-14.



## **Priority Area 1 – Effective Safeguarding Policies, Procedures and Governance.**

### **Multi Agency Safeguarding Adults Policy and Procedures**

In April 2012 the Safeguarding Adults Board developed an interim set of Multi Agency Safeguarding Policy and Procedures which were formally adopted by the Safeguarding Adults Board in March 2013. These were based on the pan London procedures which are recognised as the 'gold standard' in terms of safeguarding policy and procedures.

In November 2012 the regional Directors of Adult Social Services (ADASS) commissioned a review of the Adult Safeguarding policy and procedures currently in use across the region. The review identified that Peterborough's interim policy and procedures are detailed and thorough, providing good information on supporting the adult at risk of abuse, risk assessment and the role of the NHS in safeguarding.

In March 2013 the Safeguarding Adults Board made a decision to end the interim status and formally adopt its Safeguarding Adults Safeguarding Policy and Procedures.

The Board is still committed to ensuring that where possible, future policy and procedural developments are undertaken in conjunction with Cambridgeshire County Council and the decision to have joint Multi-Agency Safeguarding Policy and Procedures will be best made after implementation of the new Care and Support Bill.

In October the Safeguarding Adults Board approved a joint protocol for Investigating Serious Incidents and safeguarding adult cases. This protocol provides guidance for health partners about their responsibilities and role in cases where there is an overlap between a Serious Incident and safeguarding investigation.

### **Deprivation of Liberty Safeguards**

In the period 1 April 2012 to 31 March 2013, Peterborough City Council's Deprivation of Liberty Safeguards (DOLS) team received 17 requests for DOLS authorisation, relating to 13 cases. 14 of these were submitted following the granting of urgent authorisation by the managing authority, with only 3 being standard requests. All three cases of standard requests were follow-on requests after the expiry of an existing one initiated via the urgent authorisation process.

12 requests came from hospital settings (either acute or psychiatric inpatient wards) compared to 5 from care homes.

It was identified that in comparison to the national average and our comparator authorities the number of Deprivation of Liberty Safeguard referrals in Peterborough was low. Of particular concern was the low number of referral requests received from the Peterborough care home providers. One of the key challenges for the year ahead is looking at improving awareness and application of the Mental Capacity Act and Deprivation of Liberty Safeguards across the care sector in Peterborough, particularly in relation to care home settings.

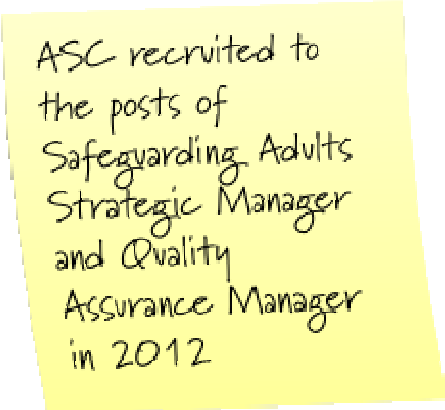
Addressing this has commenced with a day-long MCA and DOLS conference in March 2013 for all managing authorities and relevant practitioners. Further work will take place during 2013-14 supported by the recruitment of a dedicated MCA and DOLS lead with the Council's Adult Social Care function.

## **PSAB Sub Groups**

### **Quality and Performance Sub Group**

April 2012 saw the creation of the Safeguarding Adults Quality and Performance Sub Group. Membership of the group is open to all organisations who are represented on the Peterborough Safeguarding Adults Board. The purpose of The Quality and Performance Sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.
- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB



ASC recruited to the posts of Safeguarding Adults Strategic Manager and Quality Assurance Manager in 2012

### **Highlight achievements**

- The sub-group had oversight of and was a driving factor in the development of a safeguarding adults case file audit
- The sub-group began work on the development of a Safeguarding Performance Management framework
- Undertook a review of the cases in relation to the safeguarding adults best practice timescales

## **Training Sub Group**

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding. To ensure that those who respond to and investigate safeguarding concerns are always well trained.

## **Highlight Achievements**

- The Training sub group identified an issue whereby a high percentage of attendees on safeguarding training were unable to achieve a pass mark due to language difficulties. Work was undertaken by the Council's Contract team to investigate recruitment practices and measures to improve practice
- Developed a Training Strategy for 2013-14
- Established a Practice Guidance Task and Finish Group
- Undertook an audit of the independent provider safeguarding training evaluate training against the Association of Directors for Adult Social Services (ADASS) training standards

## **Serious Case Review (SCR) Sub Group**

The purpose of the Sub Group is to consider referrals made to the group which either meet the criteria for a serious case review or which might result in lessons learned for partnership working if examined in detail.

The Serious Case Review subgroup is chaired by the independent chair of the Safeguarding Adults Board and comprises of senior managers from all the statutory agencies.

For the year 2012-13 no Serious Case Reviews were undertaken. Following receipt of a referral in June 2012 however, the Peterborough Safeguarding Adults Board Serious Case Review subgroup commissioned a multi agency review into a case where an elderly man had sadly died from sepsis due to pressure sores.

The sub group considered that whilst the criteria for a serious case review appeared to be met, it would be more appropriate to commission a multi-agency review which focused primarily on what has changed and what still needs to change.

The reason for this approach was due to the length of time which had elapsed since the death of the adult at risk together with the degree of organisational change that had taken place during that time.

The review was still ongoing at the end of March 2013 and will be reported in the next financial year. The review will result in an action plan which will need to be agreed by the Peterborough Safeguarding Adults Board.

The review is expected to highlight areas of improvement for partnership working, including development of practice guidance around pressure sores



and a process for recording and communicating concerns about care providers.

### **Effective Safeguarding Policies, Procedures and Governance - Our priorities for next year**

- Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews
- Review and agree funding arrangements for the Safeguarding Adults Board
- Develop a Performance Management Framework
- Develop quality assurance of safeguarding adults work
- Improve awareness of MCA and DOL's in care home settings



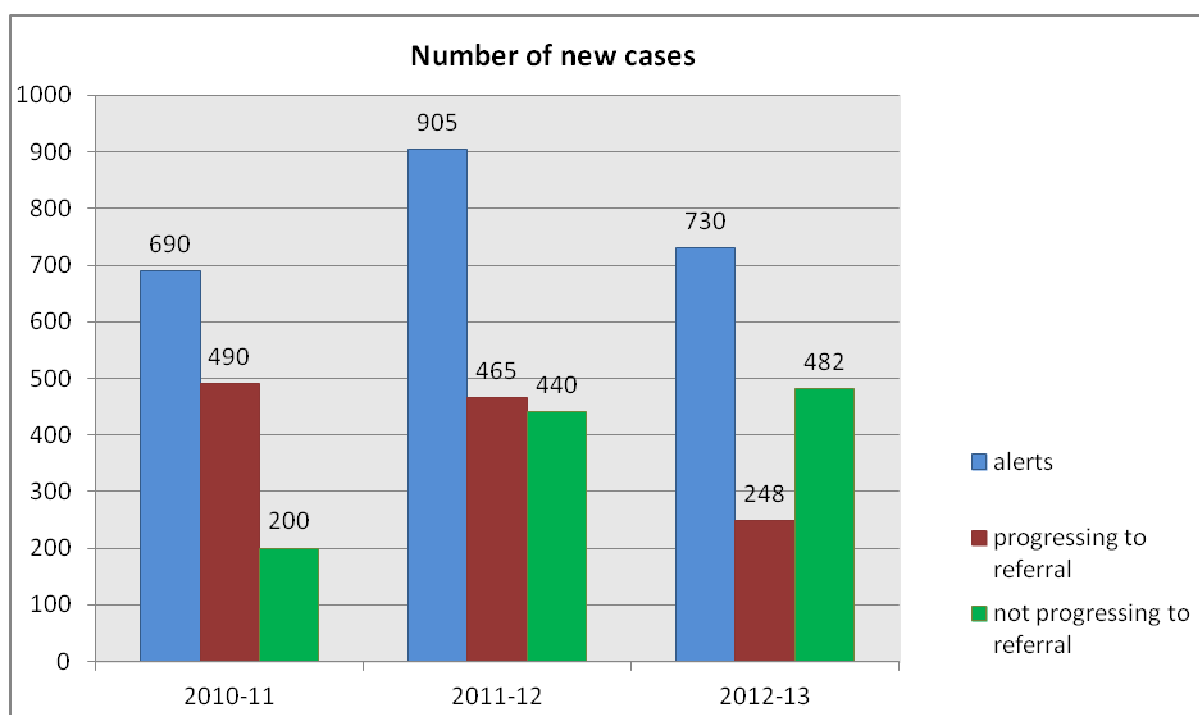


## Priority Area 2 – Improve response to safeguarding concerns.

### Safeguarding Adults Activity 2012-13

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised. Too many alerts can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few alerts can be evidence of a lack of awareness of adults at risk. The conversion rate of alerts to referrals should give an indication of the appropriateness of the alerts received.

**Figure 1: Number of New Cases**



For 2012-13 there has been a 19% decrease in the number of safeguarding alerts compared to the previous year. More significantly there has been a 47% decrease in the number of alerts which met the safeguarding adult's criteria and progressed to investigation when compared to the previous year. It is felt that this could be due to how performance information was being captured and threshold decisions applied prior to Adult Social Care returning to the Local Authority.

CPFT have increased the numbers of staff who have been trained to coordinate safeguarding adult investigations

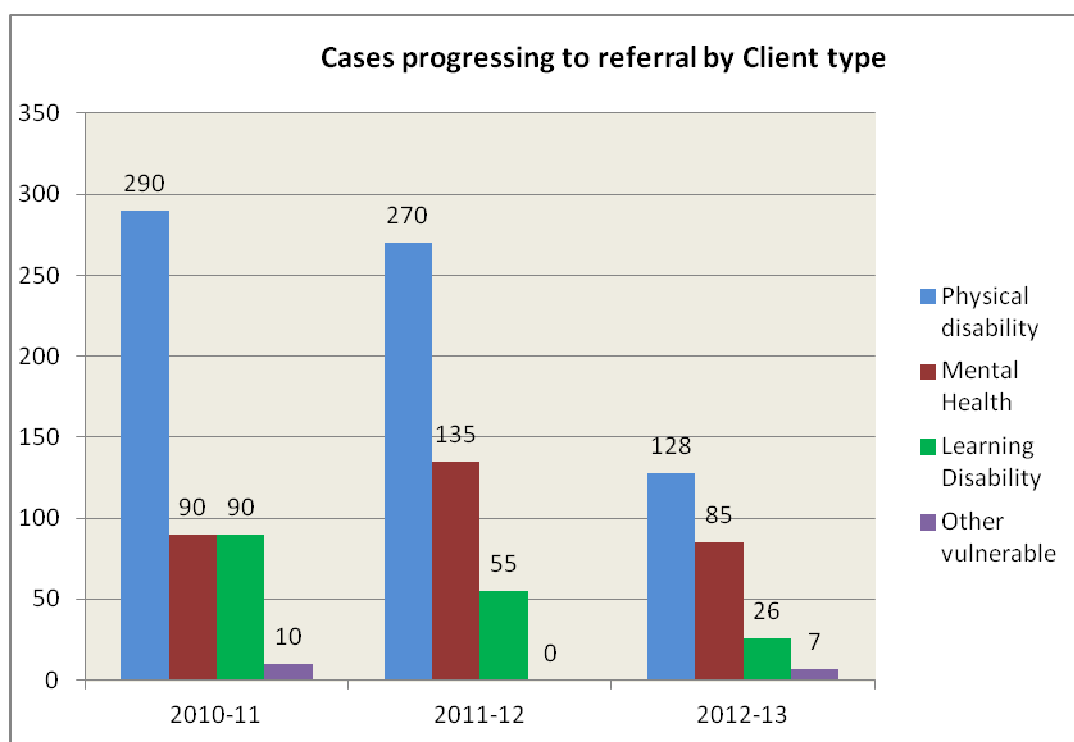
Whilst awareness of safeguarding adults has improved significantly the fact that so many alerts do not progress indicates that further work is required around improving knowledge and understanding within the locality around safeguarding adult's criteria and thresholds.

This is an area of work that the Safeguarding Adults Board will try to progress next year and echoes the Association of Directors for Adult Social Services briefing note (March 2013) in advocating for the implementation of safeguarding adult thresholds

	Alerts per 100,000 of the population	Referrals per 100,000 of the population
Peterborough	460	190
CIPFA Comparators	460	210
England	430	230

When we compare Peterborough with other similar Councils we can see that our alert rate is similar but our referral rate is lower. During 2013/14 we must make it a priority to monitor both our referral rates and decision making around progressing alerts to referrals, so that we can better understand the reasons for the lower referral rate.

**Figure 2: Cases Progressing to Referral by Service User Group**



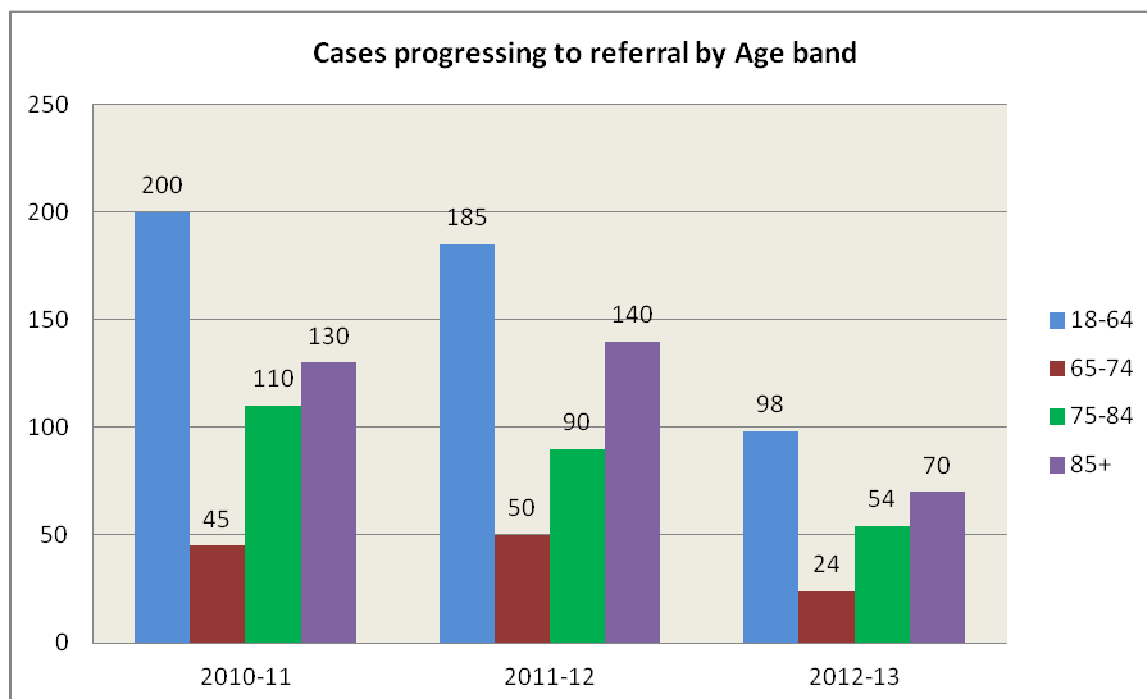
In 2012 PSHFT won a regional award for patient involvement based on work undertaken with people with learning disabilities.

The above graph shows that the majority of cases that are investigated under the safeguarding procedures relate to the physical disability client group. This category includes people with a sensory disability and also older people (65 years and over). Adults with mental health problems are the second highest primary group and account for 34% of all

safeguarding referrals whilst people who have a learning disability account for only 10%.

Peterborough is showing as having approximately 10% more safeguarding cases for people with mental health problems and approximately 10% less Learning Disability cases when compared to our CIPFA comparators and the average for England. Referral and investigation processes in relation to Learning Disability should be a focus for overview in 2013/14 to understand the reasons for the lower rates.

**Figure 3: Cases progressing to referral by Age band**



People aged 65 years or over account for combined 66% of all safeguarding referrals. Peterborough's data in terms of distribution of referrals by age is reasonably consistent when compared with CIPFA comparators and the rest of England as a whole.

The data indicates that as someone increases in age then they are more likely to be at risk of experiencing abuse. People who are aged 85+ appear to be at most risk of abuse. This client group only represents 2%\* of Peterborough's total population yet over the last three years they have accounted for a significant proportion of all safeguarding adult referrals dealt with. Referrals are broadly in line with demography in relation to ethnicity.

\*Based on the 2011 ONS mid year population estimates for Peterborough.

**Figure 4: Source of referral**

<b>Referrals by source</b>			
	2010-11	2011-12	2012-13
Social care Staff	43%	36%	30%
Health	22%	29%	35%
Self referral	1%	2%	4%
Family member	6%	8%	8%
Friend/neighbour	1%	2%	2%
Other client	0%	0%	0%
CQC	0%	1%	0%
Housing	3%	3%	3%
Education/workplace	0%	0%	0%
Police	5%	5%	4%
Other	19%	13%	14%
<b>totals</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

The CCGs have a safeguarding team to offer expert clinical advice and guidance on all matters relating to safeguarding adults

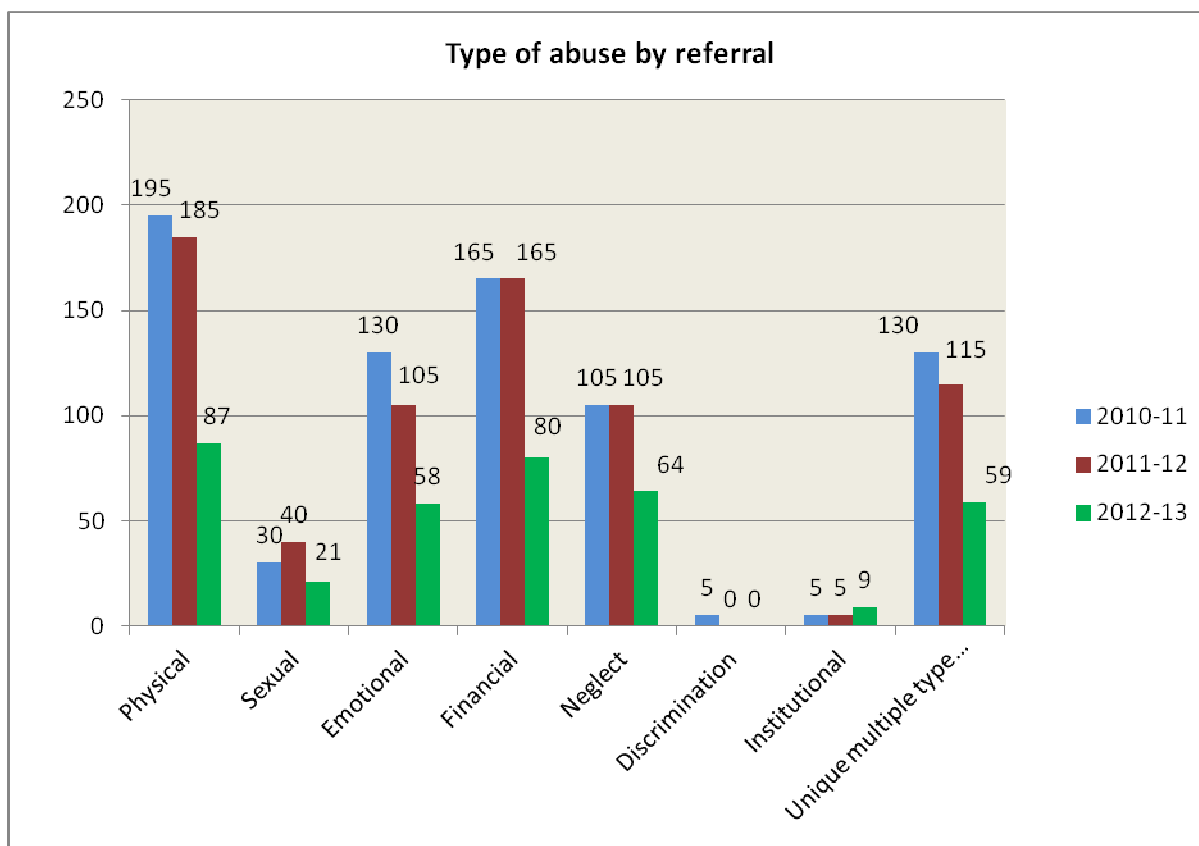
There has been a significant increase (6%) in the percentage of safeguarding referrals received from health staff and a 6% reduction in referrals from social care staff for the year 2012-13. Previously social care staff have accounted for the majority of referral sources, however this change could indicate that there has been improved awareness within our health care partners and indicates good partnership working.

There continues to be an increase year on year in the number of self referrals received. The percentage of referrals received from family members has remained constant at 8%. This is re-assuring as it indicates that there is a good level of awareness within the community and suggests that there has been an improvement in service user's knowledge about how to make a safeguarding referral.

\*The source of referral described as Social Care includes referrals received from social care workers, all social care providers including domiciliary and residential care.

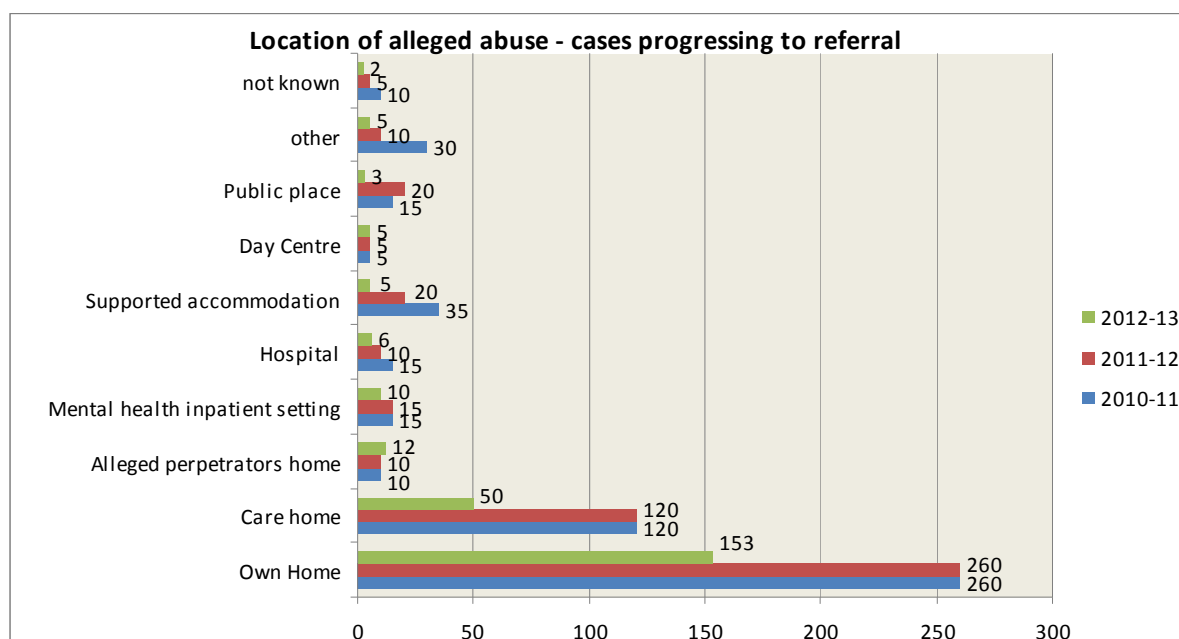
\*The source of referral described as Health care staff include all people employed by health and includes hospital staff, mental health and learning disability services, GP's and the ambulance service.

**Figure 5: Abuse Type**



There has been some change in the type of abuse being reported. Physical and financial abuse continues to be the most common, but referrals for neglect are now the third largest group. This is likely to be due to the awareness raising locally and nationally around pressure sores and institutional neglect.

**Figure 6: Location of alleged abuse**



Cambridgeshire Police have set up a group with partner agencies to look at the response to allegations of abuse in people's own homes

The most common locations for alleged abuse are the victims own home (61%) or a care home setting (20%). There are relatively few from mental health inpatient or hospital settings, although the Peterborough and Stamford Hospitals Foundation Trust report the number of internal investigations investigated by them to be at 25 which is higher than those recorded above.

**Figure 7: Outcome of completed referrals for alleged perpetrator**

<b>Outcome of completed referral for alleged perpetrator</b>			
	2010-11	2011-12	2012-13
Criminal prosecution	0	5	6
Police action	10	25	23
community care assessment	5	10	8
Removal from property or service	5	10	12
Management of access to vulnerable adult	5	10	6
Referred to PoVa list	0	5	4
Referral to registration body	0	0	4
Disciplinary action	5	10	7
Action by CQC	5	5	3
Continued monitoring	45	110	103
Counselling/training	5	10	6
Referral to MAPPA	0	0	1
Action under mental health act	0	0	1
Action by contract compliance	0	5	3
Exoneration	5	20	11
No further action	75	120	94
Not known	285	5	9
Totals	450	350	301

The above chart details the outcome of referrals with regards to the person allegedly causing the harm. As detailed the most common outcome prevalent is that of Continued Monitoring which featured in 103 of the cases that were investigated. This accounts for 41% of the total safeguarding cases.

Cambridgeshire Police have a designated Safeguarding Adults Coordinator within their central referral unit

The next highest outcome is that where it is recorded that the safeguarding investigation ended in No Further Action (94 cases) which accounts for 38% of safeguarding referrals received. A high number of safeguarding cases ending with No Further Action may indicate that improvements may need to be made in our safeguarding responses.

The Association of Directors for Adult Social Services briefing guidance (March 2013) highlights the need for Safeguarding Adult Boards to improve outcomes for Service Users. As such, a key piece of work for the Board is to have greater reassurance over safeguarding outcomes in particular those ending with No Further Action or Increased Monitoring recorded as the only outcome.

**Figure 8: Outcome of completed referral for the adult at risk**

Outcome of completed referral for the adult at risk			
	2010-11	2011-12	2012-13
Increased monitoring	70	150	135
Vulnerable adult removed from property	5	5	6
Community care assessment & services	15	25	30
Civil action	0	0	1
Application to change appointeeship	0	5	3
Referral to counselling/training	0	5	3
Moved increased/different care	5	15	9
Management access to finances	10	5	7
Guardianship/use mental health act	0	0	1
Restriction access to alleged perpetrator	5	20	16
Referral to MARAC	0	0	3
Other	25	15	22
No further action	310	100	44
<b>totals</b>	<b>445</b>	<b>345</b>	<b>280</b>

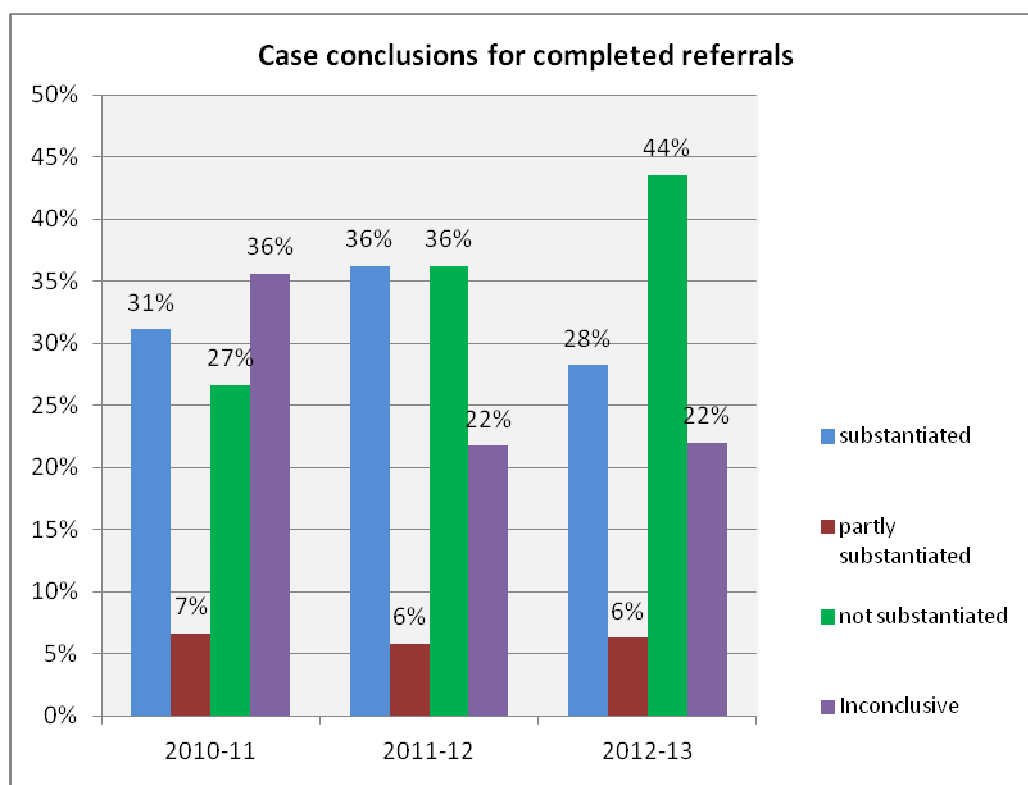
The above table details the outcome of the safeguarding process for the Adult at Risk of Abuse.

The table shows that in the vast majority of cases the most prevalent outcome was that of Increased Monitoring which was a recorded outcome in 54% of referrals. The outcome of No Further Action was recorded against 18% of safeguarding cases whilst in 13% of cases the Service Users needs were re-assessed as a result of the safeguarding investigation.

With the advent of an e-learning programme CPFT could evidence that 96% of staff have completed adult safeguarding training.

The high number of cases resulting in Increased Monitoring and No Further Action may be due to the number of cases where the allegation was concluded as being Not Substantiated. As detailed previously it is important that outcomes improve for Service Users and the Safeguarding Adults Board is committed to continuously improving the safeguarding response and outcomes for individuals.

**Figure 9: Case conclusion**



The above chart details the end conclusion of safeguarding referrals received for the year 2012-13.

Cases which were concluded as Not Substantiated account for a 44% of all safeguarding adult cases. This is an 8% increase on the previous year. The increase in cases which were concluded as Not Substantiated again may indicate that there are issues with safeguarding adult thresholds and the decision to implement the procedures at the point of referral. Peterborough has 10% more cases concluded as Not Substantiated compared to our CIPFA comparators and 8% more cases compared to England as a whole.

There has been an 8% drop in the number of cases which were Substantiated. This is possibly due to the delays in investigations at the early part of the year, when the backlog in investigations was identified and cleared. Investigations in a timely manner are more likely to result in improved evidence gathering.

There is still a significant percentage of cases (22%) which ended as Inconclusive. Further work is needed to establish why these cases could not be determined as substantiated or not substantiated and may indicate that there are issues regarding the robustness of the safeguarding investigation.

*ASC created two Safeguarding Adult Lead Practitioners posts to enhance safeguarding expertise and support to frontline staff*



## Safeguarding Adults Training Report April 2012 – March 2013

Identification and response to safeguarding concerns are dependent upon knowledge, understanding and awareness of all agencies. The Safeguarding Adults Board has an agreed training plan to enhance this.

During 2012-13 Peterborough City Councils Workforce Development Team delivered its multi-agency training programme, to support the safeguarding agenda across partner agencies. The main focus of the training programme for 2012-13 was ensuring that staff were confident in using the new Peterborough Safeguarding Adults Board Multi-Agency Policy and Procedures.

Detailed below is a summary of the training provided and numbers of places available and numbers of attendance. There were a large number of places on the Basic Awareness Enhanced training courses that remained unfilled. Poor awareness around definitions of abuse and the safeguarding adults' criteria may offer some explanation why only 44% of alerts received go onto investigation.

Course	Places	Allocated	Unfilled
Mental Capacity Act Awareness	340	301	39
Safeguarding Adults Basic Awareness	610	494	116
Safeguarding Adults Enhanced	180	93	87
Deprivation of Liberty Awareness	210	142	68
Leading Safeguarding investigations	72	26	46
Case Conference & Protection Plans	72	53	19

Take up of DOLS training remains poor and so does take up of Leading Investigations training. There were also a significant number of unfilled places on the Case Conference and Protection Plan training.

Peterborough and Stamford Hospital Foundation Trust provide all of their own mandatory training for their staff. Work needs to be undertaken by the Board to ensure that providers and other agencies are ensuring that their staff receive adequate safeguarding adults and MCA/DOLS training.

### **Improve Response to Safeguarding Concerns – Our Priorities for next year**

- Ensure thresholds for safeguarding referrals are better understood.
- Strengthen response to referrers of safeguarding concerns.
- Provide training for all managers to enhance their skills in leading investigations
- Improve outcomes for service users
- Ensure an increase in take up of training provided

### Priority Area 3 – Increased access and involvement.

In 2012-13 work began in looking at how to improve involvement from service users and their families in the safeguarding process. The Quality and Performance Sub group began work on looking at capturing service user feedback on the safeguarding process. Service user and family involvement was also considered as part of the Safeguarding Adults case file audit which will allow assessment of how well service users are being involved in the safeguarding process.

The Carers Partnership Board have made sure that safeguarding adults is central to their strategy in relation to both the carer and the cared for. There are plans in place to look at raising awareness and developing safeguarding services for carers, including ensuring that those they care for are kept safe, and that carers can carry out their role without anxiety about their personal safety.

The Carers Partnership arranged delivery of safeguarding training to 45 carers at the carers Bi-annual event 2012

In early 2013 work was undertaken on the Adult Social Care Safeguarding Adults website to ensure that information was up to date and relevant. Updating of the website will continue into the following year.

Alongside developing the website work also began on reviewing the Safeguarding Board's publications and a new safeguarding leaflet and poster are being updated and redesigned. When completed these will be made public providing people with accessible information on how to recognise and report abuse.

In June Adult Social Care workforce development team delivered a talk to the Pensioners Association. The presentation included information on the definitions of who is an adult at risk, identifying abuse and neglect and how to raise a safeguarding concern. A similar session was also held for the Peterborough Neighbourhood Champions in October.

## **Winterbourne Review**

The Board received reports on the progress of implementing the learning from Winterbourne View. The Winterbourne review recognises that choice and empowerment is needed to prevent institutional abuse, and that secure hospital settings are not the correct settings to foster this. In Peterborough Work is underway in reviewing, planning person centred support and the subsequent resettlement of people indentified in secure setting placements outside Peterborough

### **Increased Access and Involvement – Our Priorities for next year**

- Continue to develop the Safeguarding Adults website.
- Continue to review our safeguarding publications and launch our new 'Stop Abuse' poster and leaflet.
- Ensure that contract management processes are reviewed ensuring service users are safeguarded.
- Establish a system for sharing concerns about care providers.
- Continue Progress to ensure the Government's action plan on Winterbourne View is implemented.



East of England Ambulance Service



NHS Trust

Cambridgeshire Community Services



NHS Trust

PETERBOROUGH



CITY COUNCIL



## Cambridgeshire and Peterborough Clinical Commissioning Group

Peterborough and Stamford Hospitals

NHS Foundation Trust



CAMBRIDGESHIRE  
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Part of the fire and rescue authority for Cambridgeshire

If you require any further information please contact:

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Telephone: 01733 452434

Or visit our website: [www.peterborough.gov.uk/safeguardingadults](http://www.peterborough.gov.uk/safeguardingadults)



Creating a safer  
Cambridgeshire



*mind*  
for better mental health  
Peterborough  
and Fenland

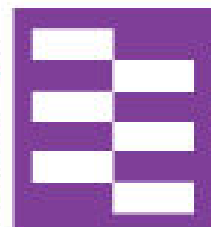


City College  
Peterborough

Working together, learning together



Cambridgeshire  
& Peterborough  
Probation Trust



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Director of Public Health**

**Contact Officer(s) – Sue Mitchell**  
**Contact Details - 207173**

### **PUBLIC HEALTH**

#### **1. PURPOSE**

- 1.1 This report provides the Commission with an overview of progress in relation to the transfer of Public Health which transferred to the council in April 2013. The report refers to the Public Health Business Plan 2013.

#### **2. RECOMMENDATIONS**

- 2.1 The Commission is asked to note the information provided within the report at Appendix 1.

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

- 3.1 This report links to the SCS priority: Creating opportunities, tackling inequalities

#### **4. BACKGROUND**

- 4.1 Local authorities (LAs) now have the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, working together with health services to ensure the effective promotion of population health. Local political leadership will be central to making this work. The NHS will continue to play a full role in providing care, tackling health inequalities and ensuring every clinical contact counts.
- 4.2 Through its new duty to promote and protect the health of the population, and through providing public health healthcare advice to NHS Commissioners, the City Council is taking on a major strategic and visionary leading role in influencing and direct decision-making concerning health, healthcare and wellbeing in the city.
- 4.3 A summary of the Public Health Outcomes Framework is attached at Appendix A. This provides some context in terms of the broad range of Public Health Outcomes that could be explored in greater depth by the Commission. At Appendix B we have attempted to utilise a high level template to provide a snapshot of the progress against group of indicators.
- 4.4 The 2013 Health Profile for Peterborough is attached as Appendix C. This nationally produced profile provides high level commentary on some key areas and is designed to help local government and health services understand their community's needs so that they can work to improve people's health and reduce inequalities.

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

- 5.1 In this first year following transition of the majority of Public Health roles and responsibilities, it is essential that key issues are identified and resolved in order to deliver on the health outcomes needed to reduce health inequalities. Therefore we have identified a vision and objectives that focus in on some of the key priorities locally. The table below gives a short update on progress against these objectives:

5.2 Our vision is: to enable the Council to reduce health inequalities in Peterborough through the successful integration and delivery of Public Health.

Strategic Objective	Progress
1. Successful integration of commissioning functions into the corporate commissioning model	During the first six months of the year two major areas of commissioning have been transferred into Children's Directorate in preparation for the full integration of commissioning responsibilities within a new commissioning directorate. These areas are: contraceptive and sexual health; 5-19 Healthy Child Programme. These areas alone amount to over £2.5 million.
2. Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement	This pathway has been designed in collaboration with commissioners, service providers and service users. The procurement exercise will commence in December of this year.
3. Work with commissioning partners to develop and agree a commissioning framework for children's health services	This work has progressed significantly, however due to the complexities of aligning commissioning plans across four commissioning bodies it was agreed that a comprehensive re-commissioning process will be implemented across Peterborough and Cambridgeshire during 2014/15. The work to further develop a joint commissioning framework will continue as part of the government's integration strategy.
4. Develop and implement a Healthy Lives Strategy which will include: <ul style="list-style-type: none"> <li>• Delivery through the Neighbourhoods function;</li> <li>• Healthy Weight Strategy</li> <li>• Tobacco Control Strategy</li> <li>• Localising the PH Responsibility Deal</li> </ul>	Delivery of the live Healthy Services within the Neighbourhoods Directorate has been fully implemented resulting in some excellent pieces of joint work, particularly for example in relation to licensing applications involving alcohol.
5. Refresh of the Joint Strategic Needs Assessment (JSNA), focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.	The refresh of the JSNA has commenced. A pilot project utilising infographics is underway, the aim is to bring together a visual interactive picture of health and the wider determinants of health, enabling far greater access to this data than has been the case to date. The results will be shared widely and made available both to commissioners and the public. The pilot project is focussing on children and young people. The project will run for four months, ending in January 2014.
6. Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke,	This work is being channelled through the Clinical Commissioning Group's Coronary Heart Disease Board
7. We will ensure that there is a specific focus on improving access to public health services for vulnerable people, including Looked after Children and people with learning disabilities.	There is now PH membership of the LD Partnership Board. Specific work is being taken forward with the LAC Team and LD Team. PH has supported specific events for people with LD. A specific strand of the Health Checks Programme is being targeted to ensure people with LD receive their annual health check.

## **6. IMPLICATIONS**

- 6.1 The Commission may wish to enquire in greater depth into areas of concern highlighted in red within the Health Profile.

## **7. CONSULTATION**

- 7.1 Public Health continues to work closely with partners externally and colleagues internally in the development, commissioning and delivery of Public Health Services.

## **8. NEXT STEPS**

- 8.1 The Commission may wish to consider this first attempt to provide information in an accessible way and discuss how these reports can be improved to ensure that the Commission feels properly informed in terms of areas of concern. It may wish to question other commissioning bodies in the light of areas of concern highlighted.

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 Public Health Business Plan 2013/2014  
Peterborough's Health Profile 2013  
Public Health Outcomes Framework

## **10. APPENDICES**

- 10.1 **Appendix A – Public Health Outcomes Framework summary**  
**Appendix B – Snapshot of Public Health activity linked to indicators within the Outcomes Framework**  
**Appendix C – Peterborough's Health Profile 2013**

**SUMMARY OF PUBLIC HEALTH OUTCOMES FRAMEWORK**

**APPENDIX A**

<b>Vision</b>	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.	
<p><b>Outcome measures</b>                  Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.                  Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).</p>	
<b>1 Improving the wider determinants of health</b>	<b>2 Health improvement</b>
<b>Objective</b> Improvements against wider factors that affect health and wellbeing and health inequalities	<b>Objective</b> People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
<p><b>Indicators</b>                  Children in poverty                  School readiness                  Pupil absence                  First time entrants to the youth justice system                  16-18 year olds not in education, employment or training                  People with mental illness or disability in settled accommodation                  People in prison who have a mental illness or significant mental illness                  Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness                  Sickness absence rate                  Killed or seriously injured casualties on England's roads                  Domestic abuse                  Violent crime (including sexual violence)                  Re-offending                  The percentage of the population affected by noise                  Statutory homelessness                  Utilisation of green space for exercise/ health reasons                  Fuel poverty                  Social connectedness                  Older people's perception of community safety</p>	<p><b>Indicators</b>                  Low birth weight of term babies                  Breastfeeding                  Smoking status at time of delivery                  Under 18 conceptions                  Child development at 2-2.5 years                  Excess weight in 4-5 and 10-11 year olds                  Hospital admissions caused by unintentional and deliberate injuries in under 18s                  Emotional wellbeing of looked-after children                  Smoking prevalence – 15 year olds                  Hospital admissions as a result of self-harm                  Diet                  Excess weight in adults                  Proportion of physically active and inactive adults                  Smoking prevalence – adult (over 18s)                  Successful completion of drug treatment                  People entering prison with substance dependence issues who are previously not known to community treatment                  Recorded diabetes                  Alcohol-related admissions to hospital                  Cancer diagnosed at stage 1 and 2                  Cancer screening coverage                  Access to non-cancer screening programmes                  Take up of the NHS Health Check Programme – by those eligible                  Self-reported wellbeing                  Falls and injuries in the over 65s</p>
<b>3 Health protection</b>	<b>4 Healthcare Public Health and preventing premature mortality</b>
<b>Objective</b> The population's health is protected from major incidents and other threats, while reducing health inequalities	<b>Objective</b> Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
<p><b>Indicators</b>                  Air pollution                  Chlamydia diagnoses (15-24 year olds)                  Population vaccination coverage                  People presenting with HIV at a late stage of infection                  Treatment completion for tuberculosis                  Public sector organisations with board-approved sustainable development management plans                  Comprehensive, agreed inter-agency plans for responding to Public Health incidents</p>	<p><b>Indicators</b>                  Infant mortality                  Tooth decay in children aged five                  Mortality from causes considered preventable                  Mortality from all cardiovascular diseases (including heart disease and stroke)                  Mortality from cancer                  Mortality from liver disease                  Mortality from respiratory diseases                  Mortality from communicable diseases (Placeholder)                  Excess under 75 mortality in adults with serious mental illness                  Suicide                  Emergency readmissions within 30 days of discharge from hospital                  Preventable sight loss                  Health-related quality of life for older people                  Hip fractures in over 65s                  Excess winter death</p>



Programme Overview:

- Focused on improving the wider determinants of health that can have a significant impact on our health and wellbeing.

Programme Objective:

- Improvements against wider factors that affect health and wellbeing, and health inequalities

Programme Outcomes:

- Improved performance across the 19 Wider Determinant indicators identified within the national Public Health Outcomes Framework

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf)

Key Milestones:

Develop and implement a task and finish plan, supported by on-going monitoring and investigation to improve local road safety to support indicator:

- Killed or seriously injured casualties on England's roads

Reduce the number of violent crimes in the city, particularly those that are fuelled by alcohol, working with the licensed trade to improve safety in our pubs and clubs.

- First-time entrants to the youth justice system
- Violent crime
- Re-offending

Key Milestone Progress:

Killed or seriously injured	Activity being undertaken to reduce the number of young drivers/passengers aged 17 - 25 years killed or seriously injured on Peterborough roads.
	Work underway to reduce the number of motorcyclist killed or seriously injured on Peterborough roads. Motorcyclists are 30 times more likely to be killed or seriously injured in crashes than car drivers.
	Priority to reduce the number of children killed or seriously injured on Peterborough roads by delivering and adapting a comprehensive education and training programme in schools and other organisations in areas of the city where children are more at risk.
Violent crime	Screening process in custody where offenders are asked a series of questions to get a picture of venues they have been drinking in established
	Conditional cautions with alcohol-related offences embedded
	An awards event to reward individuals and venues that have contributed to enhancing the night-time economy and making Peterborough a safe place to socialise in place.

Programme Key Metrics:

Killed or seriously injured	Of 100,000 people on roads within the area	57.3
Rates are reducing but remain higher than England average		

Violent crime	Rates of violence against the person per 1000	23.4
Rates are reducing but remain higher than England average		

Programme Headlines:

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 19 separate indicators.

Peterborough ranking across these 19 indicators against the England average is shown below.

Better	Similar	Worse	No Data
3	4	8	4

Key:

- ↔ - remaining static
- ↑ - improving
- ↓ - deteriorating



- behind target and plans are not likely to bring back on target
- behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
- on target

**PETERBOROUGH CITY COUNCIL**  
**Performance Report 2013-14 (Quarter 1 and 2)**  
**Programme: Health Improvement**

**Programme Overview:**

- Focused on actions to help people make healthy choices and lead healthy lifestyles. Improvements will, in the main, be led locally through health improvement programmes commissioned and delivered by the local authority.

**Programme Objective:**

- People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

**Programme Outcomes:**

- Improved performance across the 24 Health Improvement indicators identified within the national Public Health Outcomes Framework

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf)

**Key Milestones:**

Develop and implement a Smokefree Plan to provide comprehensive tobacco control action to reduce:

- Smoking status at time of delivery
- Smoking prevalence – 15 year olds
- Smoking prevalence – adult (over 18s)

Develop and implement a Change 4 Life Plan targeted physical activity and weight management interventions for children and adults

- Excess weight in 4-5 and 10-11 year olds
- Excess weight in adults
- Proportion of physically active and inactive adults

Reduce level of non-communicable disease through NHS Health Check programme

- Take up of the NHS Health Checks Programme – by those eligible

**Key Milestone Progress:**

Smokefree	Smokefree Plan prepared for consultation and Alliance established
	Smoking cessation remains on target
	Overall smoking prevalence remains significantly higher than national prevalence
Change4Life	Change4Life Plan prepared for consultation
	Change4Life Alliance to be established
	Number of intervention programmes is above original trajectory
NHS Health Checks	Programme established in local GP Practices
	Programme aligned with Clinical Commissioning Group priority of reducing the burden of coronary heart disease and stroke.
	Take up is currently below national average for Q2 but additional data is required

**Programme Key Metrics:**

Smokefree	
↓	England prevalence among adults 20%
Rates are reducing but remain higher than England average	
Peterborough prevalence among adults 23.7%	
Change4Life	
↔	England obesity rates among year 6 children 19.2%
Peterborough obesity rates among year 6 children 19.2%	
Excess weight in children and adults is not significantly different to national levels	
Health Checks Programme	
↓	England % that received a health check 1.9%
Peterborough % that received a health check 2.9%	
Take up of NHS health check programme by those eligible was higher than England average in Q1	

**Programme Headlines:**

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 24 separate indicators. Peterborough ranking across these 24 indicators against the England average is shown below.

Better	Similar	Worse	No Data
1	6	9	8

- Key:**
- ↔ - remaining static
  - ↑ - improving
  - ↓ - deteriorating
  - Red - behind target and plans are not likely to bring back on target
  - Yellow - behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
  - Green - on target

**PETERBOROUGH CITY COUNCIL**  
**Performance Report 2013-14 (Quarter 1 and 2)**  
**Programme: Health Protection**

**Programme Overview:**

- Focused on actions to protect the population's health from major incidents, communicable diseases, environmental and other threats, whilst reducing health inequalities

**Programme Objective:**

- The population's health is protected from major incidents and other threats

**Key Milestones:**

- Establish a multiagency Peterborough Health Protection Committee with agreed terms of reference which meets bi-monthly and reports to the Health & Wellbeing Board
- Commissioning of integrated sexual health services for Peterborough's population
- Working with PHE Centre and NHS England Public Health Team to improve population vaccination coverage

**Programme Outcomes:**

- Improved performance across the 7 Health Protection indicators identified within the national Public Health Outcomes Framework

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf)

**Key Milestone Progress:**

Health Protection Committee	Committee established Membership and terms of reference agreed Priorities for in-depth review identified
Sexual Health Services	Consultation process on integration of services completed Tender documents developed Invitation to tender to be issued in November 2013
Vaccination coverage	On-going MMR-catch up campaign among 10-16 year old Introducing new immunisations/changes to imm schedule: rotavirus, shingles, meningitis C, childhood influenza Seasonal flu immunisation

**Programme Key Metrics:**

Chlamydia diagnoses (15-24 year olds)	
↔	England 2125 diagnoses per 100,000 young people
	Peterborough 2159 diagnoses per 100,000 young people

The DH recommends local areas achieve an annual chlamydia diagnosis rate of **at least 2,300 per 100,000 15-24 year old resident population**. Peterborough is on track to achieve this level through good screening coverage.

Population vaccination coverage	
↔	England MMR (dose 1) 91.2%
	Peterborough MMR (dose 1) 91.1%

Ongoing national and local campaign for MMR catch-up immunisation

Treatment completion for tuberculosis (TB)	
↔	England treatment completion rate 84.3%
	Peterborough treatment completion 84.0%

Peterborough has higher incidence rate of TB (25.9/100,000) than England (15.4/100,000) and the challenge is to maintain performance on case detection and treatment completion

**Programme Headlines:**

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 7 separate indicators. Peterborough ranking across these 7 indicators against the England average is shown below.

Better	Similar	Worse	No Data
	6		1

- Key:**
- ↔ - remaining static
  - ↑ - improving
  - ↓ - deteriorating

- behind target and plans are not likely to bring back on target
- behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
- on target

**Programme: Healthcare public health and preventing premature mortality**

**Programme Overview:**

- Focused on actions to prevent ill health and premature mortality, whilst reducing health inequalities

**Programme Objective:**

- To reduce the number of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

**Key Milestones:**

- Peterborough City Council Public Health team is working with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) towards CCG priority “Reducing Inequalities in Coronary Heart Disease (CHD)” through the following four work streams:
  - NHS Health Checks Programme
  - Prevention in primary care
  - Smoking cessation and tobacco control
  - Cardiac rehabilitation
- Working with NHS England to monitor cancer screening rates for Peterborough; and raise awareness of symptoms and risk factors among the population
- Reducing infant mortality rate through addressing risk factors in pregnancy and first year of life

**Programme Outcomes:**

- Improved performance across the 16 Healthcare indicators identified within the national Public Health Outcomes Framework

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf)

**Programme Key Metrics:**

Under 75 mortality rate from all cardiovascular diseases		
↓	England 60.9/100,000	Peterborough 77.7/100,000
Rates are reducing but still worse than England average		

Under 75 mortality rate from cancer		
↓	England 108.1/100,000	Peterborough 106.1/100,000
Rates are reducing and similar to England average		

Infant mortality		
↓	England 4.29/1000	Peterborough 4.32/1000
Rates are reducing and similar to England average		

**Programme Headlines:**

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 24 separate indicators.

Peterborough ranking across these 16 indicators against the England average is shown below.

Better	Similar	Worse	No Data
1	8	2	4

- Key:
- ↔ - remaining static
  - ↑ - improving
  - ↓ - deteriorating



- behind target and plans are not likely to bring back on target
- behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
- on target



# Peterborough

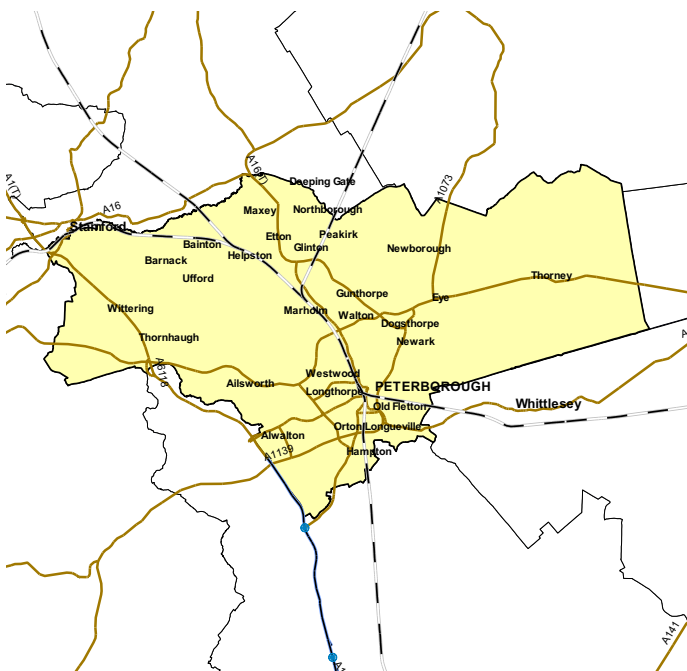
This profile gives a picture of health in this area. It is designed to help local government and health services understand their community's needs, so that they can work to improve people's health and reduce health inequalities.

Visit the Health Profiles website for:

- Profiles of all local authorities in England
- Interactive maps – see how health varies between areas
- More health indicator information
- Links to more community health profiles and tools

Health Profiles are produced by Public Health England.

[www.healthprofiles.info](http://www.healthprofiles.info)



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Other map data © Collins Bartholomew.

## Population 184,000

Mid-2011 population estimate

Source: Office for National Statistics © Crown Copyright 2013

Published on 24th September 2013

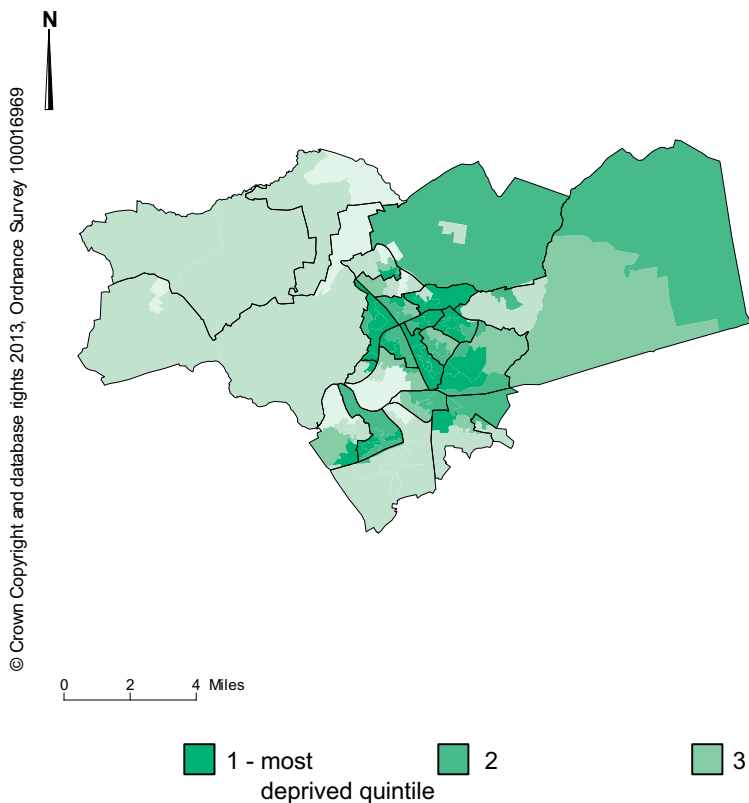
## Peterborough at a glance

- The health of people in Peterborough is generally worse than the England average. Deprivation is higher than average and about 9,500 children live in poverty. Life expectancy for men is lower than the England average.
- Life expectancy is 9.4 years lower for men and 5.6 years lower for women in the most deprived areas of Peterborough than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average.
- In Year 6, 19.2% of children are classified as obese. Levels of teenage pregnancy, GCSE attainment and smoking in pregnancy are worse than the England average. The level of alcohol-specific hospital stays among those under 18 is better than the England average.
- The estimated level of adult smoking is worse than the England average. Rates of road injuries and deaths and hospital stays for alcohol related harm are worse than the England average.
- Priorities in Peterborough include reducing premature mortality, reducing inequalities in coronary heart disease and promoting healthy lifestyles. For more information see [www.peterborough.gov.uk](http://www.peterborough.gov.uk) and [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk)

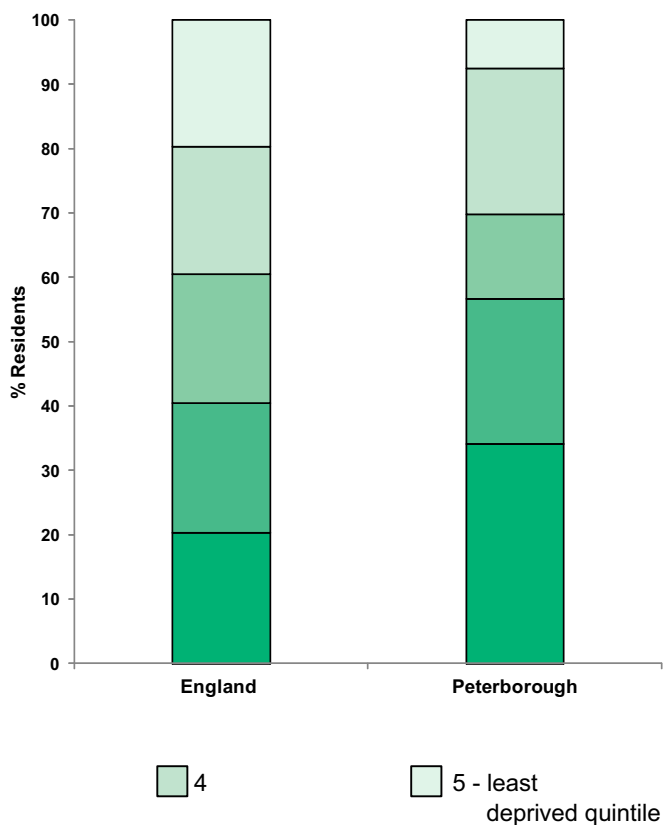


## Deprivation: a national view

This map shows differences in deprivation levels in this area based on national quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in England.

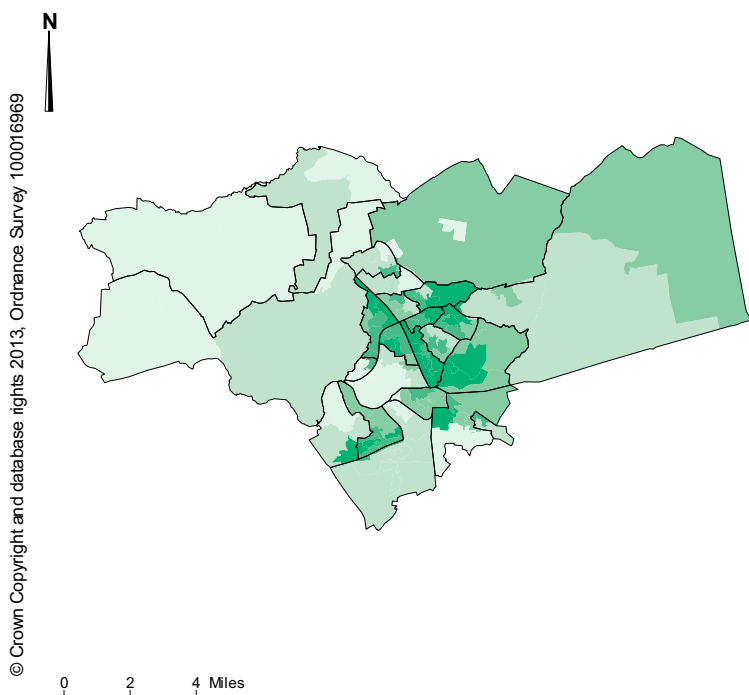


This chart shows the percentage of the population in England and this area who live in each of these quintiles.

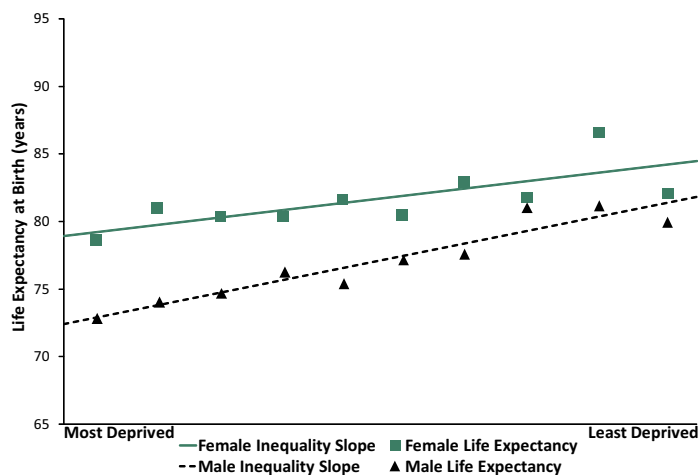


## Health inequalities: a local view

This map shows differences in deprivation levels in this area based on local quintiles (of the Index of Multiple Deprivation 2010 by Lower Super Output Area). The darkest coloured areas are the most deprived in this area.



The lines on this chart represent the Slope Index of Inequality, which is a modelled estimate of the range in life expectancy at birth across the whole population of this area from most to least deprived. Based on death rates in 2006-2010, this range is 9.4 years for males and 5.6 years for females. The points on this chart show the average life expectancy in each tenth of the population of this area.



## Health inequalities: changes over time

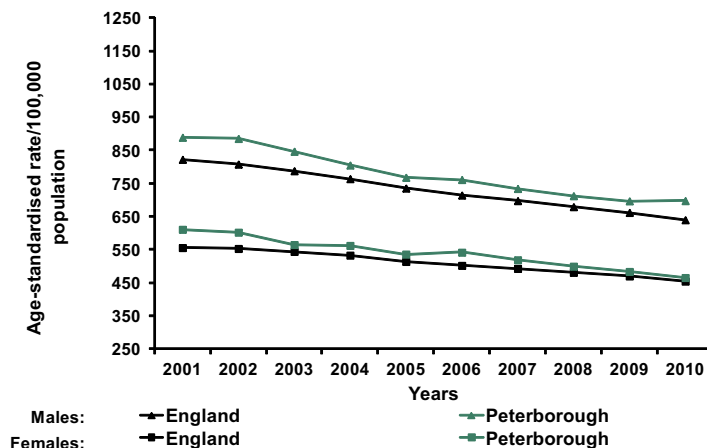
These graphs show how changes in death rates for this area compare with changes for the whole of England. Data points on the graph are mid-points of 3-year averages of yearly rates. For example the dot labelled 2003 represents the 3-year period 2002 to 2004.

Trend 1 compares rates of death, at all ages and from all causes, in this area with those for England.

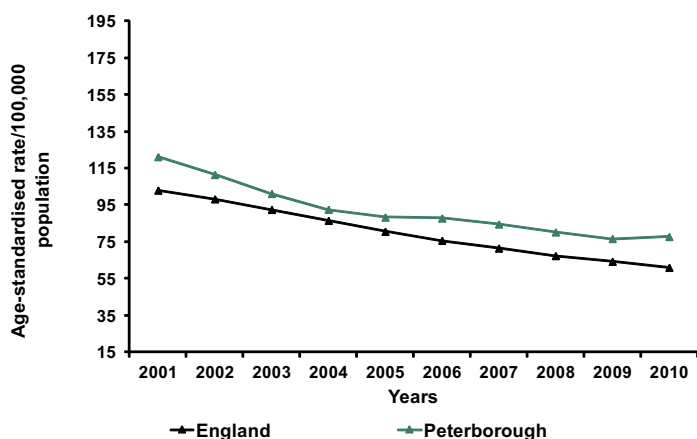
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this area with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this area with those for England.

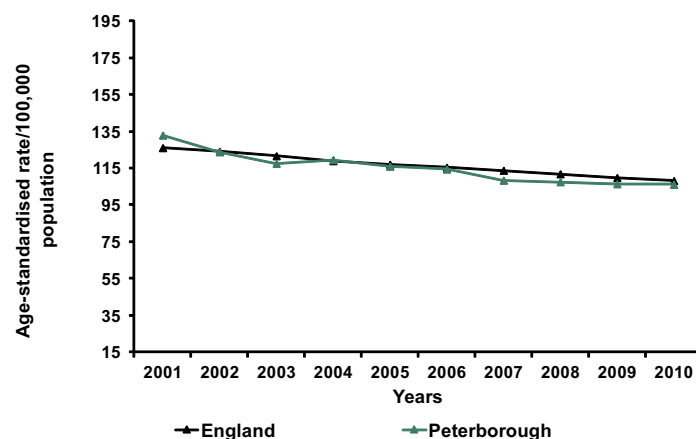
### Trend 1: All age, all cause mortality



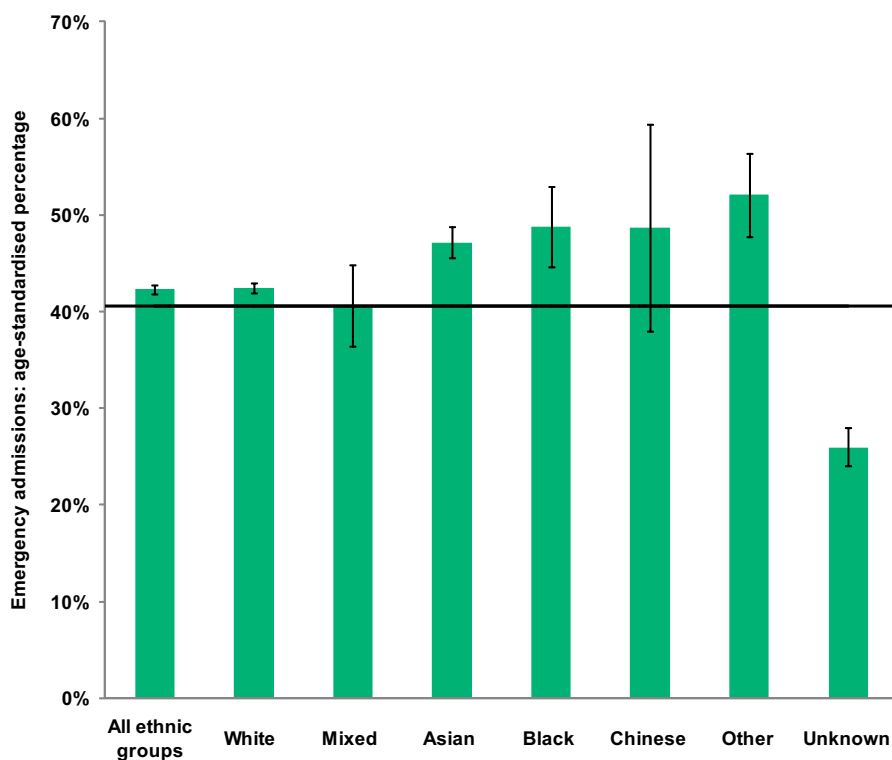
### Trend 2: Early death rates from heart disease and stroke



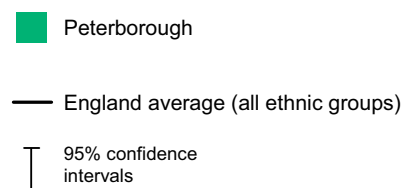
### Trend 3: Early death rates from cancer



## Health inequalities: ethnicity



This chart shows the percentage of hospital admissions in 2011/12 that were emergencies for each ethnic group in this area. A high percentage of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions. By comparing the percentage in each ethnic group in this area with that of the whole population of England (represented by the horizontal line) possible inequalities can be identified.

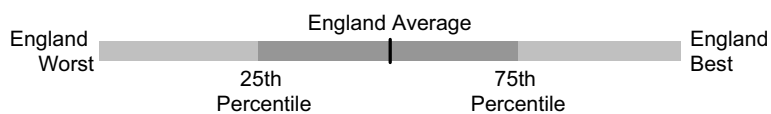


Figures based on small numbers of admissions have been suppressed to avoid any potential disclosure of information about individuals.

18042	14696	264	2005	275	40	289	473	Local number of emergency admissions
42.3%	42.4%	40.6%	47.2%	48.8%	48.6%	52.1%	26.0%	Local value
40.6%	41.1%	40.0%	45.3%	44.4%	38.0%	46.4%	30.1%	England value

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	62988	34.1	20.3	83.7	[Grey bar, red dot]	0.0
	2 Proportion of children in poverty	9470	23.5	21.1	45.9	[Grey bar, red dot]	6.2
	3 Statutory homelessness	267	3.7	2.3	9.7	[Grey bar, red dot]	0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1097	49.3	59.0	31.9	[Grey bar, red dot]	81.0
	5 Violent crime	3403	19.6	13.6	32.7	[Grey bar, red dot]	4.2
	6 Long term unemployment	1398	11.6	9.5	31.3	[Grey bar, red dot]	1.2
Children's and young people's health	7 Smoking in pregnancy ‡	476	16.8	13.3	30.0	[Grey bar, red dot]	2.9
	8 Starting breast feeding ‡	2109	74.5	74.8	41.8	[Grey bar, yellow dot]	96.0
	9 Obese Children (Year 6) ‡	391	19.2	19.2	28.5	[Grey bar, yellow dot]	10.3
	10 Alcohol-specific hospital stays (under 18)	14	35.5	61.8	154.9	[Grey bar, green dot]	12.5
	11 Teenage pregnancy (under 18) ‡	153	44.5	34.0	58.5	[Grey bar, red dot]	11.7
Adults' health and lifestyle	12 Adults smoking	n/a	23.7	20.0	29.4	[Grey bar, red dot]	8.2
	13 Increasing and higher risk drinking	n/a	21.0	22.3	25.1	[Grey bar, yellow dot]	15.7
	14 Healthy eating adults	n/a	28.0	28.7	19.3	[Grey bar, yellow dot]	47.8
	15 Physically active adults	n/a	56.6	56.0	43.8	[Grey bar, yellow dot]	68.5
	16 Obese adults ‡	n/a	24.9	24.2	30.7	[Grey bar, yellow dot]	13.9
	Disease and poor health	17 Incidence of malignant melanoma	26	16.2	14.5	28.8	[Grey bar, yellow dot]
18 Hospital stays for self-harm		551	297.4	207.9	542.4	[Grey bar, red dot]	51.2
19 Hospital stays for alcohol related harm ‡		4310	2302	1895	3276	[Grey bar, red dot]	910
20 Drug misuse		1445	12.0	8.6	26.3	[Grey bar, red dot]	0.8
21 People diagnosed with diabetes		8413	5.9	5.8	8.4	[Grey bar, red dot]	3.4
22 New cases of tuberculosis		45	25.9	15.4	137.0	[Grey bar, red dot]	0.0
23 Acute sexually transmitted infections		1463	793	804	3210	[Grey bar, yellow dot]	162
24 Hip fracture in 65s and over		180	538	457	621	[Grey bar, yellow dot]	327
Life expectancy and causes of death	25 Excess winter deaths ‡	98	22.3	19.1	35.3	[Grey bar, yellow dot]	-0.4
	26 Life expectancy – male	n/a	77.7	78.9	73.8	[Grey bar, red dot]	83.0
	27 Life expectancy – female	n/a	82.6	82.9	79.3	[Grey bar, yellow dot]	86.4
	28 Infant deaths	13	4.3	4.3	8.0	[Grey bar, yellow dot]	1.1
	29 Smoking related deaths	238	208	201	356	[Grey bar, yellow dot]	122
	30 Early deaths: heart disease and stroke	133	77.7	60.9	113.3	[Grey bar, red dot]	29.2
	31 Early deaths: cancer	179	106.1	108.1	153.2	[Grey bar, yellow dot]	77.7
	32 Road injuries and deaths	90	49.3	41.9	125.1	[Grey bar, red dot]	13.1

‡ For comparison with PHOF Indicators, please go to the following link: [www.healthprofiles.info/PHOF](http://www.healthprofiles.info/PHOF)

### Indicator Notes

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2010 3 Crude rate per 1,000 households, 2011/12 4 % at Key Stage 4, 2011/12 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2011/12 6 Crude rate per 1,000 population aged 16-64, 2012 7 % mothers smoking in pregnancy where status is known, 2011/12 8 % mothers initiating breast feeding where status is known, 2011/12 9 % school children in Year 6 (age 10-11), 2011/12 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2007/08 to 2009/10 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2009-2011 12 % adults aged 18 and over, 2011/12 13 % aged 16+ in the resident population, 2008-2009 14 % adults, modelled estimate using Health Survey for England 2006-2008 15 % adults achieving at least 150 mins physical activity per week, 2012 16 % adults, modelled estimate using Health Survey for England 2006-2008 17 Directly age standardised rate per 100,000 population, aged under 75, 2008-2010 18 Directly age sex standardised rate per 100,000 population, 2011/12 19 Directly age sex standardised rate per 100,000 population, 2010/11 20 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 21 % people on GP registers with a recorded diagnosis of diabetes 2011/12 22 Crude rate per 100,000 population, 2009-2011 23 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 24 Directly age and sex standardised rate for emergency admissions, per 100,000 population aged 65 and over, 2011/12 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.08-31.07.11 26 At birth, 2009-2011 27 At birth, 2009-2011 28 Rate per 1,000 live births, 2009-2011 29 Directly age standardised rate per 100,000 population aged 35 and over, 2009-2011 30 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 31 Directly age standardised rate per 100,000 population aged under 75, 2009-2011 32 Rate per 100,000 population, 2009-2011

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info) Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## Report of the Director of Public Health

Contact Officer(s) – Sue Mitchell  
Contact Details - 207173

### LONGER LIVES TOOL-KIT – A PETERBOROUGH PERSPECTIVE

#### 1. PURPOSE

- 1.1 The attached report at Appendix A was requested by members of the Health Scrutiny Commission following the publication of the Longer Lives Tool-kit by Public Health England (PHE). It comes to the Commission for information/discussion.

#### 2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the information provided within the report and its Appendix (A) and the subsequent action plan at Appendix B focussing on two priority areas.

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

- 3.1 This report links to the SCS priority: Creating opportunities, tackling inequalities

It compares local health data to other areas and to England, utilising data on the wider social determinants of health.

#### 4. BACKGROUND

- 4.1 Public Health England (PHE) has launched a new website, Longer Lives, which illustrates how premature mortality (deaths under 75) varies between local authorities in England. Longer Lives displays premature mortality from all causes, and also from some of the most common causes: cancer, heart disease and stroke, lung disease and liver disease. The statistics show that Peterborough has higher rates of premature mortality than the average for England for all causes, and specifically for heart disease and stroke, lung disease (mainly chronic obstructive lung disease) and liver disease. These causes of death share many common risk factors, such as smoking, obesity, poor diet, and high alcohol consumption. The website also shows how local authorities rank with regard to levels of socio-economic deprivation. Due to the high levels of publicity given to the launch of this website, and Peterborough's position against other upper tier LAs a report was requested by both the HWB and Health Scrutiny Commission.

#### 5. KEY ISSUES

- 5.1 The summary attached at Appendix A focuses on Mortality and Life Expectancy data, and illustrates a snap shot of this data from 2000 through to 2010, and then trajectories up to 2016. It should be noted that premature mortality is reducing for both males and females, and that LE is increasing although not at the same rate as the overall England rate.

#### 6. IMPLICATIONS

- 6.1 Further in-depth analysis of this and other associated data will be undertaken as part of the overall refresh of the Joint Strategic Needs Assessment (JSNA).

## **7. CONSULTATION**

- 7.1 Public Health continues to work closely with partners externally and colleagues internally to advise on the development, commissioning and delivery of Health and Healthcare related Services. Appendix A is a summary that will inform a larger piece of work – the JSNA refresh, which will be a multi-agency process with full engagement and consultation.

## **8. NEXT STEPS**

- 8.1 As mentioned above, further work will be undertaken as part of the JSNA refresh.

## **9. BACKGROUND DOCUMENTS**

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

- 9.1 **See the list of references within Appendix A**

## **10. APPENDICES**

- 10.1 Appendix A: Longer Lives Tool-kit – a Peterborough Perspective

Appendix B: Longer Lives: Preventing Premature Mortality Action Plan

**INTRODUCTION**

This national tool-kit was published by Public Health England (PHE) on the 11<sup>th</sup> June 2013. Both the data and report are available here: <http://longerlives.phe.org.uk/#are//par/E92000001>. The report is a presentation of mortality rates from the analysis of data on the four most common causes of premature deaths in England - heart disease and stroke, lung disease, liver disease, and cancer. Variation in the patterns of mortality across the 150 upper tier local authorities for 2009-2011, is presented. The report also describes the variations in each of the four disease groups, and by socio-economic deprivation.

This brief summary examines the pattern for Peterborough; in addition, reports (and data) on associated indicators are reviewed in order to present a comprehensive analysis of mortality for Peterborough.

**SUMMARY**

The key messages on mortality patterns in Peterborough are as follows:

- Premature mortality from all causes in Peterborough was relatively higher than the national average; with Peterborough ranked 87<sup>th</sup> nationally. Death rates for both sexes in was 293.7 per 100,000 compared to 267.7/100,000 in England. At Cluster<sup>1</sup> level, Peterborough is ranked 6<sup>th</sup> out of the 15 local authorities; the cluster average was 294.9/100,000.
- The dataset below is a spine chart summary of the position of Peterborough compared to other areas at national, and cluster level (and level of significance compared to England).

**PETERBOROUGH KEY DATASET - LONGER LIVES 2013**

The chart below shows how Peterborough compares with the rest of England. Peterborough's result for each indicator is shown as a circle. The average rate for England is shown by the black line at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that Peterborough is significantly worse than England for that indicator; however, a green circle may still indicate an important public health



The 1 and 3 year trend columns show the change in Peterborough's position on the spine.

Domain	Indicator	P'Boro	Cluster	England	England Range	1 Year Trend	3 Year Trend	Time Period	Outcome Frameworks
Healthy life	5 Early deaths from cancer considered preventable (rate per 100,000 population aged under 75)	106.1	115.5	108.1	[Grey bar from ~95 to ~125, black line at 108.1, yellow circle at 106.1]	no data	no data	2009-11	n/a
	6 Early deaths from cardiovascular diseases considered preventable (rate per 100,000 population aged under 75)	77.7	68.2	60.9	[Grey bar from ~55 to ~85, black line at 60.9, red circle at 77.7]	no data	no data	2009-11	n/a
	7 Early deaths from lung diseases considered preventable (rate per 100,000 population aged under 75)	30.2	26.4	23.4	[Grey bar from ~15 to ~40, black line at 23.4, red circle at 30.2]	no data	no data	2009-11	n/a
	8 Early deaths from liver diseases considered preventable (rate per 100,000 population aged under 75)	14.8	17.8	14.4	[Grey bar from ~10 to ~25, black line at 14.4, red circle at 14.8]	no data	no data	2009-11	n/a
	9 Early deaths from all diseases considered preventable (rate per 100,000 population aged under 75)	294	295	268	[Grey bar from ~240 to ~300, black line at 268, red circle at 294]	no data	no data	2009-11	n/a

<sup>1</sup> Cluster comprises areas of similar socio-economic and deprivation profiles – Enfield, Camden, Sheffield, Torbay, Plymouth, Peterborough, Hammersmith and Fulham, Darlington, Brighton and Hove, Leeds, County Durham, Luton, Wakefield, Wirral and Wigan.

- Of the top four conditions, cancer is the most common cause of death in Peterborough, and across the country. Comparative figures for all cancer death rates in Peterborough, (ranked 65<sup>th</sup> nationally) is 106.1/100,000, which is slightly lower (but not statistically significant) than that for England, 108.1/100,000. Within its Cluster<sup>2</sup>, Peterborough is ranked the third lowest within its Cluster, which has an overall average rate of 115 /100,000.
- The next most common cause of death is heart disease and stroke, with death rates for Peterborough at 77.7/100,000. Peterborough is however, ranked in the top 25% of relatively high death rates nationally (123 out of 150), and ranked the highest in the Cluster.
- Lung disease death rates at 30.2/100,000 ranks Peterborough in the top 25% of highest rates nationally (113 out of 149), and 2<sup>nd</sup> highest in the Cluster.
- Liver disease death rates for Peterborough are 14.8/100,000. At national level, the council is ranked 74<sup>th</sup> (out of 149), and ranked the highest within the Cluster.
- Death rates from liver disease is around 15/100, 000, significantly higher than the national rate of 14.2/100,000 but lower than that for the Cluster, 17.8 per 100,000.

## CONCLUSION

Peterborough is ranked as one of the more deprived local authorities across England, and the snapshot of premature mortality as presented in the *Longer Lives* report indicates the area has one of the poorer health outcomes from the top four causes of death. These messages, in isolation, are insufficient evidence of the health of the local population, and it would be appropriate to review the evidence from the analysis of related data to enable a more complete reflection of the current health profile in Peterborough to be presented. Some of the findings are indicated as follows:

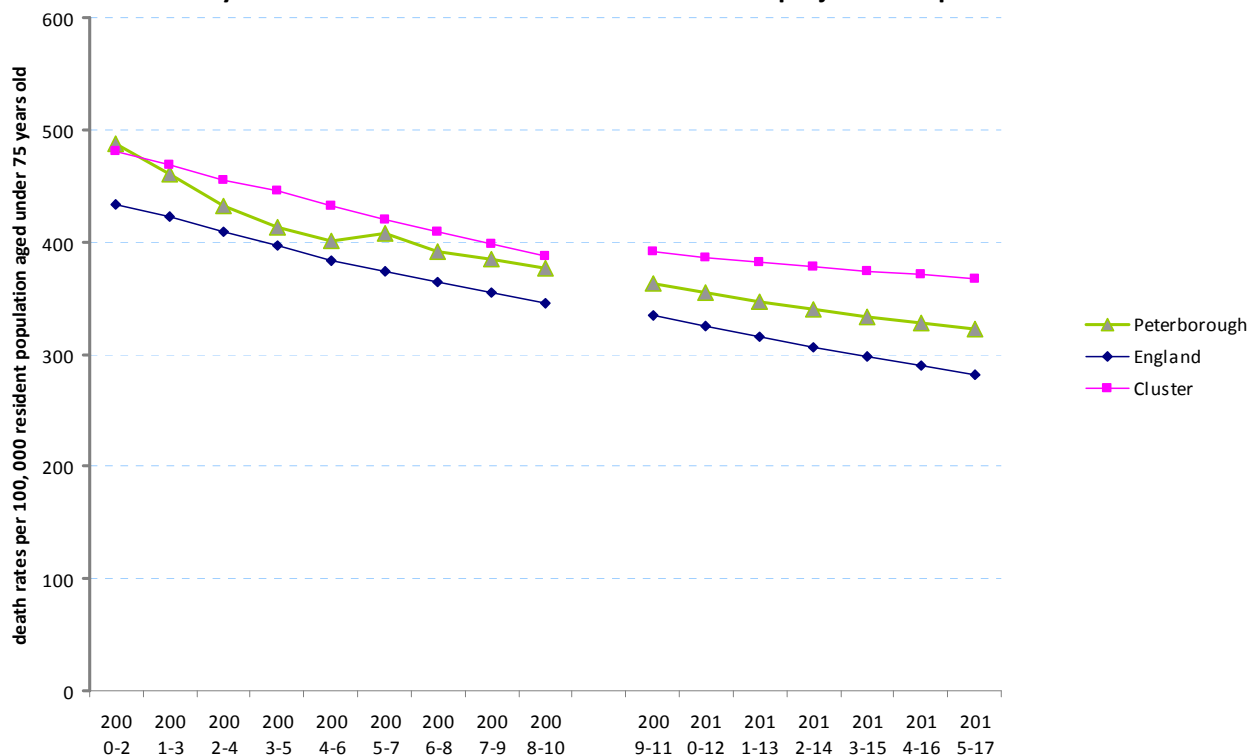
- Analyses of data over a longer period indicate a declining trend in premature mortality in Peterborough, which is consistent with the pattern observed nationally (although at variable rates).
- In the last decade up to 2010, premature mortality in men was down by almost 23% - death rates of 488 per 100,000 in 2000 to 376 per 100,000 in 2010. This rate of decline was observed to be relatively faster than that for England (21%) and the Cluster (19%) in the same period. However, the inequality in mortality (as indicated by the death rates) between

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<sup>2</sup> Cluster is areas of similar socio-economic and deprivation profiles – Enfield, Camden, Sheffield, Torbay, Plymouth, Peterborough, Hammersmith and Fulham, Darlington, Brighton and Hove, Leeds, County Durham, Luton, Wakefield, Wirral and Wigan.

Peterborough and England persist, with the rates per 100,000 projected to increase from 31 male deaths in 2010 to 41 male deaths by 2016 suggesting a relatively faster declining mortality trend in England compared to Peterborough. This is in contrast to comparisons with the Cluster – the difference in mortality rates per 100,000 in 2010 (11 male deaths) is projected to get even wider, with 45 more male deaths per 100,000 at Cluster level compared to Peterborough by the year 2016.

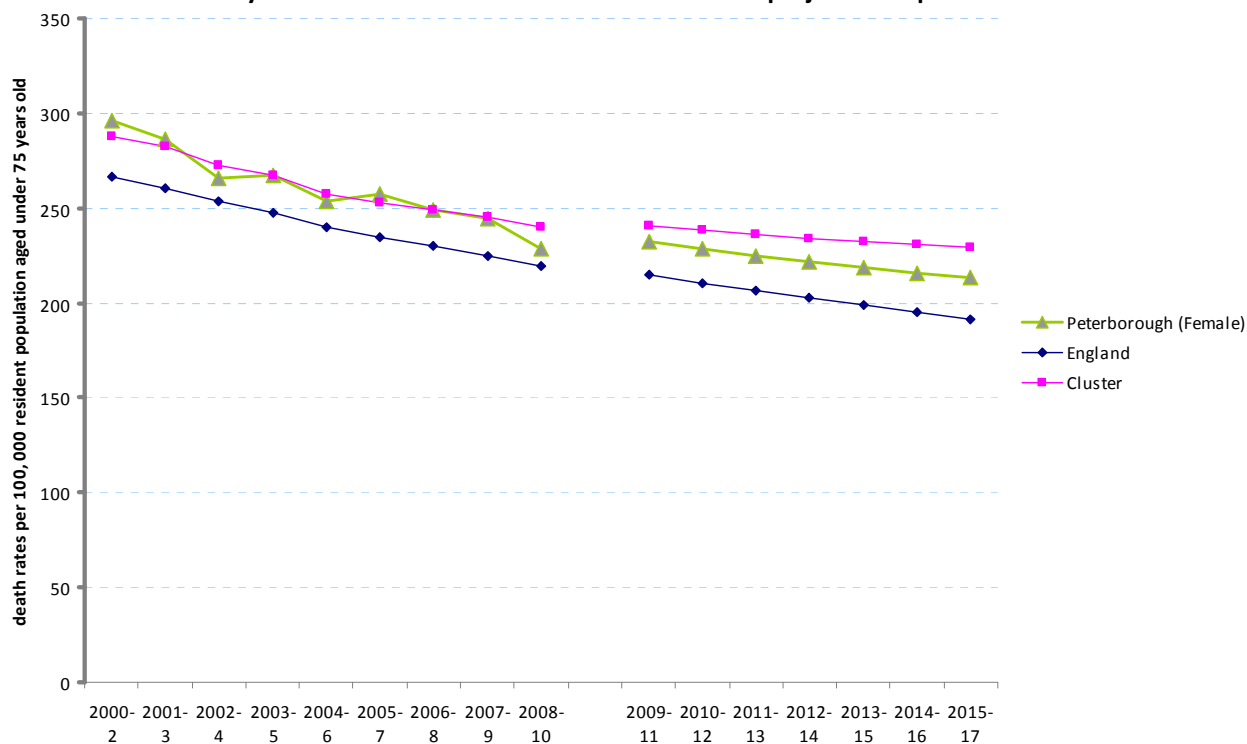
**Fig 1: Male premature mortality trend in Peterborough, Cluster and England**  
**Directly standardised rates. 2000-2 to 2008-10. And projections up to 20015-17**



Source: <https://indicators.ic.nhs.uk/webview/>

- The decreasing trend (fig 2) is also mirrored for females; projections to 2016 indicate an even faster rate of decline nationally (an additional 10.5%) than for Peterborough (an additional 5%) from 2010, which suggests the likelihood of increased inequality in mortality patterns between Peterborough and England in future years.

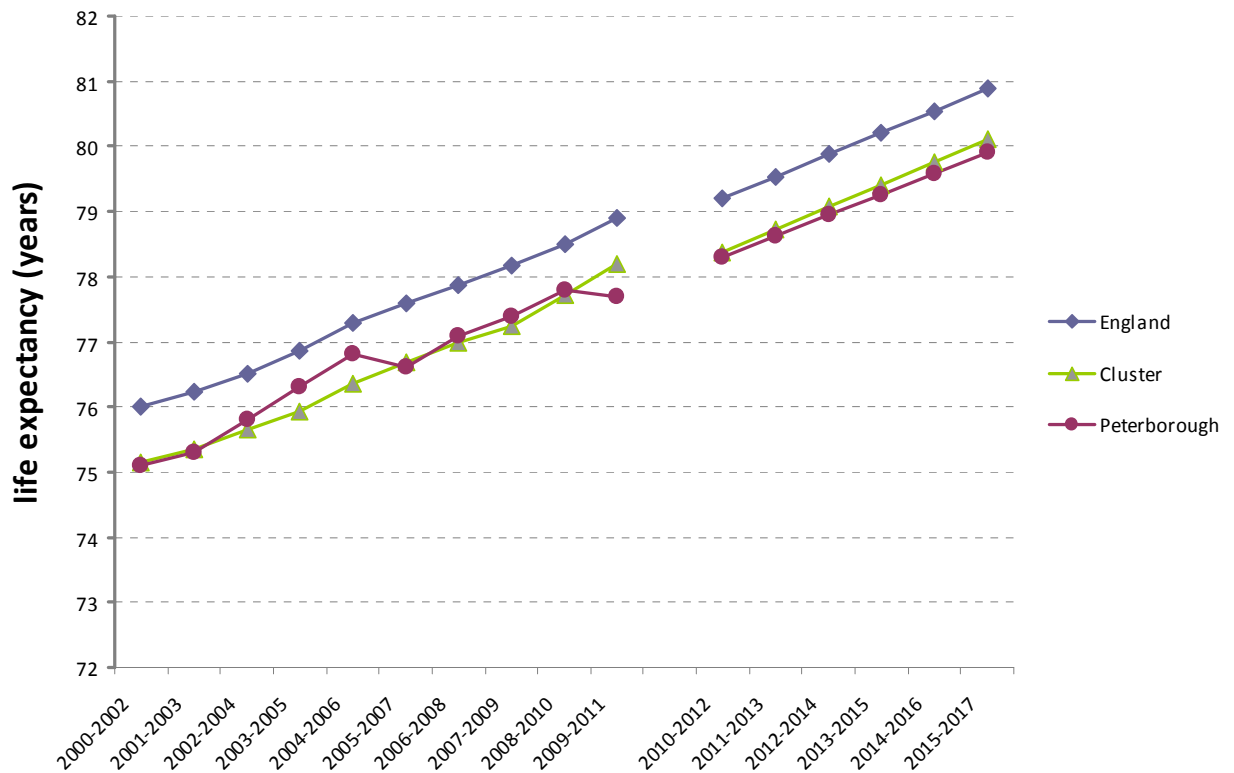
**Fig 2: Female premature mortality trend in Peterborough, Cluster and England**  
**Directly standardised rates. 2000-2 to 2008-10. And projections up to 2015-17**



Source: <https://indicators.ic.nhs.uk/webview/>

- Male life expectancy (LE):** a male child born today in Peterborough (fig 3) is expected to live an estimated 77.7 years, a 3.5 percent increase from nearly a decade ago. It is projected that by the year 2016, these figures will increase by up to a further 3 percent to an estimated 79.9 years by 2016. This will result in a reduced difference in LE between Peterborough and England from about 1.2 years now to around 1 year by 2016. Corresponding figures at Cluster level for males indicate higher LE rates than for Peterborough, at an estimated 78.2 years, with the gap between the Cluster and Peterborough expected to narrow by about 0.2 years by 2016.

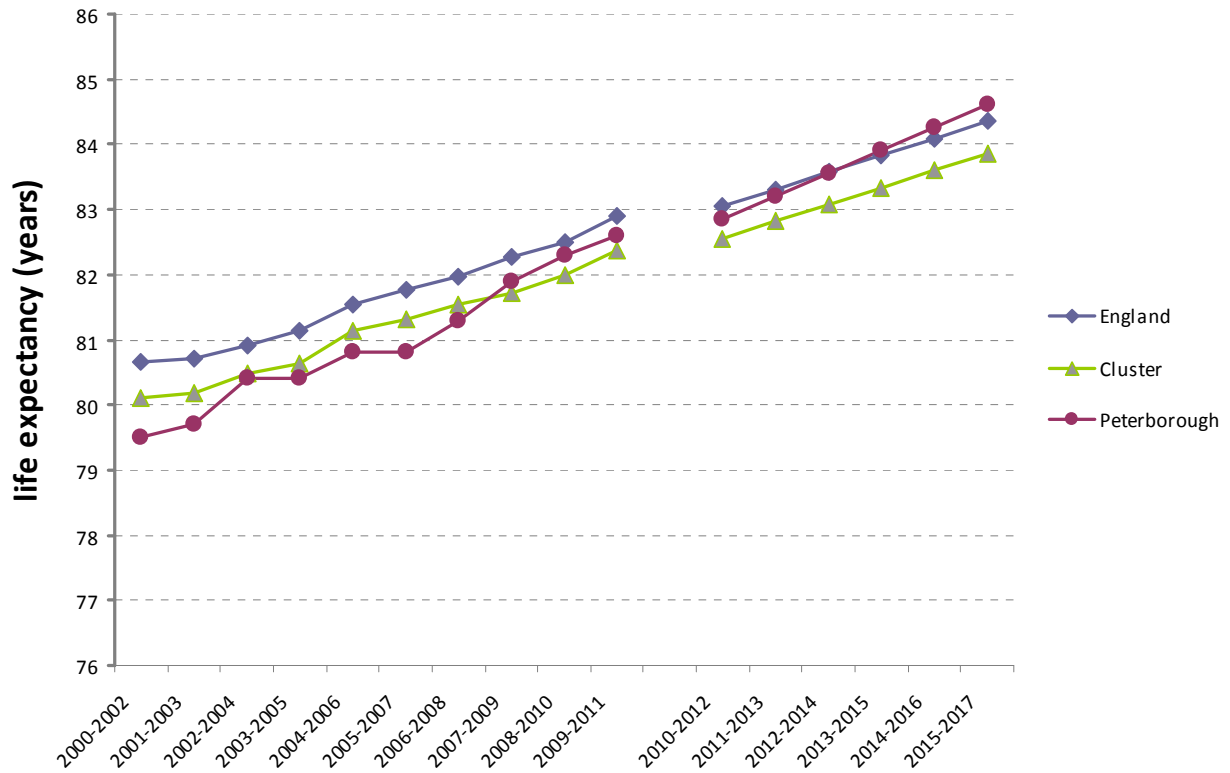
**Fig 3 Male life expectancy at birth in Peterborough, Cluster and England. Trends and Projections. 2000-2 to 2009-11 (and 5-year projection)**



Source: <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2009-11/stb.html>

- Female life expectancy:** a female child born today in Peterborough (fig 4) is expected to live an estimated 82.6 years, a 3.9 per cent increase in LE from 2000-2, a pattern that has remained consistently higher than that for the cluster (and lower than for England. This increasing improvement in Peterborough, and indeed as in other parts of the country, is projected to continue. As indicated in the chart (fig 4), the trend suggests that from 2014 onwards, female life expectancy in Peterborough is likely to overtake that for England, going up a further 2.5% to an estimated 84.6 years by 2016 compared to 84.3 years and 83.9 years for England and the Cluster respectively.

**Fig 4. Female life expectancy at birth in Peterborough, Cluster, and England. Trends and Projections. 2000-2 to 2009-11 (and 5-year projection)**



Source: <http://www.ons.gov.uk/ons/rel/subnational-health4/life-expectancy-at-birth-and-at-age-65-by-local-areas-in-england-and-wales/2009-11/stb.html>

The message on Peterborough’s health as suggested from the *Longer Lives* publication would need to be associated with other sources of information so as to provide a complete picture of health in Peterborough. Further work will be undertaken and presented as part of the JSNA refresh.

Author: Remi Omotoye  
Senior Public Health Analyst

30 August 2013



### Longer Lives

## Preventing Premature Mortality Action Plan for Peterborough, 2013-2014

The Longer Lives publication of Public Health England showed that Peterborough has overall higher premature mortality rates (death rates among under 75 year olds) than the national average. The premature mortality rate in Peterborough was 294/100,000 in 2009-2011 compared to 268/100,000 in England for the same period. Peterborough ranked 87th out of 150 local authorities, where the LA with the lowest mortality rate was ranked 1st, and the 150th was the LA with the highest mortality rate.

The observed differences in mortality rates reflects the variation in socio-economic deprivation levels among areas, with the most deprived areas having the highest mortality rates. When compared with similar local authorities with regards to socio-economic deprivation, Peterborough ranked the 6<sup>th</sup> best-outcome out of 15 local authorities, with the 1<sup>st</sup> having the lowest overall premature mortality rates and the 15<sup>th</sup> the highest premature mortality rates. Within that cluster of LAs, the mortality rates in Peterborough were better than average for cancer and liver disease, but worse than average for cardiovascular disease and for lung disease.

This action plan focuses on work being commissioned or delivered directly through the Public Health Team in relation to cardiovascular diseases and lung diseases, which have been identified as areas of concerns for Peterborough.

### Cardiovascular disease

Coronary heart disease (CHD) and stroke belong to the wider category of cardiovascular disease (CVD). CVD is the main cause of death in England at all ages, accounting for nearly a third of all deaths in 2010. Heart disease is closely linked with deprivation in England. Heart disease mortality rates are around 50 per cent higher in most deprived areas of the country compared with the least deprived. Peterborough has high levels of deprivation and higher levels of cardiovascular disease mortality (77/100,000) than the average for England (60.9/100,000).

Reducing inequalities in coronary heart disease (CHD) is one of the priorities of Cambridgeshire and Peterborough CCG, and Public Health at Peterborough City Council is working closely with the CCG to develop and implement a strategy for prevention, early intervention, treatment and rehabilitation for CHD which is one of the main causes of death in Peterborough. The main modifiable risk factors for CHD are smoking, obesity, high blood lipids, hypertension, lack of physical activity, diet high in salt and saturated fat, and high alcohol consumption. The Public Health Team is contributing to the work of the multiagency **CHD Programme Board** which has identified four work streams as focus of efforts to reduce inequalities in CHD: a) NHS Health Checks Programme; b) Smoking cessation and tobacco control; c) Primary care interventions for CVD risk factors management; 4) Cardiac rehabilitation.

The **Live Healthy Team at Peterborough City Council** is leading on the implementation of a comprehensive health promotion programme engaging with communities to encourage healthy lifestyles and reduce the prevalence of risk factors for cardiovascular disease such as smoking, obesity, unhealthy diet and lack of physical activity. Comprehensive strategies and delivery plans have been developed “Smokefree Peterborough” and “Change4Life Peterborough”.

The Council is commissioning the **NHS Health Checks programme** targeting all citizens aged 40 to 74 who are at the highest risk of premature mortality. The programme is implemented by GP practices and aims to assess the individual risk of heart disease, stroke and diabetes, and provide tailored advice for lifestyle modifications to reduce the risks to health. The programme helps identify individuals living with undiagnosed hypertension, diabetes, heart or kidney disease and offer appropriate treatment. The NHS Health Checks Programme is on target to screen over 6000 individuals between the ages of 40–74 years. We are on track to achieve the target for this year. We are working closely with the GP practices towards ensuring quality of delivery of the health checks and improving the links between practices and our Live Healthy service.

Determinants of premature mortality	Interventions to reduce premature mortality in Peterborough
<b>A. Risk Factors</b>	
<ul style="list-style-type: none"> <li>• Smoking</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning and provision of smoking cessation services within primary care and the workplace, and provision of pharmacotherapy</li> <li>• Regular, targeted campaigns designed to prevent smoking uptake among under-18s and promote smoke-free homes and cars</li> <li>• Greater enforcement of underage sales and counterfeit tobacco penalties</li> <li>• Targeted services for pregnant mothers who smoke and their partners</li> </ul>
<ul style="list-style-type: none"> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• UNICEF Baby Friendly accredited (best practice standards)</li> <li>• Commissioned Baby Cafes promoting breastfeeding and trained peer supporters offering support to breastfeeding mothers</li> <li>• Commissioned levels 1 and 2 Specialist Weight Management Services</li> <li>• Healthy eating learning programmes for children, to establish healthy patterns earlier</li> <li>• Healthy eating learning programmes for adults</li> </ul>
<ul style="list-style-type: none"> <li>• Physical inactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Community support for physically active modes of travel, like walking and cycling</li> <li>• Delivery of planned care pathways like ‘Let’s Get Moving’, involving screening, counselling and self-monitoring</li> <li>• Practical support to ‘Inspire Peterborough’ initiative to create, promote and encourage people with disabilities to access sporting and recreational opportunities</li> </ul>

<ul style="list-style-type: none"> <li>Diet/Blood lipids</li> </ul>	<ul style="list-style-type: none"> <li>Providing advice on healthy eating with increased consumption of fruit and vegetables, and reducing intake of saturated fats</li> <li>Commissioned specialist Dietetics Service (mentioned above)</li> <li>Finalists in national sustainable food cities initiative</li> <li>Work with schools to implement nutritional standards</li> <li>Work with early years settings in implementing nutritional standards</li> <li>Commissioned programme through PECT – Love Local working with schools and communities in disadvantaged areas.</li> </ul>
<ul style="list-style-type: none"> <li>Hypertension</li> </ul>	<ul style="list-style-type: none"> <li>Advice to reduce intake of salt and processed food, which is high in salt and is linked with high blood pressure</li> <li>Campaigns to promote physical activity</li> <li>Joint work with British Heart Foundation and Stroke association</li> </ul>
<ul style="list-style-type: none"> <li>Alcohol consumption</li> </ul>	<ul style="list-style-type: none"> <li>Commissioned Specialist Alcohol Treatment Services for young people and adults</li> <li>Award winning Hospital Alcohol Liaison Project (HALP)</li> <li>Commissioned alcohol prevention programmes in schools and colleges (Buzz and HYPA)</li> <li>Promoting sensible drinking</li> <li>Part of NHS Health Checks Programme</li> </ul>
<b>B. Early diagnosis, treatment and rehabilitation</b>	
<ul style="list-style-type: none"> <li>Early diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>NHS Health Checks programme delivered in all GP practices to identify patients with previously undiagnosed CHD, hypertension, diabetes or chronic kidney disease</li> </ul>
<ul style="list-style-type: none"> <li>Statins prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Patients identified with high cholesterol levels and high CVD risk are offered blood lipid lowering treatments</li> </ul>
<ul style="list-style-type: none"> <li>Anti-hypertensive drugs</li> </ul>	<ul style="list-style-type: none"> <li>Patients diagnosed with hypertension are offered anti-hypertensive drugs</li> </ul>
<ul style="list-style-type: none"> <li>Cardiac rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>The CHD Programme Board is reviewing commissioning arrangements, provision and uptake of cardiac rehabilitation programme to optimise delivery for the Peterborough population</li> </ul>
<ul style="list-style-type: none"> <li>Other treatments in primary and secondary care</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive review has been undertaken on provision of relevant therapeutic interventions by the multi-agency CHD Programme Board</li> </ul>

## Lung Disease

Lung disease, also known as respiratory disease, is a category of conditions ranging from asthma to chronic obstructive pulmonary disease (COPD) – one of the most common causes of death in England. COPD is progressive, largely preventable, and strongly linked to deprivation in England. It's the fifth largest cause of emergency hospital admissions, and an estimated 85 per cent of cases are caused by smoking.

Peterborough City Council Live Healthy Team have developed a comprehensive strategy and action plan for smoking cessation and tobacco control to reduce the prevalence of smoking which is the most important risk factor for COPD. Reduction of smoking prevalence is the most effective intervention to reduce the lung disease mortality rates.

For the first quarter of 2013/14 we have exceeded our monthly trajectory of expected quit outcomes at 111%. This trend has continued into the second quarter which places us in a positive position for achieving the final annual quit target. We are also exceeding our monthly trajectory for women who smoke during pregnancy and continue to work closely with the ante-natal service to ensure we have an efficient referral pathway. 80% of community and ante-natal midwives have completed their VBA (Very Brief Advice) training to ensure consistent advice is provided to pregnant smokers and to encourage referrals.

There is the continued challenge to increase referrals to the service but increased campaign work will support activity. Our local Stoptober campaign commenced on 9 September and our campervan was located across Peterborough for 6 days from 9-14th September. This includes Perkins Engines, Morrisons, the Regional College, the Operation Cando area and Queensgate. We were promoting Stoptober through a number of stands in workplaces, the hospital and other sites during October to boost referrals. We were also hosting the national Public Health England led Stoptober campaign ball on 28th September.

The National Centre for Smoking Cessation and Training referral system within the hospital went live in July initially within the Cardiology and Respiratory department. The rest of the hospital came on board on in August to routinely identify and refer identified smokers. Sixty hospital staff ranging from Consultants, Nurses, Therapist and Health Care Assistants, have now been trained to support this work and to enable them to offer very brief advice on smoking and make a referral through the interface direct to the Smokefree service.

The service is also continuing to work closely with primary care staff to support them to achieve their targets under the local incentivised scheme and to ensure Smoking remains high on their health promotion agendas.

Operation Smoke Storm delivery is continuing with 600 pupils from Ken Stimpson, Hampton College and Hampton College have completed the training.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 10</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Executive Director of Adult Social Care and Health and Wellbeing**

**Contact Officer(s) – Rob Henchy, Commissioning Manager**  
**Contact Details – Tel: 01733 452429; Rob.Henchy@peterborough.gov.uk**

### **UPDATE ON THE DEVELOPMENT OF PETERBOROUGH CITY COUNCIL'S DEMENTIA STRATEGY INCLUDING THE COMMISSIONING OF A DEMENTIA RESOURCE CENTRE**

#### **1. PURPOSE**

- 1.1 To update the Scrutiny Commission for Health Issues on the status of the draft dementia strategy, commissioning of a dementia resource centre and the work to develop Peterborough into a dementia friendly city.

#### **2. RECOMMENDATIONS**

- 2.1 For the Scrutiny Commission for Health Issues to note and comment on the contents of this report.

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

- 3.1 The development of a strategic approach to commissioning dementia services supports the delivery of the key outcome *Creating opportunities – tackling inequalities*, specifically in relation to improving health and supporting vulnerable people.
- 3.2 The commissioning of a resource centre also supports the key outcome to *Create strong and supportive communities* in terms of empowering local communities to support people with dementia and supporting people with dementia and their carers to engage in, and be part of, their local community.

#### **4. BACKGROUND**

- 4.1 In November 2012 Cabinet endorsed the decision to commission a dementia resource centre as part of the closure of Greenwood and Welland House care homes. A capital budget of £600,000 was identified to develop the resource centre along with an increase of £250,000 recurrent funding for community based dementia support. Taking the current total spend on dementia, including residential and nursing care, to over £5m annually.
- 4.2 In February 2013 the Scrutiny Commission for Health Issues was presented with an early draft of the dementia strategy that included a summary of plans to commission a dementia resource centre.
- 4.3 This report will update committee members on the status of the draft dementia strategy, the commissioning of a dementia resource centre including a revised implementation plan and also a summary of the work that has been taking place to make Peterborough into a dementia friendly city.

## 5. KEY ISSUES

### 5.1 Dementia Strategy

5.2 Following consultation with stakeholders the decision was taken to provide a “whole systems” approach to the strategic commissioning of dementia support in Peterborough, integrating health plans alongside social care. The strategy remains in draft format whilst the Council and Cambridgeshire and Peterborough Clinical Commissioning group finalise current and future investment levels over the next 5 years. Once this work is completed the draft document will be shared with the Scrutiny Commission for comment prior to approval and publication.

5.3 The key priorities of the draft strategy that are being implemented include;

**1. Dementia support is easy to understand and navigate, people get the help they need at the right time**

- Open a Dementia Resource Centre – A One Stop Shop for Dementia Support- providing access to diagnosis and stabilisation and 7 day a week day opportunities
- Develop a customer journey into health, social care and housing services that is easy to understand

**2. Health and Social Care staff provide good support to people with dementia**

- Develop minimum standards of dementia knowledge for staff
- Deliver training to providers including primary care and hospitals that is linked to the minimum standards

**3. Carers have access to a range of support to improve their quality of life**

- Dementia Resource Centre supports and signposts carers of people with dementia to help them sustain their caring responsibilities
- Work with Health partners to ensure carers of people with dementia have access to short break and respite support

**4. People with dementia can access a range of good quality supported housing**

- Monitor and understand the current and future housing needs of people with dementia and their carers
- Commission specialist respite and residential accommodation for those with complex needs

**5. People from black and minority ethnic communities and those with complex needs get the support they need**

- People from black and minority ethnic communities can access help and support that is culturally sensitive
- Work in partnership with Health and Housing to establish clear routes into support for those with complex needs

**6. Peterborough is a dementia friendly city**

- Improve public awareness and understanding of dementia
- Develop a local Dementia Action Alliance to take forward the campaign for people with dementia to be treated with dignity and respect

#### **5.4 Dementia Resource Centre**

#### **5.5 Service Outcomes**

5.6 The dementia resource aims to provide a high quality, effective community based support for people with dementia and their carers. The service specific outcomes include;

- People with dementia and their carers have access to good quality advice and information when and where they need it;
- People dementia and their carers are supported to engage in a timely and holistic assessment of their needs with skilled professionals who involve the service user and carer in identifying individual outcomes;
- People with dementia and their carers are supported to live well with dementia and have sufficient support in place at each stage in their dementia journey;
- People with dementia's quality of life is improved as they are able to access information, advice and support from the centre and within the local community that improves their health and wellbeing;
- People affected by dementia, partner organisations and community groups have a positive experience using the resource centre. The physical environment enhances their experience and contributes to enabling people to live well with dementia;
- Local communities are 'dementia aware' and play an active role in supporting those affected by dementia. There is an increase in the number of service users from socially disadvantaged communities accessing support;
- Carers feel informed about dementia and dementia support and are supported to carry out their caring responsibilities.

#### **5.7 Procurement**

5.8 The procurement approach follows a Part B OJEU competitive dialogue tender process. The competitive dialogue approach was chosen as it allowed the City Council to shape the service specification iteratively using insight gained from bidders' initial proposals.

5.9 The tender process is nearly complete. Bids have been evaluated by a panel of five that included representation from Cambridgeshire Clinical Commissioning and senior members of the Adult Social Care management team. A recommended bidder has been identified and a cabinet member decision notice drafted. Once authorised, a formal announcement on the result of the tender will be made.

5.10 The panel were extremely pleased with the standard of the bids received. The chosen provider was able to evidence an excellent level of knowledge and experience in delivering community based dementia support and achieving outcomes for people with dementia and their carers.

#### **5.11 Property**

5.12 Following a formal search by Corporate Property in April 2013, 441 Lincoln Road, Millfield (formerly referred to as 439 Lincoln Road) was identified as a suitable location for the

Dementia Resource Centre.

5.13

To ensure all options were considered bidders were asked at pre-qualifying questionnaire stage to identify any property they were aware of that would meet the requirements (e.g. on a main bus route, close to City Centre, free parking, sufficient size, etc).

5.14

No property was put forward by bidders and so in the absence of an alternative and a commitment to get the centre up and running as soon as possible, the Council will be working in partnership with the chosen provider, CPFT and people with dementia and their carers to design and refurbish 441 Lincoln Road into an exceptional facility that reflects the latest dementia friendly design principles. The building provides ample space for the chosen provider and NHS memory clinic to offer an integrated support offer and for a 7 day a week day service to be delivered on site. The aim is to deliver the vision of a "One stop shop" for dementia.

5.15

It is estimated the refurbishment will take a minimum of 3-4 months which means the Centre will be opening around Spring 2014. Work to mobilise the contract will start immediately to enable the chosen provider to begin delivering a range of support sessions using home visits and community locations from January 2014.

5.16

As part of the Council's 5 year dementia strategy and its ongoing commitment to ensure people with dementia and their carers get the support they need, it will be reviewing the future property requirements for dementia care and support services. The review will widen the scope to consider supported accommodation for people with young onset dementia and short term breaks for carers as this has been identified as a priority during consultation. Options will be assessed based on their long term cost effectiveness and include the development of a new purpose built facility that could potentially accommodate community based support as well as supported accommodation for people with dementia.

5.17

#### **Dementia friendly city update**

5.18

Making Peterborough a dementia friendly city is a key outcome of the Council's dementia strategy. A dementia friendly community is defined by Alzheimer's Society in its recently published report 'Building dementia friendly communities: a priority for everyone' as "*one in which people with dementia are empowered to have high aspiration and feel confident, knowing they can contribute and participate in activities that are meaningful to them.*"

5.19

Adult social care supports the view that to improve the lives of people with dementia and their carers we need to involve and empower local communities so that they actively contribute to enabling people to live well with dementia.

5.20

Work to make Peterborough dementia friendly began in April 2013 with a workshop with stakeholders and the development of an action plan. Activity to date has focussed on raising awareness about dementia amongst residents and businesses through the promotion of dementia friends information sessions ([www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)). This volunteer led social movement aims to have delivered awareness sessions to 1 million people by 2015.

5.21

Peterborough has over 30 Dementia Champions (those trained in delivering dementia friends sessions). With the support of the City Council information sessions have been delivered to a variety of audiences including;

- Police/ Police Community Support Officers
- Citizens advice Bureau
- Open sessions at Town Hall (plans to deliver monthly sessions)
- Queensgate staff
- Greater Peterborough Partnership

5.22



5.23 Future sessions are already being planned with Boots Chemist, Clinical Commissioning Group staff, the Pensioners association and it is hoped this list will continue to grow. Other achievements to date include;

- Setting up Dementia Cafes (Rotary Club and Sue Ryder both hosting sessions from October 2013);
- Setting up a [Local Dementia Action Alliance](#) to drive the initiative forward - an independent collective made up of members that have pledged to make a difference to the lives of people with dementia;
- Engaging local business in becoming more dementia friendly and joining the local action alliance – Boots Chemists, Queensgate, Post Office, Rotary Club, Ramblers Association in the process of joining;
- Being accepted on to the Dementia Friendly Recognition programme- this allows the Local Action Alliance to award businesses that meet the dementia friendly criteria with a symbol to let the general public know they are dementia friendly;
- Supporting carers of people with dementia to review local facilities and recommending what would make them more dementia friendly

## 6. IMPLICATIONS

### 6.1 Financial implications

Additional capital and revenue investment to deliver the strategy has been identified within proposed budgets for 2013/2014:

- Capital investment           £600K
- Revenue investment       £335K (£250k new investment plus £85k existing spend on dementia support contracts)

## 7. CONSULTATION

7.1 Consultation has been undertaken with a range of organisations and groups over the previous 12 months, specifically:

- People with dementia and their carers (Workshops in December 2012, April 2013)
- Voluntary sector organisations working in this sector
- Cambridgeshire and Peterborough Foundation Trust (Health commissioned provider of dementia diagnosis and stabilisation services in Peterborough)
- Peterborough City Council Adult Social Care departmental management team

7.2 A steering group was formed to develop the City Council's strategy for people with dementia and their carers. Membership included all of the above as well as representation from Cambridgeshire Clinical Commissioning Group, Public Health and Peterborough City Council Learning and Development team. This group was consulted on the gaps in current support provision. Their knowledge and expertise was used to develop the service specification and property requirements for the resource centre.

7.3 Scrutiny Commission for Health Issues was given an opportunity to comment on the draft strategy and initial plans for the resource centre in February 2013 and are invited to comment on progress to date outlined in this report before the implementation phase begins.

7.4 Peterborough's Older People's Partnership Board and Mental Health Stakeholder Group have also been regularly updated on the work of the dementia steering group and opportunity to review and comment on the initial design of the Dementia Resource Centre at their respective bi-monthly meetings.

- 7.5 Adult Social Care commissioning also visited an existing Dementia Resource Centre in Newcastle that had recently undergone a refurbishment. The visit reinforced the importance of design when developing buildings for people with dementia, with the provider sharing lessons learned about what activities work well to stimulate thoughts and interaction between those attending the centre.
- 7.6 Consultation will continue throughout the mobilisation of the centre. A communications plan has been developed to market the centre and ensure all partner organisations are clear on referral pathways. The dementia steering group will continue to meet on a monthly basis and consulted on progress. The chosen provider will also be carrying out focus groups with service users and carers throughout the implementation phase of the contract.

## 8. NEXT STEPS

- 8.1 An updated timeframe for the dementia resource centre is detailed below:

Key Milestones	Date
Dementia Cafes open	Oct 2013
Dementia Resource Centre Contract Award	Nov 2013
Design and specification for 441 refurbishment	Nov 2013
Contract Mobilised	Jan 2014
Dementia Resource Centre opens	Spring 2014
Review of performance and capacity	Summer 2014

## 9. BACKGROUND DOCUMENTS

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

- 9.1 Draft PCC Strategy for people with dementia and their carers 2014-19

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 11</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Head of Legal Services**

**Contact Officer(s) – Adrian Chapman (863887) and Paulina Ford (452508)**

### **SCRUTINY IN A DAY: UNDERSTANDING AND MANAGING THE IMPACTS OF WELFARE REFORM ON COMMUNITIES IN PETERBOROUGH**

#### **1. PURPOSE**

- 1.1 This report provides an update to all Scrutiny Committees and Commissions on the progress being made towards organising the Scrutiny in a Day event on 17<sup>th</sup> January 2014.

#### **2. RECOMMENDATIONS**

- 2.1 Scrutiny Members are asked to:
- review the progress being made, especially the plans for the day itself, and suggest other content that is relevant to their own Scrutiny Committee or Commission
  - suggest a small number of key themes relevant to their Scrutiny Committee or Commission that they would especially like to focus on during the combined Scrutiny event

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

- 3.1 The welfare reform programme will present both opportunities and risks for many aspects of our work, and each of the priorities set out in the Sustainable Community Strategy could be impacted upon by these changes.

#### **4. BACKGROUND**

- 4.1 All of the Council's Scrutiny Committees and Commissions, when they met during the summer, agreed to hold a Scrutiny in a Day combined scrutiny event focusing on the impacts of welfare reform on communities in Peterborough.
- 4.2 The 2012 Welfare Reform Act is making the biggest change to the welfare benefits system since the 1940's. These changes will have a direct impact for most benefit claimants, which for some will be significant. There may also be a number of indirect and unintended consequences, some negative (such as overcrowding) and some positive (such as greater innovation leading to new employment schemes).
- 4.3 Welfare Reform will have an impact in how the Council and its partners deliver support, advice and services to the public. The council will need to work even more closely with local partners across the public and civil society sectors and with businesses in delivering the changes that Welfare Reform brings. Key to the successful implementation of Welfare Reform will be ensuring that the council and local partners have an agreed strategy and understanding of the issues and how they can be addressed.

- 4.4 A working group has been formed comprising representatives from all Scrutiny Committees and Commissions to lead the development of the Scrutiny in a Day event. Members of this working group are Cllr Nick Arculus and Cllr Judy Fox (Sustainable Growth and Environment Capital), Cllr Sue Day and Al Kingsley – Co-opted Member (Creating Opportunities and Tackling Inequalities), Cllr Lisa Forbes and Cllr John Fox (Strong and Supportive Communities), Cllr David Over (Rural Communities), and Cllr Ann Sylvester (Health Issues).
- 4.5 The Council has also secured the advice of the Centre for Public Scrutiny (CfPS) to help ensure the event is a successful one. CfPS are the national experts in matters associated with good scrutiny and governance, and we have secured three days of free advice from one of their Expert Advisers, Brenda Cook.
- 4.6 The Scrutiny in a Day event will be organised using the principles of the CfPS Return on Investment Model. This is a tool developed by CfPS that provides focus for intensive scrutiny of a single issue, whilst at the same time enabling the Council to determine the impact of and return on its investment from the scrutiny process. For example, it is anticipated that the event in January will produce a range of ideas, proposals, recommendations and actions; the Return on Investment model will ensure that the outcomes associated with these are properly understood and assessed and any consequential savings, efficiencies and other returns can be calculated.

## **5. KEY ISSUES**

- 5.1 The working group has developed a draft programme for the day, and this is attached at appendix 1. It is proposed that the day is organised in two halves – the morning sessions will be development sessions and therefore closed to the public and media, whilst much of the afternoon sessions will be held in public.
- 5.2 The working group has been keen to develop an interactive and participatory programme which combines learning and experiential opportunities, as well as opportunities to engage direct with those already affected by the reforms.
- 5.3 Ahead of the event, further information will be issued to all Scrutiny Members setting out evidence, data and other information that will help inform the day itself. It will be vital that Members receive this in a timely manner in order to provide ample opportunity to read and absorb it, and to ask any questions ahead of the day. This evidence and information will be used to define the focus of the scrutiny discussions throughout the day.
- 5.4 In addition, Members are also now asked to suggest key themes relevant to their Committee or Commission, or that are drawn from their own experiences of their work in wards, that can be part of the focus of the day. The welfare reform agenda is extremely wide ranging and its impacts are cross-cutting. The working group have therefore recommended that each Committee or Commission, during the afternoon sessions, focus on two or three key lines of enquiry to retain focus and to achieve the best possible outcomes.

## **6. IMPLICATIONS**

- 6.1 Focussing on a single cross-cutting theme in this way will ensure that the council's response to the opportunities and challenges presented by welfare reform is completely joined-up and has the highest possible impact.

## **7. CONSULTATION**

- 7.1 The planning process for the Scrutiny in a Day event is being overseen by the working group described above. In addition, a number of key agencies from the wider public sector and the voluntary, community and faith sectors have also been consulted with a large number committing resource and time to the event. A small cross-departmental officer working group has also been formed to take any actions forward and to plan and implement the necessary detail.

## **8. NEXT STEPS**

- 8.1 The working group will continue to plan the event, and will also consider all of the combined evidence, information and data alongside suggestions for key themes made from this committee or commission meeting.

## **9. BACKGROUND DOCUMENTS**

- 9.1 None

## **10. APPENDICES**

- 10.1 Appendix 1: Draft Programme

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## Appendix 1

### SCRUTINY IN A DAY

#### Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough

#### *DRAFT PROGRAMME*

9.00 – 9.30	<b>Arrivals, registration and coffee</b>
9.30 – 9.45	<b>Welcome and introduction to the day</b>
9.45 – 10.00	<b>Overview of the Reforms</b>
10.00 – 10.15	<b>The wider context: Poverty in Peterborough</b>
	<b><u>Participatory sessions:</u></b>
10.15 – 11.15	<b><u>Session 1</u></b>  <b>The Experience</b> An interactive walk-through of the impacts of welfare reform, the support available and the temptations to individuals and families  <b>Impacts, e.g.</b> Eviction Debt Health Crime and ASB  <b>Support, e.g.</b> CAB Foodbank Credit Union Carezone Statutory services  <b>Temptations, e.g.</b> Payday loans Loan sharks Benefit fraud
11.15 – 11.45	<b><u>Session 2a</u></b> <i>Members attend either session 2a or session 2b</i>  <b>The Evidence</b> A workshop focussing on data and evidence showing: <ul style="list-style-type: none"><li>• The impacts of reform so far</li><li>• The potential future impacts of reform</li><li>• The picture on poverty in Peterborough</li></ul>

## Appendix 1

11.15 – 11.45	<p><b><u>Session 2b</u></b>  <i>Members attend either session 2a or session 2b</i></p> <p><b>The Reality</b>  An opportunity to meet some local residents who have been impacted by welfare reform in an informal setting, AND an opportunity to hear from and engage with those agencies providing frontline support to people facing up to the impacts of welfare reform:</p> <ul style="list-style-type: none"> <li>• CAB</li> <li>• Foodbank</li> <li>• Carezone</li> <li>• Credit Union</li> <li>• PCVS</li> <li>• MIND</li> <li>• DIAL</li> <li>• Age UK</li> <li>• PCC services</li> </ul>
11.45 – 12.15	<p><b><u>Repeat sessions 2a and 2b</u></b></p> <p><i>Members attend the alternative session to that attended previously</i></p>
12.15 – 1.00	<p><b><u>Session 3</u></b></p> <p><b>The Impacts</b>  An opportunity to watch and engage with a performance that aims to demonstrate some of the impacts of reform</p>
1.00 – 1.45	<p><b>Lunch</b></p>
1.45 – 2.00	<p><b>Introduction to the afternoon sessions</b></p> <p>A summary of the morning sessions and a reminder of the key themes for scrutiny</p>
2.00 – 3.00	<p><b>Joint Scrutiny Committee – the Big Debate</b></p> <p>All five Scrutiny Committees and Commissions combined to have a single debate</p>
3.00 – 4.00	<p><b>Individual Scrutiny Committee and Commission Meetings</b></p> <p>All Scrutiny Committees and Commissions meet separately to develop recommendations</p>
4.00 – 4.20	<p><b>Joint Scrutiny Committee – Feeding Back</b></p> <p>All five Scrutiny Committees and Commissions combined to provide feedback and to summarise the key recommendations</p>
4.20 – 4.30	<p><b>Final remarks, next steps and close</b></p>



**Appendix 1**

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 12</b>
<b>12 NOVEMBER 2013</b>	<b>Public Report</b>

## **Report of the Head of Legal Services**

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

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

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

#### **1. PURPOSE**

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

#### **2. RECOMMENDATIONS**

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

#### **3. BACKGROUND**

- 3.1 The latest version of the Forward Plan of Key Decisions is attached at Appendix 1. The Forward Plan contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken after 29 November 2013.
- 3.2 The information in the Forward Plan of Key Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Committee wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 3.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

#### **4. CONSULTATION**

- 4.1 Details of any consultation on individual decisions are contained within the Forward Plan of Key Decisions.

#### **5. BACKGROUND DOCUMENTS**

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

None

#### **6. APPENDICES**

Appendix 1 – Forward Plan of Key Decisions

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# **PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF KEY DECISIONS**

PUBLISHED: 1 NOVEMBER 2013

## FORWARD PLAN OF KEY DECISIONS

In the period commencing 28 days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual cabinet member, the name of the cabinet member is shown against the decision, in addition to details of the councillor's portfolio. If the decision is to be taken by the Cabinet, it's members are as listed below:

Cllr Cereste (Leader); Cllr Elsey; Cllr Fitzgerald; Cllr Holdich (Deputy Leader); Cllr North; Cllr Seaton; Cllr Scott; and Cllr Walsh.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to [alexander.daynes@peterborough.gov.uk](mailto:alexander.daynes@peterborough.gov.uk) or by telephone on 01733 452447.

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

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

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

All decisions will be posted on the Council's website: [www.peterborough.gov.uk/executive/decisions](http://www.peterborough.gov.uk/executive/decisions). 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.

## KEY DECISIONS FROM 29 NOVEMBER 2013

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	MEETING OPEN TO PUBLIC	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER (IF ANY OTHER THAN PUBLIC REPORT)
<p><b>Replacement of air handling plant at the Regional Pool - KEY/29NOV13/01</b></p> <p>To award a contract for the replacement of the air handling plant at the Regional Pool.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Morris Client Property Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>
<p><b>District Heating Scheme For PCC Properties - KEY/29NOV13/02</b></p> <p>To award a contract for the installation of a district heating system for the Town Hall, Regional Pool and Lido.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>December 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Morris Client Property Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Legal Advisory Services for the City Council on Behalf of the Energy Services Company (ESCO)</b>  <b>"Blue Sky Peterborough"</b> and <b>Related Projects and other City Council Major Development / Investment Projects - KEY/29NOV13/03</b>          To award a contract for the provision of legal advisory services.</p>	<p><b>Councillor David Seaton</b>  <b>Cabinet Member for Resources</b></p>	<p><b>November 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p><b>Andrew Cox</b>  <b>Senior Category Manager</b>          andy.cox@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>
<p><b>PREVIOUSLY ADVERTISED DECISIONS</b></p>							
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11</b>          To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park.</p>	<p><b>Councillor David Seaton</b>  <b>Cabinet Member for Resources</b></p>	<p><b>November 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate.</p>	<p><b>Richard Hodgson</b>  <b>Head of Strategic Projects</b>          Tel: 01733 384535          richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>



<p><b>Care and Repair Framework Agreement - KEY/18DEC12/01</b> To approve a framework agreement and schedule of rates to deliver disabled facility grant work, specifically providing disabled access to toilet and washing facilities and associated work in domestic properties.</p>	<p><b>Councillor Nigel North</b> Cabinet Member for Environment Capital and Neighbourhoods</p>	<p><b>Between 2 Nov 2013 and 31 Dec 2013</b></p>	<p><b>N/A</b></p>	<p>Strong and Supportive Communities</p>	<p>Relevant Internal Departments.</p>	<p>Russ Carr Care &amp; Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Fletton Parkway Junction 17 to 2 improvement scheme - KEY/24JAN13/07</b> To approve the contract for the construction works.</p>	<p><b>Councillor Gr. Uff. Marco Cereste</b> Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</p>	<p><b>December 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Sale of Craig Street Car Park - KEY/25MAR13/01</b> To approve the sale of land known as Craig Street Car Park.</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>November 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant Internal and External Stakeholders and ward councillors.</p>	<p>David Gray Capital Projects Officer Tel: 01733 384531 david.gray@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>The Expansion of Fulbridge Academy to four forms of entry - KEY/25JUL13/02</b> Award of Contract for the Expansion of Fulbridge Academy, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p><b>Councillor John Holdich OBE</b> <b>Cabinet Member for Education, Skills and University,</b> <b>Cabinet Member for Resources</b></p>	<p><b>Before 31 Oct 2013</b></p>	<p><b>N/A</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>The Expansion of Ravensthorpe Primary School to two forms of entry - KEY/08AUG13/02</b> Award of Contract for the Expansion of Ravensthorpe Primary School, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p><b>Councillor John Holdich OBE</b> <b>Cabinet Member for Education, Skills and University</b></p>	<p><b>Before 31 Oct 2013</b></p>	<p><b>N/A</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders including ward councillors.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>

<p><b>Clare Lodge - KEY/22AUG13/01</b> To award a contract for the provision of services.</p>	<p><b>Councillor Sheila Scott OBE</b> <b>Cabinet Member for Children's Services</b></p>	<p><b>May 2014</b></p>	<p><b>N/A</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Personal Care and Support for Adults (Homecare) - KEY/06SEP13/03</b> Award of contract for the provision of Personal Care and Support services.</p>	<p><b>Councillor Wayne Fitzgerald</b> <b>Cabinet Member for Adult Social Care</b></p>	<p><b>Between 14 Oct 2013 and 29 Nov 2013</b></p>	<p><b>N/A</b></p>	<p>Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Nick Blake Improvement &amp; Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Transformation of Person Centred Activities for Younger Adults in Peterborough - KEY/20SEP13/01</b> Agree the consultation plan for the Transformation of Person Centred Activities for Younger Adults in Peterborough (Day and Employment services for people with learning and physical disabilities).</p>	<p><b>Cabinet</b></p>	<p><b>18 Nov 2013</b></p>	<p><b>Yes</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders including service users and staff.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Materials Recycling Facility contract - KEY/20SEP13/02</b>          Agree to joint procurement of MRF for bulking, sorting and onward processing and sale of recyclable materials, in collaboration with RECAP Partner Councils.</p>	<p><b>Councillor Gavin Eisey</b>          Cabinet Member for Culture, Recreation and Waste Management</p>	<p><b>November 2013</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn          Programme Manager - Waste Infrastructure          richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>City College Extension Project - KEY/20SEP13/03</b>          Using Education Funding Agency grant to create a dedicated, customised space for students aged 16-19 with learning difficulties and disabilities.</p>	<p><b>Councillor John Holdich OBE</b>          Cabinet Member for Education, Skills and University</p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard          Programme Manager - Secondary Schools Development          Tel: 01733 863976          brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Contract Award for the Provision of Domestic Abuse and Sexual Violence Services - KEY/04OCT13/01</b>          To award the contract for the provision of Domestic Abuse and Sexual Violence Services.</p>	<p><b>Councillor Irene Walsh</b>          Cabinet Member for Community Cohesion, Safety and Public Health</p>	<p><b>November 2013</b></p>	<p><b>N/A</b></p>	<p>Strong and Supportive Communities</p>	<p>Safer Peterborough Partnership.</p>	<p>Karen Kibblewhite          Safer Peterborough Manager - Cutting Crime          Tel: 01733 864122          karen.kibblewhite@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Amendments to the Affordable Housing Capital Funding Policy - KEY/04OCT13/02</b> To agree the amendments to the Affordable Housing Capital Funding Policy.</p>	<b>Cabinet</b>	<b>16 Dec 2013</b>	<b>Yes</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<p><b>Strategy for People with Dementia and their Carers - KEY/04OCT13/05</b> To approve the Dementia Strategy.</p>	<b>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</b>	<b>November 2013</b>	<b>N/A</b>	Health Issues	Service users, relevant departments and Scrutiny Commission for Health Issues.	Rob Henchy Commissioning Manager Tel: 01733 452429 rob.henchy@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<p><b>Strategic Infrastructure Partnership - KEY/04NOV13/01</b> To enter into a strategic partnership to improve the communication infrastructure in Peterborough.</p>	<b>Cabinet</b>	<b>4 Nov 2013</b>	<b>No.</b>	Sustainable Growth and Environment Capital	Relevant internal departments & external stakeholders as appropriate.	Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<p><b>Long Causeway Public Realm Improvements - KEY/15NOV13/01</b> To award the contract to undertake engineering works as part of the Long Causeway Public Realm Improvement works.</p>	<b>Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning,</b>	<b>December 2013</b>	<b>N/A</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Mullins Project Engineer/Development Engineer Tel: 01733 453548 simon.mullins@peterborough.gov.uk	It is not anticipated that there will be any further documents.



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

Strategic Finance  
Internal Audit  
Schools Infrastructure (Assets and School Place Planning)  
Corporate Property  
Waste and Energy  
Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

**CHILDREN'S SERVICES DEPARTMENT Executive Director's Office at Bayard Place, Broadway, PE1 1FB**

Safeguarding Family and Communities  
Education  
School Improvement  
Special Educational Needs / Inclusion and the Pupil Referral Service

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

Care Services Delivery (Assessment and Care Management and Integrated Learning Disability Services)  
Mental Health  
Public Health (including Health Performance Management)

**COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB**

Strategic Commissioning  
Safer Peterborough, Cohesion, Social Inclusion and Neighbourhood Management

**GOVERNANCE DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG**

Communications  
Legal and Governance Services  
HR Business Relations (Training and Development, Occupational Health and Reward and Policy)  
Strategic Regulatory Services  
Performance Management

**GROWTH AND REGENERATION DEPARTMENT Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD**

Strategic Growth and Development Services  
Strategic Housing  
Planning Transport and Engineering (Development Management, Construction and Compliance, Infrastructure Planning and Delivery, Network Management and Passenger Transport)  
Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets and Commercial Trading and Tourism)





**SCRUTINY COMMISSION FOR HEALTH ISSUES  
WORK PROGRAMME 2013/14**

Meeting Date	Item	Progress
<p><b>20 June 2013</b> <i>Draft report 4 June</i> <i>Final report 11 June</i></p>	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b> To scrutinise the performance on adult social care services and make any appropriate recommendations.  <b>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</b></p>	
	<p><b>Peterborough and Stamford Hospital NHS Foundation Trust - Update</b></p>	
	<p><b>Contact Officer: Jane Pigg</b> <b>Introduction to Public Health</b></p>	
	<p><b>Contact Officer: Sue Mitchell, Interim Director of Public Health</b> <b>Review of 2012/13 and Future Work Programme 2013/14</b></p>	
	<p>To review the work undertaken during 2012/13 and to consider the future work programme of the Committee.</p>	
	<p><b>Contact Officer: Paulina Ford, Senior Governance Officer</b></p>	
<p><b>16 July 2013</b> <i>Draft report 28 June</i> <i>Final report 5 July</i></p>	<p><b>Adult Social Care Prevention Strategy</b> To scrutinise the development of an Adult Social Care Prevention Strategy.  <b>Contact Officer: Jana Burton, Interim Director of Adult Social Care</b></p>	

Meeting Date	Item	Progress
	<p><b>Cambridgeshire Community Services Transition</b>            To receive and comment on a report on the work of the Cambridgeshire Community Services Transition Programme.  <b>Contact Officer: Jessica Bawden, Cambridgeshire &amp; Peterborough Clinical Commissioning Group</b></p> <p><b>Cambridgeshire &amp; Peterborough Clinical Commissioning Group – Priorities and Older Peoples Programme</b>            To receive a report and comment on the work on the three priority areas for Cambridgeshire and Peterborough Clinical Commissioning Group.  <b>Contact Officer: Jessica Bawden</b></p>	
<p><b>19 September 2013</b>  <i>Draft report 3 Sept</i>  <i>Final report 10 Sept</i></p>	<p><b>Contingency Planning Team Report</b>            To note the content of the Contingency Planning Team's report and the recommendations on the future of Peterborough &amp; Stamford Hospitals NHS Foundation Trust and to make any necessary recommendations.  <b>Contact Officer: Jane Pigg</b></p> <p><b>Transforming Person-Centered Opportunities For Younger Adults</b>            To receive an update on the changes in Adult Social Care, particularly around Personalisation and Transforming Opportunities for Younger Adults (under 65) and make an necessary recommendations.  <b>Contact Officer: Tim Bishop/Mubarak Darbar/Fiona Fowler</b></p> <p><b>Peterborough City Council Adult Social Care Department Local Account</b>            To note and agree to the publication of the Local Account.  <b>Contact Officer: Tina Hornsby</b></p>	

Meeting Date	Item	Progress
<p><b>12 November 2013</b>                      Draft report 25 Oct                      Final report 1 Nov</p>	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b>                      To scrutinise the performance on adult social care services and make any appropriate recommendations.  <b>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</b></p>	
	<p><b>Safeguarding Vulnerable Adults Board Annual Report 2012/2013</b>                      To scrutinise the Safeguarding Vulnerable Adults board Annual Report 2012/2013 and make any recommendations.  <b>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</b></p>	
	<p><b>Public Health</b>                      To scrutinise the performance on the Public Health Outcomes and make any appropriate recommendations.  <b>Contact Officer: Sue Mitchell, Director of Public Health</b></p>	
	<p><b>Dementia Resource Centre Update</b>                      To receive an update on the progress of the Dementia Resource Centre  <b>Contact Officer: Nick Blake, Head of Commissioning, OP/PD/SI/HIV &amp; Carers</b></p>	
	<p><b>Cambridgeshire &amp; Peterborough Clinical Commissioning Group – Response to Francis Report</b>  <b>Contact Officer: Jessica Bawden</b></p>	
	<p><b>Longer Lives Tool-Kit – A Peterborough Perspective</b>  <b>Contact Officer: Dr Boika Rachel/Sue Mitchell</b></p>	

Meeting Date	Item	Progress
	<p><b>Scrutiny In A Day – Focus on Impact of Welfare Reform - Update</b></p> <p>To receive an update on the plans for the Scrutiny in a Day Event and provide feedback and comment.</p> <p><b>Contact officers: Adrian Chapman / Paulina Ford</b></p>	
<p><b>(Joint Meeting of the Scrutiny Committees and Commissions) 8 or 20 January 2014</b></p>	<p><b>Budget 2014/15 and Medium Term Financial Plan</b></p> <p>To scrutinise the Executive's proposals for the Budget 2014/15 and Medium Term Financial Plan.</p> <p><b>Contact Officer: John Harrison/Steven Pilsworth</b></p>	
<p><b>17 January 2014 (Joint Meeting of Scrutiny Committees and Commissions)</b></p>	<p><b>Scrutiny in a Day: Focus on Impact of Welfare Reform</b></p> <p>To conduct an in depth one day review with a focus on the impacts of Welfare Reform across all scrutiny agendas and make recommendations to mitigate those impacts.</p> <p><b>Contact officers: Paulina Ford / Adrian Chapman</b></p>	
<p><b>22 January 2014</b> <i>Draft report 7 Jan</i> <i>Final report 14 Jan</i></p>	<p><b>East of England Ambulance Service – Annual progress report</b></p> <p><b>Young Peoples Sexual Health and Wellbeing Strategy</b></p> <p>To scrutinise the Sexual Health &amp; Wellbeing Strategy and receive an update on Teenage Pregnancy.</p> <p><b>Contact Officer: Sue Mitchell</b></p>	<p>Deferred from 16 July 2013 meeting.</p>

Meeting Date	Item	Progress
	<p><b>Transforming Person-Centered Opportunities For Younger Adults</b></p> <p><b>Contact Officer: Jana Burton</b></p> <p><b>Suicide Prevention Strategy</b></p> <p><b>Contact Officer: Kathy Hartley – NHS- Cambs CC</b></p>	
<p><b>25 March 2014</b>  <i>Draft report 7 March</i>  <i>Final report 14 March</i></p>	<p><b>Quarterly Performance Report on Adult Social Care Services in Peterborough</b>                      To scrutinise the performance on adult social care services and make any appropriate recommendations.</p> <p><b>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</b></p> <p><b>Health and Wellbeing Board – Delivering the Health and Wellbeing Strategy</b></p> <p><b>Contact Officer: Wendi Ogle-Welbourn, Assistant Director</b></p> <p><b>Cabinet Member for Adult Social Care – Portfolio Progress Report</b></p> <p><b>Clinical Commissioning Group – Performance Report</b></p> <p><b>Contact Officer: Jessica Bawden</b></p> <p><b>Minor Injury and Illness Unit (MIIU)</b>                      To scrutinise the implementation and impact of the new Minor Injury and</p>	

Meeting Date	Item	Progress
	Illness Unit. <b>Contact Officer: Jessica Bawden</b>	

**Possible Items for Scrutiny: 2013/14**

<p><b>Adult Social Care</b></p> <ul style="list-style-type: none"> <li>• Quality Framework</li> <li>• Quality Care Commission</li> <li>• Quarterly update report on Dementia Resource Centre</li> <li>• Portfolio Progress Report from the Cabinet Member for Adult Social Care</li> <li>• Implementation of the Electronic Call Monitoring System.</li> <li>• <b>Carers Strategy</b></li> <li>• Dementia Strategy, Contact Officer: Rob Henchy</li> </ul>	<p>From March 2013 meeting.</p> <p>From March 2013 meeting.</p> <p>Deferred from September 2013 meeting.</p> <p>From June 2013 meeting.</p>
<p><b>Healthwatch</b></p>	<p>From July meeting</p>
<p><b>Public Health Transfer</b></p> <ul style="list-style-type: none"> <li>• Quarterly Performance Report on outcome Framework</li> <li>• Portfolio Progress Report from the Cabinet Member for Community Cohesion, Safety and <b>Public Health</b></li> </ul>	<p>From March 2013 meeting</p>
<p><b>The Cambridgeshire &amp; Peterborough Clinical Commissioning Group</b></p> <ul style="list-style-type: none"> <li>• Business Plan Six monthly progress report</li> </ul>	<p>From March 2013 meeting</p>

<p><b>Peterborough and Stamford Hospital NHS Foundation Trust</b></p> <ul style="list-style-type: none"><li>• Response to Recommendations from the Francis Inquiry</li></ul>	<p>From June 2013 meeting.</p>

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