

## SCRUTINY COMMISSION FOR HEALTH ISSUES

**WEDNESDAY 22 JANUARY 2014**

**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 the meeting held on 12 November 2013** 3 - 14
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. **East of England Ambulance Service** 15 - 20
6. **Cambridgeshire & Peterborough Clinical Commissioning Group - Programme Update** 21 - 26
7. **Transforming Day Opportunities for Adults Under 65** 27 - 50
8. **Forward Plan of Key Decisions** 51 - 64
9. **Work Programme 2013/2014** 65 - 72
10. **Date of Next Meeting**

- 10 February 2014 – Joint Meeting of the Scrutiny Committees / Commissions – Scrutiny of the Budget
- 25 March 2014 – Scrutiny Commission for Health Issues



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

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

*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 A 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 12 NOVEMBER 2013**

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

**Also present** Matthew Purcell Youth Council Representative  
Councillor Davidson Representing the Leader of the Liberal Democrats  
David Whiles HealthWatch  
Jill Houghton Director – Quality, Safety & Patient Experience / Nurse Member, CCG Board

**Officers Present:** Tina Hornsby Assistant Director, Quality Information and Performance  
Sue Mitchell Director of Public Health  
Jana Burton Executive Director of Adult Social Care and Health and Wellbeing  
Nick Blake Head of Commissioning, OP/PD/SI/HIV & Carers  
Paulina Ford Senior Governance Officer  
Gurvinder Kaur Lawyer

**1. Apologies**

Apologies for absence were received from Councillor Allen and Councillor Peach attended as substitute.

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

There were no declarations of interest or whipping declarations.

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

The minutes of the meeting held on 19 September 2013 were approved as an accurate record with the exception of the following which was noted. David Whiles, Healthwatch representative advised that both he and Matthew Purcell, Youth Council Representative were present at the meeting on 19 September but this had not been recorded.

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

There were no requests for Call-in to consider.

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

The report provided the Commission with an update on the Clinical Commissioning Groups response to the 2013 Francis Report. The Director – Quality, Safety & Patient Experience / Nurse and Member of the CCG Board introduced the report. The Francis report was published on 6 February 2013 following a public enquiry into complete failures of care at the

Mid Staffordshire NHS Foundation Trust. The Director informed the Commission of what actions the Clinical Commissioning Group had undertaken in response to the Francis report.

Observations and questions were raised and discussed including:

- Were there lessons that could be learnt more widely regarding the commissioning of services from other providers and if so how are the CCG addressing them? *Members were informed that there were lessons to be learnt and in particular to nurse staffing levels. It was anticipated that the government response expected during the autumn would provide guidance on this.*
- Members sought clarification on how soft intelligence for GP's would be provided and how it would work. *Members were advised that GP's had a lot of knowledge as they saw patients on a daily basis and they could feed back to other providers the patient experience of the care delivered from their Trust. Patients quite often did not want to make a complaint or make a fuss about the care they had been given. Without the hard evidence of a complaint it was difficult for the Trust to take any action. In the absence of a complaint the GP could anonymise the information received from the patient and send it to the CCG. The CCG would then theme the information received and would then be able to see if there were any emerging issues that needed to be reported to a provider.*
- Was the soft intelligence gathered through conversations with patients or through questionnaires and surveys? *Members were advised that soft intelligence was gathered through general conversation with patients and patient surveys regarding patient experience that were available through GP Practices and the Trust. If something was noted during a general conversation with a patient the doctor would email the CCG who would then record it on a general database.*
- Is the type of nursing required being taken into consideration when the profiling of staff takes place? *Members were informed that the type of nursing was taken into consideration within a nursing team and there would be a skill mix. There would be a combination of qualified and unqualified nursing staff dependant on the setting and requirements e.g. the needs in an intensive care setting would be very different to the needs of other settings like mental health and community settings.*
- Was there a simple questionnaire that patients could complete when being released from hospital to indicate what their patient care had been like. *Members were advised that on discharge or just after discharge depending on the provider patients were asked if they would complete the friends and family experience score. This was a simple tool which asked if the patient would recommend the Trust to their family or friends. If the answer was no then it would indicate that the patient experience had not been a good one. The question was also being extended to inpatient areas, A & E services and maternity services.*
- Were non formal complaints being logged? *Members were advised that the Trust collected informal complaints.*
- A Member advised that Leicester had Patient Champions which gave patients an opportunity to talk to someone outside of the Trust.
- What were the key changes that the hospital needed to make in light of the Francis Report and how would the CCG know and be assured that the recommendations from the report would remain a high priority. *The Director referred to the report and the key changes that had been mentioned. The biggest issue at Mid Staffs had been the focus on saving money and not on quality and as a result had vastly reduced their nursing work force. The outcome was that the patient's received very poor quality care. It was important that there was enough staff delivering the right care in the right place to improve the quality of care. This would be the key change locally that could be monitored by the CCG.*
- How would you evidence that the hospital had the right amount of staff. *Members were informed that the CCG had asked the hospital as part of their contractual conditions to present twice a year a report to the hospital board detailing staffing levels. The papers to the board and the ongoing scrutiny regarding staffing levels, staff appraisals and sickness levels would be monitored by the CCG.*

- The Chair requested that when the evidence became available that it should be presented to the Commission in the form of a briefing note.
- A member of the Youth Council asked if the question “*would you recommend this Trust to a family or friend*” as part of the friends and family experience score could be rephrased. He did not feel it was appropriate to ask someone if they would recommend the Trust to a family or friend if they had been in hospital due to ill health. *The Director responded that the question was being looked at to be rephrased for different patient settings for example if a patient was in a mental health setting the current question may not be appropriate.*
- The Youth Council representative suggested the question may be rephrased to say “would you be comfortable with a family member or friend coming to this Trust”.

## **ACTION AGREED**

The Commission noted the report and requested that the CCG provide the following:

- A monitoring report in the form of a briefing note with regard to actions being taken regarding staffing levels at the Trust when the evidence became available.

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

The Assistant Director, Quality Information and Performance introduced the report which provided the Commission with a summary of performance delivery against the four priorities within the Adult Social Care Outcomes Framework. Included in the report was an overview of progress against key projects and the current position as at the end of September 2013 (Quarter 2). It was noted that the performance report was in a new format and that the survey related questions had been removed as these were only refreshed once a year. An updated copy of the Performance Report was tabled at the meeting.

Observations and questions were raised and discussed including:

- Members noted with regard to the resettlement of the residents from Greenwood House and Welland House that only just over 50% of resettled residents had en-suite facilities in their new accommodation. *Why was this? Members were advised that this was the choice of the service user as to which home they went to and not all residential homes had en-suite facilities available. All residents were however settled in their accommodation.*
- Members wanted to know if the resettlement of residents had gone well and according to plan. *Members were advised that there was a team manager who was overseeing the resettlement and she had informed the Assistant Director that for some individuals it had been quite a difficult transfer and some had to move quite quickly into nursing care. The team manager had reported that overall people were well settled in their new accommodation and had a better quality of interaction where they were now.*
- Members referred to Priority Four: “Safeguarding adults whose circumstances make them vulnerable and protecting them from harm”. Members noted that the table on page 15 of the report, paragraph 5.4.2 showing the percentage of safeguarding investigations completed within 20 working days had a large gap between the target of 85% and the actual number completed within 20 days which was around 50%. *Can this be explained? Members were informed that the investigations were often complex and involved other providers for example the police who were perhaps undertaking criminal investigations. This often caused a delay. More data was now being collected to try and understand why the investigations were taking so long and how PCC could co-ordinate this better.*
- Was there an escalation process in place to try and get the issues resolved sooner? *Members were informed that historically there had not been an escalation process in place but this was being looked at.*
- Councillor McKean thanked the Assistant Director for the new format for the performance report which was much easier to understand.

- Members sought clarification with regard to page 18 of the report, Priority 2: “Delaying and reducing the need for care and support and the number of permanent admissions to residential care homes for older people per 100,000 of the population”. The comparator Av. was 617.2 but the figure alongside was 327.0 and was indicated as green. What did this mean? *Members were advised that the figure of 327.0 was good and therefore green as it was better to have less permanent admissions to residential care homes.*
- Members noted with relation to Priority 2 that there were several milestones that had been delayed and were showing as amber in September. Had this situation improved? *Members were advised that the reablement contracts were still delayed and should have been awarded in October but would now be awarded by 1 December.*
- Members felt that the milestones should therefore show as red and the original date should be included to indicate how much slippage there was.
- Members referred to Priority 4: “Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm”. Clarification was sought with regard to planned and current objectives as it was not clear in the text and Members felt that this should be made clearer. *Members were advised that there should be headings to say which were current and which were planned but they had been missed off.*
- Members noted that the percentage of re-referrals for safeguarding investigations had not been RAG rated and wanted to know if it should be green. *Members were advised that it was unknown what the RAG rating was as it was a baseline year figure and therefore the target had not been agreed yet.*
- What did ‘soft concerns’ and ‘large scale investigations’ mean. Members felt that some of the wording used was difficult to understand. *The Executive Director of Adult Social Care and Health and Wellbeing responded. Members were advised that the position as described in the performance report on Adult Safeguarding was not good enough. Most of the situations that were faced were either an individual family member or a paid carer. How do we get the systems right. In the auditing that was taking place it was found that it was about confidence in staff and quality of care. Monitoring of quality was important and finding a way to work with health colleagues to ensure quality of care was provided to prevent safeguarding issues. This was a top priority and auditing of cases were taking place on a daily basis. Soft concerns were different from a formal complaint. It was more about having a little bit of information that could be looking into.*
- Was there a mechanism in place similar to the tools that the Trust were using where data could be collected to provide further information and identify issues? *Members were advised that a database was already being developed where information was being collected and sent to the CCG who gathered the information from various sources e.g. community nurses, council staff. This means that the service providers were working together rather than in silos.*

The Chair asked Members if they were happy with the new format for the performance report. All Members confirmed that they were happy with the new format. The Chair thanked Councillor McKean and the Assistant Director, Quality Information and Performance for the work that had gone into redesigning the report format.

#### **ACTION AGREED**

The Committee noted the report and requested that the Assistant Director, Quality Information and Performance provide the Commission with the following information:

- The escalation process that was being developed and put in place for safeguarding investigations that were being delayed and not completed within 20 days.

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

The Assistant Director, Quality Information and Performance introduced the report which provided the Commission with the Peterborough Safeguarding Adults Board Annual Report

for 2012-2013. The report evidenced the achievements of the Safeguarding Adults Board and developments in the field of safeguarding adults. The report was a multi-agency report.

Observations and questions were raised and discussed including:

- Members referred to a chart detailing board members attendance at meetings over the year 2012-2013. It was noted that there had been limited attendance from Peterborough City Council Children's Services. Were they expected to attend and had the attendance improved this year. *Members were informed that their attendance was expected but could not advise if the attendance had improved during the current year.*
- The print out of the report showed some yellow notes on some pages but they had not come out properly. *Members wanted to know if the information was important. Members were directed to the web version where the information was clearer. The yellow notes were important sound bites from the main document.*
- Members referred to page 36 of the report, Figure 4 Source of referral. Why had referrals by social care staff reduced year on year but referrals from Health had risen year on year? *Members were advised that the decrease in referrals from social care staff was due to them having a better understanding of the thresholds of what a safeguarding issue was and how it should be dealt with if it was not a safeguarding issue. The increase in health referrals was positive as this indicated a wider awareness amongst health professionals around neglect.*
- Members referred to page 37 of the report, Figure 6: Location of alleged abuse and the largest amount of alleged abuse was either in care homes or in own home. Why were these two locations the highest? *Members were advised adult abuse investigations were adults that were vulnerable generally by means of ill health or social care needs so were more likely to be in a residential home or own home. More commentary could be provided around this.*
- Members referred to the following statement in the report: "It was identified that in comparison to the national average and our comparator authorities the number of Deprivation of Liberty Safeguard (DOL) referrals in Peterborough was low. Of particular concern was the low number of referral requests received from the Peterborough care home providers." What did this mean? *Members were advised that Deprivation of Liberty Safeguard was a piece of legislation that had come out in recent years. It was about restricting someone's liberty/movements without seeking approval to do so first. An assessment would take place to see if it would be in their best interests to do so. This tended to relate to people with mental health problems in voluntary in patient units and people suffering with dementia in residential and nursing care homes. There had been concern that compared to national figures there had been quite a low number of referrals being made. This may be due to lack of awareness that permission was needed to be obtained. A conference had been held in March aimed at Care Home Managers to raise awareness regarding referrals and there had been an increase in referrals since then however more work was still needed. DOL's were reported to the Safeguarding Board.*
- Members requested that DOL referrals be included in the performance report.
- Are Partner agencies working well with the local authority? *Members were informed that there had been good attendance at the Board but it had taken some time for partners to engage in the fact that they also had a responsibility regarding safeguarding. There was however a multi-agency framework now in place which reflected increased engagement. There was more developmental work to be done to develop the partners understanding of safeguarding issues.*

## **ACTION AGREED**

1. The Commission adopted the report and agreed to its publication.
2. The Commission requested that the Assistant Director, Quality Information to provide information on the attendance of Peterborough City Council Children's Services at the Safeguarding Adults Board during 2013/2014.

3. The Commission requested that Assistant Director, Quality Information and Performance include the following information within future Adult Social Care Performance reports:
  - i. Further commentary to be provided with regard to Location of alleged abuse in future reports and add a pie chart of where residents were located.
  - ii. To include data on Deprivation of Liberty Safeguard (DOL) referrals in the performance report.

## 8. Public Health

The Director of Public Health introduced the report which provided the Commission with an overview of progress in relation to the transfer of Public Health which transferred to the council in April 2013. Included in the report was a performance report which reported on the public health outcomes framework priorities:

1. Improving the wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare Public Health and preventing premature mortality

Also included in the report was the Public Health England Health Profile 2013 for Peterborough.

Observations and questions were raised and discussed including:

- A discussion was held with regard to the layout of the performance report and the inclusion of comparable data and Members gave the Director of Public Health some key points of how to provide clearer information within the report.
- Members referred to the Health Improvement Programme and key metric for the Health Checks Programme which was RAG rated as green but the arrow indicated it was reducing. Was the RAG rating correct? *Members were advised that the Health Checks programme was doing well and Peterborough was best in region. The arrow was incorrectly representing this and needed to be changed.*
- Members referred to the Health Protection Programme and treatment completion for tuberculosis (TB). Why was there such a high rate of treatment completion in Peterborough against the England rate? *Members were advised that the rate of TB in Peterborough had increased by 50% over the past three years. Work was being undertaken with the community based TB service and the hospital with the Public Health England team to look at this increase in depth. One issue was that TB was a particular problem where people lived in close proximity for example in houses of multiple occupancy. Health care services for TB were commissioned by the Clinical Commissioning Group.*
- The Director for Public Health informed members that one of the issues for the new Public Health team since being transferred over to the Local Authority was making sure that there was the right level of specialist capacity to deal with the serious issues in the city. The current level was not right.
- Members referred to the recent announcement of the proposed closure of the children's centres. Would this impact on the health of young children as some of the services provided from the Children's Centres would be stopped. *Members were informed that the council had taken on additional resources to target work in particular with disadvantaged families, the Connecting Families, Troubled Families agenda. There would also be additional Health Visitors. Other services would pick up some of the services delivered from the Children's Centres buildings.*
- Members commented that over the years there had been various strategies put in place to reduce teenage pregnancies but they could never seem to get on top of it. Will this situation ever change? *Members were informed that earlier in the year there had been a*



- reduction of 20% in teenage pregnancies showing an improvement. It should be noted that the number of teenage pregnancies were small and progress had been made.*
- What does the Health and Wellbeing Board need to do to help reduce inequalities locally? *Members were advised that the Board needed to focus on reducing coronary heart disease and stroke and lung disease. This would mean making sure that the right health care services were in place, the right prevention and access to support were also in place.*
  - Members referred to page 54 of the Health Profile 2013 report and the section on Deprivation. Members felt that the data would be better represented if it included Parish and Ward level data. Had the data come from the Census? *Members were informed that it was Census data and was produced nationally. It could be broken down locally. Work done through the Joint Strategic Needs Assessment (JSNA) was looking at more detail and working on a visualisation model based on google earth to represent the data at lower level outputs which would give a more in-depth picture by ward. This was a pilot project.*
  - Members referred to page 55 of the Health Profile, Health inequalities: ethnicity graph. Members felt that the graph was difficult to understand as there was an average line for England and it would have been much better to have a representative average figure by ethnicity to be able to benchmark against the local authority data.
  - Members referred to page 56, Health summary for Peterborough. The graph showing the census data indicators could be a tool to identify significant areas to monitor.
  - Members referred to page 56, Health summary and noted that only one of the indicators was green for Peterborough and significantly better than the England average. All other indicators were either amber (not significantly different from England average) or red (significantly worse than England average). How worried was Public Health about this and what rigor was there to get this turned around? *Members were advised that this was difficult as there were some long term problems that were difficult to unpick like lung disease and coronary heart disease. The issues underlying coronary heart disease did not seem to be changing. Improving the city would improve health e.g. improving housing, addressing poverty etc.*
  - Do we have the right people in the health industry in Peterborough to turn this around? *Members were advised that the right people were in place but the issues were long term and ingrained and change would not happen overnight. It would need all partners to work together to address the issues over time to ensure the right services were in the right place.*
  - Members commented that Operation Can-do identified areas that could cause deprivation such as poor housing, educational support to people with drinking and substance abuse problems. This should eventually have a knock on effect on improving the health indicators. *Members were advised that the Public Health team had been involved in Operation Can-do since its inception and had been working in particular with drinking / alcohol issues.*
  - The Youth Council representative commented that the obesity rates among year 6 children could be reduced by introducing more nutritional school meals. *Members were informed that work was being done with schools around nutrition and this connected to the free school meals initiative. More work was also being done on the amount of physical activity that children were doing and trying to increase this.*

## **ACTIONS AGREED**

The Commission noted the report and requested the following information:

1. Further details on the levels of TB in Peterborough and the actions being taken to address this should be included in the performance report for ongoing monitoring.
2. Future reports to include information concerning resourcing capacity at specialist levels to ensure that the local authority has the capacity to pick up and respond to emerging public health issues in the city.

3. To provide a tabular version of the deprivation levels in Peterborough by ward and Parish level.

## **9. Longer Lives – A Peterborough Perspective**

The report provided the Commission with information on the publication of the Longer Lives Tool-Kit by Public Health England (PHE). PHE had launched a new website, Longer Lives, which illustrated how premature mortality (deaths under 75) varied between local authorities in England. The four most common causes of premature deaths in England were heart disease and stroke, lung disease, liver disease, and cancer. The report provided a focus on mortality and life expectancy data for Peterborough. Peterborough had been identified as significantly worse in England with regard to premature deaths caused by heart disease and stroke and lung disease. These two areas had therefore been focused on for areas of action going forward.

Observations and questions were raised and discussed including:

- How do you know that the actions that are being invested in are the right ones and the right use of resources are being used to make a difference? *Members were informed that the use of NICE guidance to show the evidence of effectiveness and economic value of interventions would be used. It was important that where money was being spent it could be demonstrated that it was value for money and based on evidence.*
- Members noted the Directors comments with regard to the two main causes for premature deaths in Peterborough and felt that the Health and Wellbeing Board should focus on these areas.

The Chair noted that the Director of Public Health would be leaving the council and thanked her for all of her hard work around Public Health and wished her every success for the future.

### **RECOMMENDATION**

The Commission recommend that the Health and Wellbeing Board focus on reducing premature deaths which have been caused by heart disease and stroke and lung disease. Peterborough had been identified through the Longer Lives Tool Kit as being significantly worse in England with regard to premature deaths caused by heart disease and stroke and lung disease. The Health and Wellbeing Board to advise the Commission if any actions were being taken to reduce the impact of premature deaths due to these causes.

## **10. Update on the Development of Peterborough City Councils Dementia Strategy including the Commissioning of a Dementia Resource Centre**

The Head of Commissioning, OP/PD/SI/HIV & Carers introduced the report which provided an update on the status of the draft dementia strategy and the commissioning of the dementia resource centre and the development of Peterborough into a dementia friendly city. The strategy which was in the final stages of completion had been made simpler and more accessible to a wider range of people. The Dementia Resource Centre had been through a procurement process and several bids had been received and the Alzheimer's Society had been selected as the provider. Following a formal search by Corporate Property 441 Lincoln Road, Millfield had been identified as a suitable location for the Dementia Resource Centre. Members were informed of the following achievements with regard to establishing a dementia friendly city:

- 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

Observations and questions were raised and discussed including:

- Where were the Dementia Cafes held? *Members were advised that the Dementia Cafes would be held in various places across the city including, Sue Ryder at Thorpe Hall and 441 Lincoln Road. Ideally there would be cafes around the city and open every day of the week.*
- Had 441 Lincoln Road and the Cafes got adequate parking and adequate bus routes to them? Will they be open at the time the bus routes are in operation and will the facilities be assessed for disabled access. *Members were informed that accessibility had been critical to where the Dementia Resource Centre would be located. Opening hours would be 9.00am to 5.00pm but also evening opening and weekend opening to allow for flexibility. The Dementia Resource Centre was on one of the main bus routes and there was a large car park on site. All Cafes would be assessed for accessibility and parking.*
- Members suggested that the site of the extra care facility and walk in centre at Alma Road which was now up for sale should be considered. *Members were informed that this was considered to be a brown field site and Enterprise had been asked to cost this up as an option for a new build.*
- Members referred to page 72 of the report and the mention of 30 Dementia Champions and wanted to know what organisations they came from. *Members were informed that they could be anyone and it was a national programme. Current Champions were council officers and people from voluntary organisations but anyone could be a Champion.*
- Would there be a respite facility at the Dementia Resource Centre. *Members were informed that there was potential to develop two old houses on the site for respite care. A best value option appraisal was being worked on to assess if it was a viable option.*
- Would transport be provided to the Dementia Resource Centre for those people unable to access public transport? *Members were informed that transport was being looked at across all client groups to maximise peoples independence and access to mainstream transport options. Where people have a social care need and need to access transport this would be part of the options. It was not the intention to provide transport as part of the Dementia Resource Centre but support would be given to people to access a range of options to attend the Dementia Resource Centre.*
- The Director for Adult Social Care wished it noted that a lot of people had worked very hard on both the Dementia Strategy and Dementia Resource Centre to get to the point it was now at. The Director wanted to thank all Officers and Partners involved for the work done so far.

The Chair also congratulated the Director and Officers for all the hard work that had gone into both the strategy and Dementia Resource Centre.

## **ACTION AGREED**

The Commission noted the report and progress that had been made so far.

## **11. Scrutiny in a Day – Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough**

The Senior Governance Officer introduced the report which provided the Committee with an update on the progress being made towards organising the Scrutiny in a Day event on 17 January 2014 which would focus on the impacts of Welfare Reform.

The following comments and suggestions were made:

- A Member of the Committee questioned whether any of the event should be in a public session and felt it would be better in held in private. *The Senior Governance Officer advised that all Scrutiny meetings were held in public.*
- Members sought clarification that there would be representation from Adult Health and Public Health. *The Senior Governance Officer advised that there was also an Officer Working Party planning the event alongside the Member Working Party and this included an officer from Health services who was providing information for the event. The Senior Governance Officer would ensure that Adult Health and Public Health was included.*

### **ACTION AGREED**

The Committee agreed that the Senior Governance Officer take the comments made by the Committee back to the Member Working Party for consideration.

## **12. Forward Plan of Key Decisions**

The Commission received the latest version of the Forward Plan of 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 Forward Plan of Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commission's work programme.

### **ACTION AGREED**

The Commission noted the Forward Plan of Key Decisions.

## **13. 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 Senior Governance Officer to include any additional items as requested during the meeting. Additional items to be included were:

- The Clinical Commissioning Group to include in their next report details of the current deficit.

## **14. Date of Next Meeting**

Wednesday 22 January 2013

The meeting began at 7.00pm and finished at 9.35pm

CHAIRMAN



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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>22 JANUARY 2014</b>	<b>Public Report</b>

## **Report of the East of England Ambulance Service**

Contact Officer(s) – Sheila Shaw, Stakeholder Officer

Contact Details - [Sheila.Shaw@eastamb.nhs.uk](mailto:Sheila.Shaw@eastamb.nhs.uk)

### **EAST OF ENGLAND AMBULANCE SERVICE**

#### **1. PURPOSE**

1.1 The report is being presented to the Commission at the request of the Chair.

#### **2. RECOMMENDATIONS**

2.1 The Commission to note and comment on the contents of the report.

#### **3. BACKGROUND**

3.1 Background information has been detailed in the attached report at Appendix 1.

#### **4. KEY ISSUES**

4.1 Key issues have been highlighted in the attached report at Appendix 1.

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

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

5.1 None

#### **6. APPENDICES**

6.1 East of England Ambulance Service Report – Appendix 1

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# East of England Ambulance Service

NHS Trust

## Background

The Trust has made much progress around rebuilding its leadership. The Trust has a new, and complete, non executive team that brings a wealth of talent and experience. The five non executive directors bring experience from across the NHS, public sector, voluntary sector and business and will ensure the organisation has a strong and challenging Board.

Dr Anthony Marsh started with the Trust on 1st January 2014 as the service's new Chief Executive. Dr Marsh is one of the most experienced ambulance chief executives in the country. At the request of the Trust Development Authority; he conducted a review of the East of England Ambulance Service NHS Trust in Spring last year. This report highlighted the issues which pertained to the Trusts' inability to respond to patients in a consistently timely manner.

Dr Marsh has been brought in to provide focus and clear leadership and he will accelerate improvements in service delivery and performance and build on the foundations for long term sustainability.

## How 999 calls are prioritised

All 999 calls received into our control rooms (Health & Emergency Operations Centres) are triaged by call handlers using software called the Advanced Medical Priority System. The purpose of the triage is to identify the seriousness of the patient's condition by asking a series of focussed questions around the chief complaint to determine the priority of the call.

The call priority then determines the level and type of response sent in line with Trust policies and national and government targets, so that those in most need get the fastest response. The call priorities and level of response are broken down into red and green categories nationally:

- Red 1 and red 2  
These are calls that are classified as immediately life threatening and require an emergency response (with blue lights). The target is to arrive at these patients within 8 minutes irrespective of location in 75% of cases.
- Green 1  
These are serious calls but not life threatening which require an emergency response to arrive in 20 minutes.
- Green 2  
These are serious calls, but not life threatening, which require an emergency response to arrive in 30 minutes
- Green 3  
These are low acuity calls which require a phone assessment within 20 minutes (a clinician calling back for a secondary telephone triage to establish the best pathway of care) or an ambulance response at normal road speed within one hour.
- Green 4  
These are the lowest acuity calls which require a response within 60 minutes or a phone assessment within 60 minutes (as described above).

## APPENDIX 1

The Trust has Clinical Support Desks. The clinicians who work on these call back patients with less serious conditions to undertake a more in depth assessment to understand what they really need which could be referral to a more appropriate health service provider, advice over the phone or the dispatch of an ambulance resource.

### Patient handover delays

Ambulance turnaround times at Peterborough compare well with the rest of the region. For example, in the most recent data for December 2013, 1.16% of ambulances took more than 60 minutes to clear compared with 3.97% as the regional average. Arrival to handover times are excellent and we are introducing Hospital Ambulance Liaison Officers from mid-January to support post-handover efficiency.

### Peterborough

Peterborough is managed as part of the Trust's Cambridgeshire Locality in the West Sector. The table below shows time response performance for the Peterborough area in the calendar year of 2013. For the purposes of this report, data used is from the area previously covered by the Peterborough Primary Care Trust (PCT).

Call Category	Target	2013 Performance	2012 Performance
Red 1	75%	87%	84%
Red 2	75%	84%	84%
Red 1 and 2	95%	98%	98%
Transport			
Green 1	75%	90%	89%
Green 2	75%	92%	94%
Green 3	75%	90%	82%
Green 4	75%	94%	82%
Urgent	75%	82%	Not available at time

The Trust is monitored on clinical quality using Trust-wide ambulance quality indicators. An unvalidated review of data in the Peterborough area shows performance above standard in cardiac arrest patient management; and in the delivery of care to Stroke patients. However, in the care given to patients having heart attacks and the time taken to move stroke patients to the stroke unit, the Trust is 1% behind target but optimistic these standards will be achieved at year end.

The Trust has also progressed and developed a major trauma pathway model, identifying quickly patient's conditions and quick referral pathways to regional trauma centres. The service has also introduced a new drug called Tranexamic acid as a means to reduce blood loss for severely injured trauma patients. This assists patients in severe trauma cases with significant blood loss in stabilising their pre hospital experience.

All staff in Peterborough area are planned to receive a personal development review in the current year (2013/14) with a member of their local management team. At the time of writing this is on target and 80% are complete. All staff are also planned to undertake a 2 day professional update programme plus an individually tailed update programme including a 'ride-out' by their trainer. This also is on target with 76% currently completed.

Staff benefit from management support provided by the newly formed Cambridgeshire locality management team, headed by a General Manager responsible for Cambridgeshire and Peterborough. The local management team at Peterborough also arrange for quarterly staff engagement events.

## APPENDIX 1

We are working with commissioners and primary care providers in Peterborough to develop robust alternative care pathways – thus providing patients with the most appropriate level of care for their needs and reducing the numbers of patients transported to the Emergency Department.

For example, the FIRM (For Immediate Review and Management) is a referral pathway where ambulance clinicians can request the early intervention of primary care teams to either support a patient to be managed in their own home or else provide care within the intermediate care beds at the City Care Centre. The FIRM has been re-launched in January 2014 following a trial period in 2013 where ambulance crews reported very positively on the efficiency of the service to patients.

The new Cambridgeshire and Peterborough 111 service began in November 2013 with a 'soft' launch for the area outside of Peterborough. The Peterborough area is planned to go live in February 2014. Like all new services, there is a period of time where it beds in and matures. The Trust is working very closely with all 111 providers across the region to develop how the 111 and 999 services work together to get the right response to patients.

The increase in demand to the ambulance service in Cambridgeshire has so far been 5-10% call volume but this service is still in its infancy and we would expect that volume to decrease as we continue to work together with the other healthcare providers to constantly improve the effectiveness of all parts of the health system.

### **Recruitment**

The Peterborough area currently has 10 paramedic vacancies and no non-paramedic vacancies. Recruitment has been continuing through the year and paramedic turn-over has matched new recruits numbers. However, staff are well supported and rostering is effective such that most shifts have no dropped cover. Recruitment of operational staff continues into 2014 with the aim of 100% of posts filled.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 6</b>
<b>22 JANUARY 2014</b>	<b>Public Report</b>

**Report from Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group**

Contact Officer(s) – Sarah Prentice  
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**UPDATE FROM CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP**

**1. PURPOSE**

1.1 To update the Committee on Cambridgeshire and Peterborough Clinical Commissioning Group’s (CCG) work.

**2. RECOMMENDATIONS**

2.1 That the Scrutiny Commission for Health Issues notes the report.

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

3.1 Links to Health and Wellbeing Strategy 2013.

**4. BACKGROUND**

4.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is required to keep Scrutiny committees across its area informed about its work. This paper updates Scrutiny on our current key issues and our plans going forward.

**5. KEY ISSUES**

5.1 The current key issues for Cambridgeshire and Peterborough CCG are as follows:

- Our financial position
- Commissioning intentions 2014/15
- Better Care Fund111 service
- Older People’s Programme

**Our financial position**

Cambridgeshire and Peterborough CCG is currently in a challenging financial position. At month eight we are reporting a year to date deficit of £5,102,000. Based on this, the forecast deficit made in early December was £8.1m - a £0.5m improvement since month seven.

The CCG had disputed some elements of the specialist rebasing exercise; the result has been a £2.5m return of resource to the CCG, £1.9m less than anticipated at month seven. The impact of this £1.9m reduction in resource has been offset by the impact of £1.3m of financial recovery plan actions and other spending reductions.

We are working to deliver a recovery plan at CCG and Local Commissioning Group (LCG) level and we have support from an external Turnaround Team. It is anticipated that when the impact of our Financial Recovery Plan is factored in at month nine we should be able to reduce the forecast end of year deficit to around £5.0m.

**Commissioning intentions 2014/15**

We have written to all our provider organisations to outline our commissioning intentions for the coming financial year.

As well as the strategic priorities set nationally and our obligations to fulfil the requirements of the NHS Constitution and the Government's Mandate to NHS England, we will continue to focus on our existing three strategic clinical priorities:

- Improving care for the frail and elderly.
- Improving care for those at the end of their lives.
- Decreasing inequalities in health across our CCG, focussing on reducing the inequality in premature death from coronary heart disease.

Our strategic focus in 2014/15 will also be on the development of Children and Young People's services.

### **Better Care Fund ( Previously known as the Integration Transformation Fund)**

The June 2013 Spending Round announced a further £3.8bn of pooled budgets between Health and Social Care, starting in April 2015, and building on existing integration funding; in preparation for this significant increase, an additional £200m of integration funding will also be made available for 2014/15.

The fund, originally called the *Integration and Transformation Fund*, but now known as the *Better Care Fund* is not “new monies”, but represents a change to the way that some NHS budget is allocated with the explicit intention of integrating health and social care systems at a local level. It is described in guidance published in December 2013 as a “financial incentive for Councils and local NHS organisations to jointly plan and delivery services, so that integrated care can become the norm by 2018”.

Cambridgeshire and Peterborough CCG, NHS England's Area Team and Local Authorities are required to produce a two year plan by March 2014, covering 2014/15 and 2015/16, for the use of the Better Care Fund which will be accessible in 2015/16. The Better Care Fund is a pooled budget worth £3.8billion to be used for health and social care services to work more closely together.

This NHS investment will be used to deliver a shared vision for joined-up services and will result in services being commissioned that deliver real health and social benefits for local people. Each of our LCGs will develop its own integrated service plan to link into the CCG-wide plan for March 2014.

The DH Guidance, released late in December 2013 (and attached as an appendix to this paper) identified allocations for Peterborough as follows (noting the inclusion of two other funding streams into the total in 2015-16):

<b>Year</b>	<b>Disabilities Facilities Grant (£000)</b>	<b>Social Care Capital Grant (£000)</b>	<b>CCG Transfer (£000)</b>	<b><u>Total</u> (£000)</b>
2014-15	-	-	-	661
2015-16	811	442	10,390	11,643

The £661k allocated for transfer in 2014-15 is in addition to the existing Section 256 monies of £2,840,646 in 2013-14, providing a total transfer of £3.5m, but is believed to build on Section 256 monies of £455k for the purposes of reablement. Overall therefore, the above funding allocations for 2015-16 (and subject to confirmation for 2014-15) should therefore be seen as including the following existing allocations:

- Carers Break funding
- CCG Reablement funding
- Capital funding
- Existing transfer from health to adult social care

The present S256 agreement with Peterborough City Council includes the following priorities, and it is assumed that these will be included in, and indeed may well provide the foundation for future arrangements:

**Priority A – Interim beds / Acute hospital / City Care Centre**

**Total spend £1,349k**

(Including: Interim beds – Independent Sector; Enablement and transitional Support; Community equipment; Telecare development and spend; Transfer of care team)

**Priority B – Patients and carers, voluntary sector, prevention, community**

**Total £575k**

(Including: Preventative services – voluntary sector; ISP respite services; Universal Advise and Signposting service)

**Priority C – MDT working, Single Assessment, Care plans**

**Total £665k**

(Including: Assessment and reviews – increased capacity OP, PD and LD; Mental Health assessments)

**Priority D&E – Carer support, assessments and safeguarding**

**Total £251k**

(Including: Carers support Services ; Adult Safeguarding)

**Re-ablement – intensive time-limited support following a fall or illness**

**Total: £455k (under separate S256 agreement).**

(Directly provided re-ablement service to prevent deterioration, delay dependency, and support recovery.)

Local councils and health services are expected to submit plans to Government explaining how they will use this fund to improve local services, and the CCG are actively working with Peterborough City Council, and Cambridgeshire County Council (and other Local Authority and wider partners), to develop a shared vision and principles for the use of the Fund, as well as a set of schemes for its use.

Planning timescales for development of proposals are exceptionally tight, with draft plans for use of the Fund to be submitted by 14<sup>th</sup> February 2014, for formal agreement by NHS England by 4th April 2014.

In Peterborough, the further development of plans for the Better Care Fund is being led by the *Integration and Transformation Fund Group* (so called based on the previous name of the fund, and presumably subject to update at its next meeting following the recent change). The group includes representatives from Peterborough City Council, and the CCG (including Jana Burton, Executive Director of Adult Social Care, Health and Wellbeing, Peterborough City Council, and Cath Mitchell, Local Chief Officer, Borderline and Peterborough LCG, for Cambridgeshire and Peterborough CCG).

Plans for the scheme must fulfil four conditions:

- They must be jointly agreed, and signed off by local Health and Wellbeing Boards, local Councils, and local CCGs.
- They should identify how adult social care services will be protected by the plans
- They should facilitate 7-day services in health and social care to support patients to be discharged and avoid unnecessary admissions at weekends
- They should use the NHS number to develop better data sharing between health

and social care

Of the total funding, the Spending Round indicated that £1bn of the funding would be linked to achieving outcomes; it has now been confirmed that half of this (£500m) will be released in April 2015, as follows:

£250m on the basis of four national conditions:

- Protection of adult care services
- Provision of 7-day access to support discharge
- Agreement of the consequential impact on the acute sector
- Ensuring that there is a lead professional for integrated packages of care

£250m on the basis of progress against locally agreed metrics during 2014/15, to include:

- Delayed transfers of care
- Avoidable emergency admissions

The final £500m will be released in October 2015 on the basis of further progress against all of the national and local metrics.

The work in Cambridgeshire and Peterborough to date has developed the following Vision, Aims, and Objectives:

**Our vision** is to bring together all of the public agencies that provide health and social care support, especially for older people so that we can:

- co-ordinate services such as health, social care and housing
- maximise individuals' access to information, advice and support in their communities
- help them to live as independently as possible in the most appropriate setting

To be successful, this transformation will require the contribution of a range of health and social care providers as well the greater involvement of the community and voluntary sectors.

The Better Care Fund (BCF) offers an important opportunity to transform the health and social care system in Cambridgeshire and Peterborough to:

- meet the needs of a rapidly ageing population better, and by doing so
- ease the pressure on the system more generally
- enable the health and social care system to provide better services to the whole population across the county

The BCF offers a unique opportunity to re-think how a significant amount of public money could be more effectively spent.

Fundamentally, we agree that BCF will be used for genuine transformation of the health and social care system in Cambridgeshire and Peterborough; through creating greater synergy and hence efficiencies in the provision of social care and health services these can better be protected from pressures brought about by increasing demand and reducing budgets.

The scale of the transformation opportunity is significant. It is much more than just reducing admissions to hospital. Rather, it is about changing the whole system so that services are focused on supporting people wherever possible with person-centred and professionally-led primary / community / social care guided by the goal of living as independently as possible.

This approach aligns with the principles set out by Government, NHS England and Local Government Association; it is also well-supported by evidence that clinical and service integration delivers better outcomes for people, particularly if groups of patients or service users are clearly identified and services for them are joined up around their needs.

The model adopted in Cambridgeshire and Peterborough will have the following characteristics:

- *A united approach to advice and information on community and public sector services.* This will include developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system; and providing



universal information and advice about services from all partner agencies, which should be quick to access, clear, friendly and personalised.

- *Investment in community capacity to enable people to meet their needs with support in their local community.*  
This could include extension of the community navigator system; and work to consider people's social capital alongside their other assets and support people to be engaged with their families and in their communities. Further development and investment in community capacity building will prevent some people from entering a crisis, accessing specialist services and potentially reducing long term care costs; and importantly helping people to stay where they want to be – at home.
- *Coordinated and intelligence-led early identification and early intervention.*  
This might include professionals being proactive in identifying need rather than waiting for it to be presented as a formal referral; ensuring that the workforce are able to feed back as much intelligence as possible as to the needs of the service users they are supporting and how service delivery and deployment of available resources can be improved; further improving information sharing between the range of organisations in contact with older people about individuals at risk of requiring more support in future; Social Workers having greater identification with a community and working with other agencies to identify those at risk and commissioning interventions, preferably through the voluntary and community sector for needs that might be below the thresholds for statutory assessment; and giving professional freedom to deliver a flexible response to need to avoid escalation of cost (e.g. through use of direct payments, or community development interventions).
- *An improved approach to crisis management and recovery.*  
This might include a process for rapid escalation and action when a crisis occurs in the life of an older person; this is likely to involve a coordinated response from all agencies working in multi-disciplinary teams to provide intensive support in the short term and encompassing services such as respite care. Support should focus on ensuring that when the crisis is over older people and their carers remain as independent as possible and avoid short term crises triggering a deterioration which leads to long term health or social care need.

### **111 Service**

The 111 service will be available to people in Peterborough over the next few months.

We started a gradual roll-out of the service in November to avoid a surge of calls to the new service and to ensure patient safety and an out of hours emergency number will be available until the service is fully launched.

### **Older People's Programme**

Cambridgeshire and Peterborough CCG issued its 'Invitation to Submit Outline Solutions on 8<sup>th</sup> October. Five bidders have put forward their outline submissions detailing how they would deliver better healthcare for older people in the area. The five bidders are as follows:

- Accord Health (Interserve with Provide, formerly Central Essex Community Services, and North Essex Partnership Foundation Trust as Mental Health Lead)
- Care for Life (Care UK with Lincolnshire Community Health Services NHS Trust and Norfolk Community Health & Care NHS Trust)
- Optum (formerly United Health UK) with Cambridgeshire Community Services NHS Trust
- Uniting Care Partnership (Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust)
- Virgin Care Ltd.

The bidders, who were asked to show how they intend to deliver better outcomes for patients, submitted bids outlining their proposals on 6<sup>th</sup> January 2014.

This is the first of two stages on the CCG's Older People's Programme procurement of

integrated older people's services and adult community services.

The outline solutions will now be evaluated by a team including healthcare professionals, such as local GPs, and patient representatives.

Following the evaluation, bidders will be shortlisted to take part in the second stage of the procurement, which will be used to develop proposals in more detail.

A revised Outcomes Framework that takes into account the views of a range of stakeholders including patient panels will be produced for this next stage.

Now the outline proposals have been received, the CCG will develop our approach to the next stages of engagement and consultation, which will be discussed at the next meeting of the Governing Body on 4<sup>th</sup> February 2014.

The CCG has now reached an appropriate point in the procurement process where it can publish more information including some of the documents relating to the procurement process; the information should be available on our website later this month.

In addition to the dialogue with bidders that took place in the period to 6<sup>th</sup> January 2014 on services, outcomes and more specialist areas, there has been dialogue with Local Authority and Housing representatives, and a voluntary / third sector 'market place' event.

As a CCG we have held a series of events across Cambridgeshire and Peterborough CCG to explain and answer questions about the process we are going through and to find out people's views on what they think of services.

This included a series of integrated care events held in March 2013 which involved patients and their carers.

We also set up a stall in the markets of some of our towns to talk to people who we would not normally hear from.

Representatives from the Programme Board and the Engagement Team have attended meetings of more than 120 established groups and this process will continue throughout the duration of the programme.

In addition the CCG has a patient representative group; the Older People's Programme board has dedicated patient representation as well as Healthwatch representation; and there is patient engagement in each local Older People's team.

The nature of the outcomes and dialogue approach to procurement means that service solutions will be the product of the process. Once there are concrete service proposals we will then consult with the public on them.

## **8. NEXT STEPS**

- 8.1 Cambridgeshire and Peterborough CCG will continue to keep the Scrutiny committee updated as our work progresses.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>22 JANUARY 2014</b>	<b>Public Report</b>

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

### **Contact Officer(s)**

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## **TRANSFORMING DAY OPPORTUNITIES FOR ADULTS UNDER 65**

### **1. PURPOSE**

- 1.1 This report is to consult with the Commission regarding the Transformation of Day Opportunities for Adults under 65.

### **2. RECOMMENDATIONS**

- 2.1 The Commission is asked to note the report.

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

- 3.1 This report links to the SCS priority:

- Creating Opportunities – tackling inequalities
- Creating Strong and Supportive Communities – empowering local communities

- 3.2 What National Indicators does the report help to achieve?

I. Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services.

Peterborough achieved 44% of people receiving self-directed support in the year 2012/13 compared to our comparator group of authorities of 54% and the national average of 55.6% which is what Peterborough City Council's aims to achieve.

II. Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services.

Peterborough achieved 10% of people receiving self-directed support via a direct

payment in the year 2012/13 compared to our comparator group of authorities of 14.6% and the national average of 16.4% which is what Peterborough City Council's target is to achieve.

III. Number of adults with learning disabilities with paid employment  
Peterborough has 7.2% of people with learning disabilities in paid employment which is the same as the national average and better than the comparator group of authorities.

Peterborough City Council is in 6th position out of 15 better than the comparator group average of 6.3%, our target is to achieve 8% which will take Peterborough in to the top quartile.

#### **4. BACKGROUND**

- 4.1 Following the Scrutiny report presented on the 19<sup>th</sup> September 2013 a Cabinet paper was presented on the 16<sup>th</sup> December 2013 with the recommendations to go out for consultation on the proposals transforming day opportunities for younger adults. The vision in undertaking this consultation is to offer personalised support that maximises an individual's opportunities for independence and control over their life. The intention is that people are seen as individuals and not as passive recipients of care who are 'disabled' by society's attitude towards them.
- 4.2 Peterborough City Council currently spends more of its gross budget on services for adults with a learning disability than other similar authorities.
- 4.3 The purpose of our review has been to check whether the support we offer is tailored to meet individual need. This review was started because national indicators showed that Peterborough is 10 per cent behind regionally and 12 per cent behind nationally in providing this type of support.
- 4.4 The Council currently runs three day centres and pays for people to attend day centres run by other organisations, including health, across Peterborough. These centres are only open five-days-a week, on average from 9am till 4pm. They offer mainly personal care and leisure-based activities often provided in an institutional setting.
- 4.5 The current day centres no longer conform to the requirements of a modernised service. The Council also wishes to respond to the needs and wishes of the people who use the services, to whom we have been talking for the past six months. We have listened to what they have said they wanted when creating a new style of service. In summary, that feedback was that the Council should put its customers in the driving seat of all decisions that could affect their lives.
- 4.6 The aim is for people to live independently and /or develop independent living skills such as going to work (paid, supported employment or voluntary work) travelling on public transport, or attending events in their community such as going swimming, to the library or other recreational or cultural activities.
- 4.7 In Peterborough, there has been more of an emphasis, than in other areas of the country, on traditional methods of supporting people with physical and learning disabilities by simply offering residential care, traditional day centres and nursing care rather than helping those people become more active members of their community.
- 4.8 Our vision is to offer support that maximises people's opportunities for independence

as much as possible. We want people to have control of their own lives, not be passive recipients of care who are 'disabled' by society's attitude towards them.

- 4.9 We want people to live independently and / or develop independent living skills such as going to work (paid, supported employment or voluntary work). In Peterborough people still use traditional models of care and support such as residential care, traditional
- 4.10 We are consulting on the new strategy for delivering Transformation to Day Opportunities.
- This strategy means investing in employment services, training and skills for independent living, not leisure activities provided by the Council.
  - This strategy means that we no longer provide or rely on a traditional building-based services either in-house or through commissioned services.
  - This strategy means that we no longer assume that the right way to manage this kind of support is via an in-house, Council run team. We are actively exploring new entities and organizations that can provide these new models of care e.g. social enterprises, mutual, user led organisations etc.

**4.11 Proposal 1: Investing more in Reablement and Transitional Support to help people gain employment and skills for living.**

This means every person with a disability who is eligible for adult social care services will be given the opportunity to access Reablement and Transitional Support which will develop:

- independent living skills such as healthy living,
- employment skills,
- managing money,
- confidence building skills
- opportunities to access further employment-related services as part of their individual support plan. There will be clear and measurable outcomes as part of these plans that focus on attaining goals that have a positive impact on people's lives.

**4.12 Proposal 2: Redesign how the current service operates and reinvest in support that prevent people from needing Adult Social Care and maintain their independence in the community**

This means that the entire way day services are offered in the city is subject to change. Following on from six months of engagement activities with people who use the services and their parents and carers, we have listened to what people think is missing from the city to help them be more independent as well as some of the barriers they have faced to achieving independence.

**4.13 Proposal 3: Redesign how people's future opportunities are governed and managed**

This means looking at whether future services should be run by the Council or whether they would be more effective, if they were run as an organisation outside the Council led by staff and people who use the services.

Additionally, the future services should link better with Children's Services and will do

so by being more involved in what young people want for their future right at the beginning of what is known as 'their transitions phase' at age 14.

This will include working with individuals, parents and carers to find a solution to each person's travel needs, e.g. flexible working, independent travel training, car sharing, etc. Each person will have different needs to get to activities and or to their employment. More travel training may be made available in supporting greater independence where appropriate and better utilisation of existing resources such as mobility vehicles and bus passes to get around the city. Deciding on the location of any new venues for activities or employment will be very important to ensure they can be easily reached via public transport or other means.

## **5. KEY ISSUES**

- 5.1 Ensuring effective engagement through the consultation period with all the stakeholders is undertaken and appropriate consideration is given to facilitate meaningful discussion which will help shape the future model within the principles of personalisation.
- 5.2 The impact of transformation for vulnerable people who do not cope with change well. This will need to be managed effectively with support from care planners and the care management team.
- 5.3 Lack of local capacity and community support. The development of local Asset Based Coordination and Community Connectors, working with existing providers and the recently commission home care contract providers will provide capacity and assist in reshaping the market place.
- 5.4 Culture change within the council and the wider market place in managing expectations around transformation for users and carers. Continue coproduction and engagement with all stakeholders throughout change.

## **6. IMPLICATIONS**

- 6.1 Financial Implications  
Through improved management, greater governance and better value for money of the independent sector and health-managed contracts, there are expected to be savings associated with this project in the region of £400k pa for 2014/15.
- 6.2 Legal and procurement:  
Discussions have taken place with procurement and legal services concerning how the changes that are contained in and may result from the consultation can be successfully achieved. Further work will be undertaken on the proposals as they crystallize from the consultation exercise itself and these will be presented to Cabinet as part of a future report.

In relation to the consultation itself, the Council is under a legal duty where it considers it appropriate to consult to go about that in a particular way and this is set out in section 138 of the Local Government and Public Involvement in Health Act 2007. In any event, there are four underlying obligations that the Council is required to follow in undertaking any consultation. These obligations are that:

- a. Consultation must be at a time when proposals are at a formative stage;

- b. The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly;
  - c. Consulters must give sufficient time for responses to be made and considered: and
- Responses must be conscientiously taken into account in finalising the decision.

These elements have been factored in both the documentation and proposed process and particularly when the proposals may include the closure of day centres, and these obligations are taken very seriously.

6.3 Corporate Priorities: Environment Capital: no implications

6.4 Crime and Disorder / Community Safety: no implications

6.5 Discrimination and Equality:

Peterborough City Council must consider and comply with the Equality Act 2010, and when making decisions of a strategic nature about how it exercises its functions and must have due regard to the desirability of exercising its functions in a way that designed to reduce the inequalities of outcomes. The Council has considered the possible impact of the proposals as set out in the consultation document and has carried out an Equality Impact Assessment which has provided an analysis of all the potential effects and possible impacts on the relevant community. The conclusions of the Equality Impact Assessment has led to the proposed consultation. The Council is therefore seeking to ensure it complies with the Act. Equality issues will also be considered prior to a final decision being taken.

6.6 Human Resources:

There will be implications for staff, which may include:

- a) changes to staff numbers
- b) changes to work activities which will impact JD's and contracts
- c) changes of employer if there is a change in governance model in phase 2

When formal proposals to change the service have been developed a formal period of consultation with staff will take place in accordance with legislation and policy. Views and comments on the proposals will be welcomed and considered. Responses to views and comments will be provided at the end of the consultation period. No decisions will be made or any action taken until the period of consultation is completed.

6.7 ICT: no implications

6.8 Property:

It is likely that there will be a change to the property portfolio. Early engagement has taken place with strategic property and other ASC transformation workstreams, and this will continue as options become more refined.

## 7. **CONSULTATION**

7.1 A full consultation exercise commenced on 6 January 2014 and runs through until 3 March 2014. Full details of the dates and events can be found in Appendix 1.

## **8. NEXT STEPS**

- 8.1 The outcome of the consultation will be reported back to Cabinet in March 2014.

## **9. BACKGROUND DOCUMENTS**

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

Department of Health Summary Report 2009/10 – Personalisation Valuing People Now

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215891/dh\\_122387.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215891/dh_122387.pdf)

Department of Health Report 2009 – Valuing People Now

<http://www.dwp.gov.uk/docs/dla-reform-andover-and-district-mencap-appendix-3.pdf>

## **10. APPENDICES**

- 10.1 Appendix A: Consultation Paper and Survey Transforming Day Opportunities for Adults Under 65
- 10.2 Appendix B: Cabinet Paper Transforming Day Opportunities for Adults Under 65



## Appendix A

# Consultation Paper and Survey

## Transforming Opportunities for Adults Under 65

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### Overview

This consultation will affect people with learning disabilities and physical disabilities. It will focus on how the service is governed and managed as well as the buildings it provides, the contracts it commissions, the activities it undertakes and the outcomes the service delivers.

Our current day centres no longer conform to the requirements of a modernised service. Over the last six months, people have told us about what kind of opportunities they want in Peterborough to live more independent lives. The feedback was to put our customers in the driving seat of all decisions that could affect their lives. We have listened to what they have said and created three proposals that focus on delivering the required changes to meet their needs.

Our vision is to offer support that maximises people's opportunities for independence as much as possible. We want people to have control of their own lives, not be passive recipients of care who are 'disabled' by society's attitude towards them.

We want people to live independently and / or develop independent living skills such as going to work (paid, supported employment or voluntary work). In Peterborough people still use traditional models of care and support such as residential care, traditional day centres and nursing care more than in other areas.

### The Proposals

We are consulting on the new strategy for delivering Transformation to Day Opportunities.

- This strategy means investing in employment services, training and skills for independent living, not leisure activities provided by the Council.
- This strategy means that we no longer provide or rely on a traditional building-based services either in-house or through commissioned services.
- This strategy means that we no longer assume that the right way to manage this kind of support is via an in-house, Council run team. We are actively exploring new entities and organizations that can provide these new models of care e.g. social enterprises, mutual, user led organisations etc.

## Consultation questions

1. We are proposing not to extensively use day centres in the future. Tell us what kind of additional support or training people will need to maximize their independence?

Tick all that you feel would apply to you or the person you care for.

Travel/training skills	Job interview training	Finding a Personal Assistant	
Shopping skills	Understanding the workplace	Employing a Personal Assistant	
Money skills	Speaking up and confidence skills	Managing personal budgets	
Staying safe skills	Socialising and meeting people	Managing personal finances	
Meal preparation	Washing, cleaning, vacuuming	Personal hygiene skills i.e. washing/dressing	
Other			

2. What kind of skills for employment do you think are required?

Skills for interview	Understanding how to socialise in the community	Understanding how work affects benefits	
Overcoming fear of new environments	Lack of confidence in being able to speak for yourself	Fear of change	
Managing money	Managing time in the workplace	Other	

3. Some people might think certain types of people won't benefit from these proposed changes. Tell us who you think might not benefit from these changes and tell us your ideas on how we can provide more choice, control and independence in their lives.

Tick all that you feel would apply.

Adults with complex needs	Adults with physical disabilities	
Adults with autism	Adults who live in supported housing	
Adults with learning disabilities	Adults who live in residential care	
Adults who live with their parents or carers	Adults who live in nursing homes	
Tell us how the groups of people you ticked could be better supported to have increased independence, choice and control:		
Any other		

4. People who are developing independent living skills in the community will need strategically located sites in Peterborough that can offer outreach support e.g. money management and support with personal relationships or can provide facilities for changing/showering etc. Where do you think the Satellite Locations should be?

Tick all that you feel would apply.

Near a bus route	Near shops	Near the city centre
Near or in community centres	Near a leisure centre	Near to big employers
Other		

5. When do you think the Satellite Locations should be open?

Tick the one you feel would apply.

Monday to Friday 9 am to 5 pm	Monday to Friday 9 am to 9 pm	Seven days a week 9 am to 9 pm	
Other			

6. We want to give people more control over how support is developed and managed in the city. Looking at the list below, tell us which things you would like to be able have more control over.

Tick all that you feel would apply.

Where I go to work	Where I live	What kind of support I can access	
What kind of training I can take	How I spend my money	What kind of food I eat	
What I do to have fun	Where I meet my friends	What my social worker says	
What I do to stay healthy	When I see my family	How I can meet new people	
Other			

## Have your voice heard

### How to comment on the vision and proposals

#### Online

People can also take part in the consultation by downloading the consultation papers from [www.peterborough.gov.uk](http://www.peterborough.gov.uk) or [www.livingmylifepeterborough.org.uk](http://www.livingmylifepeterborough.org.uk) or undertaking an online survey.

### **Social media**

You can request copies or send direct messages to us via Twitter @PeterboroughCC or Facebook/PeterboroughCC

### **Email**

You can also request a copy of the consultation document, submit questionnaires or comments via email:

[ASCConsultation@peterborough.gov.uk](mailto:ASCConsultation@peterborough.gov.uk)

### **Telephone**

You can leave voicemail comments about the consultation on the Adult Social Care comment line on 07133 864 666.

### **Paper copies**

Paper copies will be available at consultation events as well as Town Hall, Bridge Street, Peterborough and the Customer Service Centre at Bayard Place, Broadway, Peterborough as well as the following venues:

#### **17 Fletton Avenue**

Peterborough, PE2 8AX

#### **Gloucester Centre**

Morpeth Close  
Peterborough PE2 7JU

Kingfisher Centre  
The Cresset, Rightwell East  
Bretton Centre  
Peterborough PE3 8DX

#### **49 Lincoln Road**

Peterborough, PE12RR

#### **Westcombe Supported Employment**

Westcombe Square  
5 Royce Road  
Peterborough PE1 5YB

#### **Westcombe Supported Employment**

441 Lincoln Road  
Peterborough, PE1 2PE

### **Returning paper copies**

You can return questionnaires or comments via Post:

Adult Social Care Day Services Team  
c/o Michelle Kerr, Business Support  
Manor Drive  
Paston Parkway  
Peterborough  
PE4 7AP

You can also return questionnaires or comments to our drop boxes at consultation events or Town Hall Reception, Bridge Street, Peterborough or the Customer Service Centre, Bayard Place, Broadway, Peterborough.

Any comments (paper and online) must be received by 5 pm on Monday 3 March. Comments received after this time cannot be considered.

What happens after the consultation?

Following the consultation, all comments and feedback will be reviewed and carefully considered before we finalise the vision and proposals for the service redesign of Adult Social Care Day Services.

**APPENDIX B**

<b>CABINET</b>	<b>AGENDA ITEM No. 7</b>
<b>16 DECEMBER 2013</b>	<b>PUBLIC REPORT</b>

Cabinet Member(s) responsible:	Councillor Fitzgerald, Adult Social Care	
Contact Officer(s):	Jana Burton, Executive Director Adult Social Care, Health and Well Being Mubarak Darbar, Head of Commissioning Learning Disabilities and Autism, Adult Social Care	Tel: 452409 Tel: 452509

**TRANSFORMING DAY OPPORTUNITIES FOR ADULTS UNDER 65**

R E C O M M E N D A T I O N S	
<b>FROM :</b> Director of Adult Social Care	<b>Deadline date :</b> 16 December 2013
<p>That Cabinet:</p> <ol style="list-style-type: none"> <li>1. Consider the proposals outlined in this report and in the accompanying consultation document for modernising day services for adults under 65 with physical and learning disabilities.</li> <li>2. Agree for these proposals to go out to public consultation for a period of eight weeks to allow the Executive Director for Adult Social Care, Health and Well Being to formally consider the views of users of the services, other organisations, residents and other interested parties.</li> </ol>	

**1. ORIGIN OF REPORT**

- 1.1 This report is submitted to Cabinet following a nine-month review of day services for adults under 65 with physical and learning disabilities.
- 1.2 There are approximately 2,650 adults with learning or physical disabilities in Peterborough.
- 1.3 In the Medium Term Financial Strategy (MTFS), agreed at Full Council in March 2013, the Council agreed to change adult social care services to put a greater emphasis on helping all adults to maintain their independence for as long as possible, to support them to stay living in their own homes, and enable them to play a bigger part in the communities in which they live.
- 1.4 Among the budget proposals for 2013/14 it was agreed a review of day services for people with learning and physical disabilities would be carried out to see if they were still meeting the needs of the people using them or if they could be offered differently.
- 1.5 The aim was to maximise the use of mainstream community facilities such as sports centres, theatres, swimming pools as well as employment and volunteering opportunities so that people are able to improve their skills rather than being segregated in day centres with other people with learning disabilities and physical disabilities.
- 1.6 The proposals in the MTFS stated that this review ‘could result in a reduction in the number of separate day centres with more activities delivered from other community facilities.’ However, a commitment was made to continue to provide specialist day care facilities for people with profound or multiple disabilities.

## 2. PURPOSE AND REASON FOR REPORT

2.1. The purpose of this report is to:

- Inform Cabinet of the review of day opportunities for people under 65 with physical and learning disabilities including employment services and day centres.
- Inform Cabinet of a set of proposals that have been put together following extensive engagement, from May 2013 to November 2013, with the people who use the services and their families and carers, as well as staff, other day service providers and other local authorities that have modernised their services.
- Seek Cabinet’s approval to go out to public consultation on the proposals on how day activities and lifestyle opportunities for adults under 65 are to be provided in the future.
- Once the consultation is complete and all the responses have been considered to:
  - come back to Cabinet to seek approval for a final set of proposals on how day opportunities for adults under 65 with learning and physical disabilities can be offered in the future

2.3 This report is the first of two such reports. Consideration of similar transformation of day services for adults over 65 and people with mental health needs will follow and be subject to a further Cabinet report early next year.

2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.1 “to take collective responsibility for the delivery of all strategic Executive Functions within the Council’s Major Policy and Budget Framework and lead the Council’s Overall improvement programmes to deliver excellent services” and No. 3.2.3 “to take a leading role in promoting the economic, environmental and social well-being of the area”.

## 3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If Yes, date for relevant Cabinet Meeting	
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## 4. BACKGROUND

4.1. The vision in undertaking this consultation is to offer personalised support that maximises an individual’s opportunities for independence and control over their life. The intention is that people are seen as individuals and not as passive recipients of care who are ‘disabled’ by society’s attitude towards them.

4.2. The Council currently runs three day centres and pays for people to attend day centres run by other organisations including health across Peterborough. These centres are only open five-days-a week, on average from 9am till 4pm. They offer mainly personal care and leisure-based activities often provided in an institutional setting.

4.3. There are approximately 2,650 adults with a learning difficulty or disability in Peterborough currently. Very few of the people have taken up employment. Less than nine per cent per cent of them are involved in the Council’s supported employment or volunteering services.

4.4. There are two anticipated phases to the consultation. This first consultation will focus on day opportunities for people with learning disabilities and physical disabilities. A second consultation, which will be addressed in a future Cabinet report, will focus on day opportunities for people with mental health problems and older people.



- 4.5. This first consultation will affect people with learning disabilities and physical disabilities, and it will focus on how the service is governed and managed, the buildings it provides, the contracts it commissions, the activities it undertakes and the outcomes the service delivers.
- 4.6. Current day centres no longer conform to the requirements of a modernised service. The Council also wishes to respond to the needs and wishes of the people who use the services, to whom we have been talking for the past six months. We have listened to what they have said they wanted when creating a new style of service. In summary, that feedback was that the Council should put its customers in the driving seat of all decisions that could affect their lives.
- 4.7. If the Council agrees the commissioning direction outlined in the report, Cambridgeshire and Peterborough Foundation Trust (CPFT) has confirmed it will also be undertaking a similar review of its day centre provision. The CPFT has confirmed it supports this direction.
- 4.8. Peterborough City Council currently commits 12 per cent more of its gross budget on services for adults with a learning disability than other similar authorities. We currently commit 37 per cent as opposed to 25 per cent.
- 4.9. In the past decade, national policy and society's attitudes towards people with disabilities has also changed. The priority since 2001 has been to provide people with support that covers the following three areas:
- Support that is catered to their individual needs, not one-size-fits-all – this is known as Personalisation or Person-centred Support
  - Support that they can choose and control – this is known as Self-Directed Support
  - Support that works toward a goal that makes a measurable positive difference in people's lives – this is known as Outcomes-driven Support
- All three together are known as Personalised Support.
- 4.10. The purpose of our review has been to check whether the support we offer is tailored to meet individual needs
- 4.11. This review was started because national indicators showed that Peterborough is 10 per cent behind regionally and 12 per cent behind nationally in providing this type of support.
- 4.12. Our aim is to allow people to gain skills and confidence in all aspects of daily living to enable them to live more independently. We want people to be able to utilise the resources in Peterborough available to the wider community wherever possible, and preserve specialist support for those with the most complex needs.
- 4.13. The aim is for people to live independently and /or develop independent living skills such as going to work (paid, supported employment or voluntary work) travelling on public transport, or attending events in their community such as going swimming, to the library or other recreational or cultural activities.
- 4.14. In Peterborough, there has been more of an emphasis, than in other areas of the country, on traditional methods of supporting people with physical and learning disabilities by simply offering residential care, traditional day centres and nursing care rather than helping those people become more active members of their community.
- 4.15. Following the transformation of day services it is hoped that people will be:
- Able to be more independent and have greater choice and control over their lives

- Able to access better opportunities for how they spend their days – such as jobs and volunteering roles where possible; we also wish to use transitional support to assist people to acquire skills in daily living.
- Able to get better information and advice and support in a quicker, more efficient way
- Able to manage their own finances better and know how to use a Personal Budget\*

\*A Personal Budget is made up of an allocation of social care funding, a person's individual benefits, natural support and community resources which people can use to access the support and services they need directly, rather than only relying on social care to source it for them.

## 5. OUTLINE OF CURRENT SERVICES AND FUTURE PROPOSALS

- 5.1 Currently Peterborough City Council's Adult Social Care provides employment services, three in-house day centres and commissions a range of provision, including eight day centres/services from the independent sector and Cambridgeshire and Peterborough Foundation Trust (CPFT)
- 5.2 There is a stronger focus on leisure activities in Peterborough than supporting people into employment, gaining greater independence and building daily living skills. Below is a breakdown of the current services and cost.
- 5.3 Below is the list of all the current services the council provides or buys in for people with learning or physical disabilities:

Service	People Accessing Services	Locations	Gross Cost £ Per Annum
In-house Supported Employment and Enterprise Programme	80 <u>141</u> 121	441 Lincoln Rd Westcombe, Royce Road	£246k <u>£225k</u> £471k
Commissioned Mental Health Employment Services	63	Peterborough	£181k
In-house Day Centres and Day Activities	74 53 <u>31</u> 158	49 Lincoln Rd Kingfisher, Bretton 17 Fletton Ave	£620k
Health Managed Day Centre	40	Peterborough	£700k
Independent Commissioned Day Centres and Day Activities	210	8 Service Providers Across Peterborough	£1.2m
External Transport Contract	8	Vehicle and Fuel Costs	£63k
In-house Transport Contract		Vehicle and Fuel Costs	£125K

<b>Total</b>	<b>700</b>		<b>£3.360m</b>
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5.4 What future provision could be:

<b>Potential future provision</b>	<b>People accessing service</b>	<b>Number of locations / providers</b>	<b>Comment</b>
Supported Employment for adults under the age of 65 as a pathway to fully paid independent employment	335	Working with local employers to offer full and part time jobs as well as working with staff and people using the services to help them set up their own services through mini social enterprises and micro enterprises	We will build on existing initiatives and successes to extend opportunities for work to more people including people with mental health needs
Satellite locations. These facilities can be accessed by people who: <ul style="list-style-type: none"> <li>➤ do not have on-going need for statutory support but would benefit from a 'prevention offer'.</li> <li>➤ are going through transitional support</li> <li>➤ require on-going commissioned support</li> </ul>	100 (will increase with transitions)	Locations and type of service to be confirmed.	People who are developing independent living skills in the community will need strategically located sites in Peterborough that can offer outreach support e.g. money management and support with personal relationships or can provide facilities for changing/showering etc.
Provision for people with complex and profound needs	Approx. 50	One location	Consideration will need to be given to whether a centre will be required for a small number of people with very profound and complex needs
Commissioned Personalised Services/Personal Assistants who would be carers recruited by the people with the learning or physical disabilities who could be flexible to meet their own individual needs/Independent Sector for people with physical disabilities	7	Each person will be reviewed individually	Work will be undertaken with each individual to ensure appropriate on-going support and opportunities as described above
Commissioned Personalised Services/PA's/Independent Sector for people with learning disabilities	250	Review and commission in line with the overall strategy.	Active work underway with independent sector providers to develop new models or care
<b>Total</b>	<b>742</b>		<b>£2.960m</b>

- 5.5 The views and comments of people currently using these services have been taken into account when putting together these proposals.
- 5.6 Our engagement work with adults using these services of all ages has given us a greater understanding of the changing needs of adults with learning disabilities as they get older.
- 5.7 We know that young people with disabilities have very different expectations for their future after finishing education. They want a future filled with more opportunities and have greater ambitions. Changes in Government policy over the last decade have also shaped and contributed to these proposals.
- 5.8 People with disabilities in Peterborough need to be able to choose how they live their life. These proposals are a reinvestment in support that will give people the same opportunities as everyone else and breakdown barriers to independent living. They will have more choice not just the traditional services that were offered before.
- 5.9 In order to transform the opportunities available, we are asking Cabinet to agree for a formal consultation to take place to allow staff, people using the services, their parents, families and carers and other service providers to get involved in shaping the vision of increasing independence and opportunities for people with learning disabilities.
- 5.10 To be successful, we must work together and gather people's views on how things can work in the future. As part of this consultation, people's views will influence how the new support will operate and what services will be delivered.
- 5.11 The consultation is about the new strategy for delivering Transformation to Day Opportunities.
- This strategy means investing in employment services, training and skills for independent living, not leisure activities provided by the Council.
  - This strategy means that we no longer provide or rely on traditional centre-based services.
  - This strategy means that we no longer assume that the right way to manage this kind of support is via an in-house, council-run team but perhaps through a social enterprise or an organisation led by people who use the services.
  - The consultation will focus on the proposed changes that have been summarised in the next section

### **Proposals**

- 5.12 Outlined below are the three proposals which the council would like to consult on:
- 5.13 **Investing more in Reablement and Transitional Support to help people gain employment and skills for living.**

This means every person with a disability who is eligible for adult social care services will be given the opportunity to access Reablement and Transitional Support which will develop:

- independent living skills such as healthy living,
- employment skills,
- managing money,
- confidence building skills
- opportunities to access further employment-related services as part of their individual support plan. There will be clear and measurable outcomes as part of these plans that focus on attaining goals that have a positive impact on people's lives.

**5.14 Redesign how the current service operates and reinvest in support that prevent people from needing Adult Social Care and maintain their independence in the community**

This means that the entire way day services are offered in the city is subject to change. Following on from six months of engagement activities with people who use the services and their parents and carers, we have listened to what people think is missing from the city to help them be more independent as well as some of the barriers they have faced to achieving independence.

**5.15 Redesign how people's future opportunities are governed and managed**

This means looking at whether future services should be run by the Council or whether they would be more effective, if they were run as an organisation outside the Council led by staff and people who use the services.

Additionally, the future services should link better with Children's Services and will do so by being more involved in what young people want for their future right at the beginning of what is known as 'their transitions phase' at age 14.

This will include working with individuals, parents and carers to find a solution to each person's travel needs, e.g. flexible working, independent travel training, car sharing, etc. Each person will have different needs to get to activities and or to their employment. More travel training may be made available in supporting greater independence where appropriate and better utilisation of existing resources such as mobility vehicles and bus passes to get around the city. Deciding on the location of any new venues for activities or employment will be very important to ensure they can be easily reached via public transport or other means.

5.16 The proposals outlined will also enable the Council to deliver much more targeted support focused on the needs of the person with disabilities in a more people-friendly way whilst at the same time potentially achieve saving £400,000 per year.

**6. PRE-CONSULTATION AND CONSULTATION**

6.1 Significant engagement and pre-consultation work has taken place already over the past six months with stakeholders made up of people who use the services, staff, parent and carers, independent sector providers and advocates. The Council has actively sought ideas, guidance and shared good practice from other authorities with people who receive day activities and their carers on what kind of day opportunities need to be developed in Peterborough.

6.2 A 'Visioning Day' was held at the Town Hall in June 2013 followed by visits to other councils. Further engagement sessions were held with parent/carers, as well as other meetings with people who use the services and staff engagement events. A film has been made and shared which illustrates the vision and examples of best practice from across the region.

6.3 In detail, the purpose of consultation research and events is to:

- To gather the views of people who use the service, parents and carers on the proposals put forward
- To work with people who use the service, carers, voluntary groups, providers and advocates to decide the best way to offer services in the future that will have the greatest impact on improving lives

The aim is to make the consultation events as accessible as possible

6.4 The consultation is planned to be eight weeks long and if approved would start on 6 January 2014 and finish on 3 March 2014. This includes.

In December:

- We will be asking people who use the service to get actively involved in the consultation by helping us arrange public meetings and speaking out at them as well as getting involved in workshops, ideas sessions and interviews.

In January and February:

- **We will be writing to all those people who currently use the services** with more information about how they can be involved in the consultation with Easy Read questionnaires and feedback booklets.
- **We have organised 11 events for users of our day services, their parents and carers**, other organisations that provide day services and residents. We are hosting events at three of the council's day centres starting the third week of January so that people who already attend these venues are not inconvenienced by having to travel somewhere else.
- **We have arranged sessions at different times to encourage attendance** – Sessions will be in the afternoons, evenings and weekends to ensure that people who are affected by time limitations on bus passes can attend during the afternoon and people who work have the option to attend in the evening or at the weekend.
- **These will be open events for current and future users**, parents and carers of future customers, voluntary groups, employers and businesses where an exhibition and film about the consultation proposals will be displayed, followed by question and answer sessions and opportunities to comment.
- **We will be writing to all Special Schools within the Peterborough area** to ensure that young people with disabilities and their parents have the opportunity to get involved
- **We will be talking to all support contractors and suppliers** that provide a service to any of the centres and/or services affected such as catering or cleaning companies about how these proposals could impact on their businesses.
- **We will provide opportunities for new and existing providers of services to get involved**

6.5 Briefings for Ward Councillors will be held at:

- Monday 6 January, 3 pm to 5 pm and 6.00 pm to 8.00 pm, Town Hall, Bridge Street, Peterborough, PE1 1HQ

Consultation events for affected staff will be held at:

- Monday 20 January, 9.30 am to 11.30 am and Monday 27 January, 1 pm to 3 pm, Town Hall, Bridge Street, Peterborough, PE1 1HQ

Consultation events for people who use the services and their parents / carers will be held on:

- Monday 20 January, 1 pm to 3 pm, 49 Lincoln Road Day Centre, Peterborough, PE1 2RR
- Wednesday 22 January, 1 pm to 3 pm, Fletton Ave Day Centre, 17 Fletton Avenue, Peterborough, PE2 8AX

- Friday 24 January, 1 pm to 3 pm, Kingfisher Day Centre, @ The Cresset, Rightwell, Bretton, Peterborough PE3 8DX

Consultation events for Providers of Learning Disability services will be held at:

- Tuesday 21 January, 10 am to 12 noon and Tuesday 28 January, 1 pm to 3 pm, Town Hall, Bridge Street, Peterborough, PE1 1HQ

Consultation events for the public will be held at:

- Monday 27 January 6 pm to 8 pm, Town Hall, Bridge Street, Peterborough, PE1 1HQ
- Thursday 6 February, 1 pm to 3 pm, Westgate Church Hall, Westgate, Peterborough, PE1 1RG – across the road from the bus station.

6.6 We plan to involve ward councillors, staff, voluntary groups, parish council briefings, local businesses, current contract holders, partners and providers throughout January to March 2014. This paper will also be considered by the Scrutiny Commission for Health Issues during the consultation period.

## **7. ANTICIPATED OUTCOMES**

7.1 At the end of the consultation when all the responses have been fully considered, and any amendments made, proposals will be presented to Cabinet for approval.

## **8. REASONS FOR RECOMMENDATIONS**

8.1 The recommendation to consult on the proposals will ensure that the Council will provide its residents with the opportunity to comment on the proposals, which is likely in turn to result in amendments to these proposals prior to Cabinet in March 2014.

## **9. ALTERNATIVE OPTIONS CONSIDERED**

### *9.1 Maintain Current Services*

This would minimise disruption to current users but it doesn't do enough to maximise people's independence, choice and control. It is costly and inefficient, it does not meet national guidance and fosters a dependency culture therefore doing nothing to change cannot be an option.

### *9.2 Decommission in-house services and give all current services users a personal budget*

This would help create more individualised services in line with the national priorities to offer for Personalised Support and realise capital assets. However, more work needs to be done in developing Personal Assistants in Peterborough to fill the gap. Also there is work still to be done to support people to manage personal budgets. Currently the independent market, like council services in this area, is underdeveloped and increasingly we need to work together as part of the transformation and implementation of the vision to develop new solutions.

## **10. IMPLICATIONS**

### 10.1 Financial Implications

Through improved management, greater governance and better value for money of the independent sector and health-managed contracts, there are expected to be savings associated with this project in the region of £400k pa for 2014/15.

## 10.2 Legal and procurement:

Discussions have taken place with procurement and legal services concerning how the changes that are contained in and may result from the consultation can be successfully achieved. Further work will be undertaken on the proposals as they crystallize from the consultation exercise itself and these will be presented to Cabinet as part of a future report.

In relation to the consultation itself, the Council is under a legal duty where it considers it appropriate to consult to go about that in a particular way and this is set out in section 138 of the Local Government and Public Involvement in Health Act 2007. In any event, there are four underlying obligations that the Council is required to follow in undertaking any consultation. These obligations are that:

- a) Consultation must be at a time when proposals are at a formative stage;
- b) The proposer must give sufficient reasons for its proposals to allow consultees to understand them and respond to them properly;
- c) Consulters must give sufficient time for responses to be made and considered: and
- d) Responses must be conscientiously taken into account in finalising the decision

These elements have been factored in both the documentation and proposed process and particularly when the proposals may include the closure of day centres, and these obligations are taken very seriously

## 10.3 Corporate Priorities: Environment Capital: no implications

## 10.4 Crime and Disorder / Community Safety: no implications

## 10.5 Discrimination and Equality:

Peterborough City Council must consider and comply with the Equality Act 2010, and when making decisions of a strategic nature about how it exercises its functions and must have due regard to the desirability of exercising its functions in a way that designed to reduce the inequalities of outcomes. The Council has considered the possible impact of the proposals as set out in the consultation document and has carried out an Equality Impact Assessment which has provided an analysis of all the potential effects and possible impacts on the relevant community. The conclusions of the Equality Impact Assessment has led to the proposed consultation. The Council is therefore seeking to ensure it complies with the Act. Equality issues will also be considered prior to a final decision being taken.

## 10.6 Human Resources:

There will be implications for staff, which may include:

- a) changes to staff numbers
- b) changes to work activities which will impact JD's and contracts
- c) changes of employer if there is a change in governance model in phase 2

When formal proposals to change the service have been developed a formal period of consultation with staff will take place in accordance with legislation and policy. Views and comments on the proposals will be welcomed and considered. Responses to views and comments will be provided at the end of the consultation period. No decisions will be made or any action taken until the period of consultation is completed.

## 10.7 ICT: no implications



10.8 Property:

It is likely that there will be a change to the property portfolio. Early engagement has taken place with strategic property and other ASC transformation workstreams, and this will continue as options become more refined.

**11. BACKGROUND DOCUMENTS**

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

Department of Health Summary Report 2009/10 – Personalisation Valuing People Now  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215891/dh\\_122387.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215891/dh_122387.pdf)

Department of Health Report 2009 – Valuing People Now  
<http://www.dwp.gov.uk/docs/dla-reform-andover-and-district-mencap-appendix-3.pdf>

**12. APPENDICES**

APPENDIX A - Consultation Paper

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>22 JANUARY 2014</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 7 February 2014.
- 3.2 The information in the Forward Plan of Key Decisions provides the Commission with the opportunity of considering whether it wishes to seek to influence any of these key decisions, or to request further information.
- 3.3 If the Commission wished to examine any of the key decisions, consideration would need to be given as to how this could be accommodated within the work programme.
- 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**

## 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 Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to [gemma.george@peterborough.gov.uk](mailto:gemma.george@peterborough.gov.uk) or by telephone on 01733 452268.

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 08702 388039), e-mail to [gemma.george@peterborough.gov.uk](mailto:gemma.george@peterborough.gov.uk) or by telephone on 01733 452268. 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/executivedecisions](http://www.peterborough.gov.uk/executivedecisions). 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 7 FEBRUARY 2014

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>Community Based Supported Living Service (KEY/07FEB14/01)</b> Award of a one year contract to Turning Point Services for the period 1 April 2014 – 31 March 2015. The contract is for the provision of home care services to adults with a learning disability living in supported living services. The one year contract is an extension of a current contract.</p>	<p><b>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</b></p>	<p><b>February 2014</b></p>	<p><b>N/A</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</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>
<b>PREVIOUSLY ADVERTISED DECISIONS</b>							
<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</p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>January 2014</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;</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

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.				external stakeholders as appropriate.					
<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.	<b>Councillor Nigel North</b> <b>Cabinet Member for Environment Capital and Neighbourhoods</b>	<b>Between 2 Nov 2013 and 30 May 2014</b>	<b>N/A</b>	Strong and Supportive Communities	Relevant Internal Departments.	Russ Carr Care & Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk	It is not anticipated that there will be any further documents.		
<b>Sale of Craig Street Car Park - KEY/25MAR13/01</b> To approve the sale of land known as Craig Street Car Park.	<b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b>	<b>January 2014</b>	<b>N/A</b>	Sustainable Growth and Environment Capital	Relevant Internal and External Stakeholders and ward councillors.	David Gray Capital Projects Officer Tel: 01733 384531 david.gray@peterborough.gov.uk	It is not anticipated that there will be any further documents.		



<b>Clare Lodge - EY/22AUG13/01</b> To award a contract for the provision of services.	<b>Councillor Sheila Scott OBE</b> Cabinet Member for Children's Services	<b>September 2014</b>	<b>N/A</b>	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<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.	<b>Councillor John Holdich OBE</b> Cabinet Member for Education, Skills and University	<b>January 2014</b>	<b>N/A</b>	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	It is not anticipated that there will be any further documents.
<b>Amendments to the Affordable Housing Capital Funding Policy - KEY/04OCT13/02</b> To agree the amendments to the Affordable Housing Capital Funding Policy.	<b>Cabinet</b>	<b>24 Mar 2014</b>	<b>Yes</b>	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Richard Kay Policy and Strategy Manager Tel: 01733 863795 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>	<p><b>Councillor Wayne Fitzgerald</b> <b>Cabinet Member for Adult Social Care</b></p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p><b>Health Issues</b></p>	<p>Service users, relevant departments and Scrutiny Commission for Health Issues.</p>	<p><b>Rob Henchy</b> Commissioning Manager Tel: 01733 452429 rob.henchy@peterboro.ugh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<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>	<p><b>Councillor Gr. Uff. Marco Cereste</b> <b>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</b></p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p><b>Sustainable Growth and Environment Capital</b></p>	<p>Relevant internal and external stakeholders.</p>	<p><b>Simon Mullins</b> Project Engineer/Development Engineer Tel: 01733 453548 simon.mullins@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>The Future Direction of Children's Centres Delivery - KEY/15NOV13/02</b> To confirm the direction of the delivery of children's centres in the city.</p>	<p><b>Cabinet</b></p>	<p><b>3 Feb 2014</b></p>	<p><b>Yes</b></p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Legal Services, Human Resources and other internal and external stakeholders.</p>	<p>Pam Setterfield Assistant Head of Children &amp; Families Services (0-13) Tel: 01733 863897 pam.setterfield@peterborough.gov.uk</p>	<p>Consultation Document</p>
<p><b>S256 Agreement between the Council and Cambridgeshire and Peterborough CCG - KEY/15NOV13/03</b> To agree the transfer of funding for social care.</p>	<p><b>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</b></p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p>Health Issues</p>	<p>Relevant stakeholders.</p>	<p>Paul Stevenson Interim Head of Finance Tel: 01733 452306 paul.stevenson@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> 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>Between 1 Feb 2014 and 31 Mar 2014</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) "Blue Sky Peterborough" and Related Projects and</b></p>	<p><b>Councillor David Seaton Cabinet Member for Resources</b></p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Andrew Cox Senior Category Manager Tel: 01733 452465 andy.cox@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>

<p><b>other City Council Major Development / Investment Projects - KEY/29NOV13/03</b> To award a contract for the provision of legal advisory services.</p>				<p>Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Jo Melvin Children's Services Strategy and Planning Officer Tel: 01733 863954 joanne.melvin@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>
<p><b>Integrated Community Sexual Health Service - KEY/27DEC13/01</b> To award a contract for the Integrated Community Sexual Health Service.</p>	<p><b>Councillor Irene Walsh</b> <b>Cabinet Member for Community Cohesion, Safety and Public Health</b></p>	<p><b>Between 1 Feb 2014 and 31 Mar 2014</b></p>	<p><b>N/A</b></p>			<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Council Tax Base and NNDR - KEY/10JAN14/01</b> To agree the calculation of the council tax base for 2014/15.</p>	<p><b>Cabinet Member for Resources</b> <b>Cabinet</b></p>	<p><b>20 Jan 2014</b></p>	<p><b>Yes</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Council Tax Support Scheme - KEY/10JAN14/02</b> To approve the final proposed Council Tax Support Scheme for submission to full Council.</p>	<p><b>Cabinet Member for Resources</b> <b>Cabinet</b></p>	<p><b>20 Jan 2014</b></p>	<p><b>Yes</b></p>	<p>Strong and Supportive Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Budget and Medium Term Financial Strategy - KEY/10JAN14/03</b> Draft budget for 2014/15 and Medium Term Financial Strategy to 2023/24 to be agreed as a basis for consultation. This will include the Council's Capital Strategy, Treasury Management Strategy and Asset Management Plan.</p>	<p><b>Cabinet Member for Resources Cabinet</b></p>	<p><b>3 Feb 2014</b></p>	<p><b>Yes</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Budget 2014/15 and Medium Term Financial Strategy 2023/24 KEY/10JAN14/04</b> To approve the final proposed budget including Council Tax for submission to full Council.</p>	<p><b>Councillor David Seaton Cabinet Member for Resources Cabinet</b></p>	<p><b>24 Feb 2014</b></p>	<p><b>Yes</b></p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p><b>Older People's Day Service Review - KEY/10JAN14/05</b> To consult users and carers/ family members on proposals to develop a dementia specific day service.</p>	<p><b>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care Cabinet</b></p>	<p><b>24 Mar 2014</b></p>	<p><b>Yes</b></p>	<p>Scrutiny Commission for Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>John Giffney Commissioning Manager Tel: 01733 452462 john.giffney@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p><b>Local Transport Plan Programme of Works 2014/15 - KEY/24JAN14/01</b> To approve the Local Transport Plan Programme of Works 2014/15.</p>	<p><b>Councillor Gr. Uff. Marco Cereste</b> <b>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</b></p>	<p><b>April 2014</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</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>Integrated Community Equipment Service Contract Award - KEY/24JAN14/02</b> To seek approval for the award of contract to provide an Integrated Community Equipment Service.</p>	<p><b>Councillor Wayne Fitzgerald</b> <b>Cabinet Member for Adult Social Care</b></p>	<p><b>January 2014</b></p>	<p><b>N/A</b></p>	<p>Scrutiny Commission for 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>Approval of Community Asset Transfer of Gladstone Park Community Centre - KEY/24JAN14/03</b> Approval for the Council to enter into a full repairing lease with the recommended provider under the terms of the Community Asset</p>	<p><b>Councillor David Seaton</b> <b>Cabinet Member for Resources</b></p>	<p><b>February 2014</b></p>	<p><b>N/A</b></p>	<p>Sustainable Growth and Environment Capital Scrutiny Committee</p>	<p>Relevant internal and external stakeholders.</p>	<p>Emma Everitt Project Support Officer Tel: 01733 863660 emma.everitt@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

Transfer Strategy.

**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>  <b>Contact Officer: Jane Pigg</b></p>	
	<p><b>Introduction to Public Health</b>  <b>Contact Officer: Sue Mitchell, Interim Director of Public Health</b></p>	
	<p><b>Review of 2012/13 and Future Work Programme 2013/14</b> To review the work undertaken during 2012/13 and to consider the future work programme of the Committee.  <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></p> <p>To receive and comment on a report on the work of the Cambridgeshire Community Services Transition Programme.</p> <p><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></p> <p>To receive a report and comment on the work on the three priority areas for Cambridgeshire and Peterborough Clinical Commissioning Group.</p> <p><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></p> <p>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.</p> <p><b>Contact Officer: Jane Pigg</b></p>	
	<p><b>Transforming Person-Centered Opportunities For Younger Adults</b></p> <p>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.</p> <p><b>Contact Officer: Tim Bishop/Mubarak Darbar/Fiona Fowler</b></p>	
	<p><b>Peterborough City Council Adult Social Care Department Local Account</b></p> <p>To note and agree to the publication of the Local Account.</p> <p><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>17 January 2014</b>  <b>(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>To scrutinise the East of England Ambulance Service Annual Progress Report</p> <p><b>Transforming Day Opportunities for Adults under 65</b></p> <p>To consult with the Commission regarding the Transformation of Day Opportunities for Adults under 65.</p> <p><b>Contact Officer: Jana Burton</b></p> <p><b>Cambridgeshire &amp; Peterborough Clinical Commissioning Group – Programme Update</b></p> <p>To receive an update report and comment on the work on the three priority areas for Cambridgeshire and Peterborough Clinical Commissioning Group.</p> <p><b>Contact Officer: Jessica Bawden</b></p>	

Meeting Date	Item	Progress
<p><b>(Joint Meeting of the Scrutiny Committees and Commissions)</b>  <b>10 February 2014</b>  <i>Draft report 23 Jan</i>  <i>Final report 30 Jan</i></p>	<p><b>Budget 2014/15 and Medium Term Financial Plan</b>            To scrutinise the Executive's proposals for the Budget 2014/15 and Medium Term Financial Plan.  <b>Contact Officer: John Harrison/Steven Pilsworth</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.  <b>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</b>  <b>Health and Wellbeing Board – Delivering the Health and Wellbeing Strategy</b>  <b>Contact Officer: Wendi Ogle-Welbourn, Assistant Director / Jana Burton</b>  <b>Cabinet Member for Adult Social Care – Portfolio Progress Report</b>  <b>Contact Officer: Jana Burton</b>  <b>Clinical Commissioning Group – Performance Report</b>  <b>Contact Officer: Jessica Bawden</b></p>	

Meeting Date	Item	Progress
	<p><b>Minor Injury and Illness Unit (MIIU)</b>                      To scrutinise the implementation and impact of the new Minor Injury and Illness Unit.  <b>Contact Officer: Jessica Bawden / Catherine Mitchell / Simon Temple</b></p>	
	<p><b>Suicide Prevention Strategy</b>   <b>Contact Officer: Kathy Hartley – NHS- Cambs CC</b></p>	

**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>• Carers Strategy</li> </ul>	<p>From March 2013 meeting.</p> <p>From March 2013 meeting.</p> <p>Deferred from September 2013 meeting.</p>
<p><b>Healthwatch</b></p>	<p>From July meeting</p>
<p><b>Public Health</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 Public Health</li> <li>• Young Peoples Sexual Health and Wellbeing Strategy</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> <li>• Older People Programme update</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> <li>• Post CPT Quality Accounts – Jane Pigg</li> </ul>	<p>From June 2013 meeting.</p>
<p><b>Health and Wellbeing Board Review – Jana Burton</b></p>	
<p><b>CPFT –Update– June 2014 – contact officer: Lisa Hunt, Chief Operating Officer</b></p>	

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