PETERBOROUGH CITY COUNCIL

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 25 MARCH 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.

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), McKean, S Allen, K Sharp, N Shabbir and Sylvester

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

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

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 22 JANUARY 2014

Present:	Councillors B Rush (Chairman), D Lamb, J Peach, D McKean, D Harrington, Shabbir and A Sylvester	
Also present	David Whiles	HealthWatch
	Simon King	General Manager for Cambridgeshire and Peterborough
	Phil Parr	Area General Manager
	Jessica Bawden	Director, Corporate Affairs - CCG Local
	Catherine Mitchell	Chief Officer – Peterborough Borderline LCGS
	Cllr Fitzgerald	Cabinet Member for Adult Social Care
Officers Present:	Jana Burton	Executive Director of Adult Social Care and Health and Wellbeing
	Paul Grubic	Assistant Director, Commissioning, Adult Social Care
	Mubarak Darbar	Head of Commissioning Learning Disabilities and Autism
	Paulina Ford	Senior Governance Officer
	Dr. Henrietta Ewart	Interim Head of Public Health
	Gurvinder Kaur	Lawyer

1. Apologies

Apologies for absence were received from Councillor Allen and Councillor Sharp. Councillor Peach was in attendance as substitute for Councillor Allen and Councillor Harrington was in attendance for substitute for Councillor Sharp.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 12 November 2013

The minutes of the meeting held on 12 November 2013 were approved as an accurate record.

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

There were no requests for Call-in to consider.

5. East of England Ambulance Service

The General Manager for Cambridgeshire and Peterborough introduced the report which provided the Commission with an overview of the East of England Ambulance Service and in particular the performance of Peterborough ambulance services. It noted that in all areas of 999 call priority response times from ambulances in the Peterborough area were above

target. Furthermore in all areas of call priority apart from Green 2 (serious, but not life-threatening) performance had improved from the 2012 figures. Green 2 was down from 94% on time to 92%.
Members were advised that the Ambulance Service were working with the Clinical Commissioning Group and Primary Care providers to develop robust alternative care pathways to provide patients with the most appropriate level of care for their needs and reduce the number of patients being transported to the Emergency Department. Therefore providing new and innovative services in which ambulance services were more integrated into the local healthcare economy.

Members were also advised that the 111 service would possibly go live in Peterborough in February 2014 and quality assurance processes were currently being undertaken as demand had been higher than anticipated.

Recruitment for Cambs and Peterborough had been a particular success this year with twenty new staff and there were currently ten vacancies.

Observations and questions were raised and discussed including:

- Members asked how difficult it was to recruit people. *The Area General Manager responded that with regards to recruitment, staff were divided between paramedic and non-paramedic staff with a paramedic aimed to be on every ambulance and every rapid response vehicle. The current ten vacancies were for paramedics as recruitment of non-paramedics was easier. Paramedics were either from a graduate background or they would need to undergo a significant long period of training. A new programme was being introduced for student ambulance paramedics which was a form of on-the-job training, but graduate paramedics and paramedics from other areas were being looked for. The emphasis was on recruiting high-quality staff rather than just filling vacancies.*
- Members asked if delaying the go live of the 111 service would be prudent in order to defer it until winter was over. *The Director of Corporate Affairs for the Clinical Commissioning Group was in attendance and advised Members that a reassessment of the 111 service was being undertaken as to when the service could be launched and a final decision regarding rollout would be taken at the end of February with a full launch expected in March.*
- Members also asked how targets were fixed and asked if a performance level of 87% was good enough given that a late response time could still place lives in danger. *The Area General Manager advised Members that due to ebb and flow in demand it was not always possible to predict how many resources would be needed at certain times and therefore sometimes response times were not on target. Peterborough was however a better performing area.*
- Members asked how the targets were set in the first place. *Members were advised that targets were set nationally. Floor targets also existed which were set by the CCG which were targets for the whole of Cambridgeshire. There were also self-administered targets which whilst not set at 100% of responses aimed to be on time, were higher than the floor target and above the national average and well above comparable areas within the Trust.*
- Members sought clarification with regard to delays in getting people home after hospital stays and asked if this was still an issue. *The General Manager for Cambridgeshire and Peterborough advised that this was the responsibility of the Patient Transport Services not the Emergency Operation service. He was not personally aware of any issues but he would be happy to take the question to the General Manager for Patient Transport Services and report back.*
- Members asked if the 111 service could cope at the moment even though it was only a partial roll-out. *The Director of Corporate Affairs, CCG responded that the service was coping at the moment and that 99% of calls were answered within 60 seconds. There were inevitable problems whenever a new system was rolled out and there was an aim to make sure services around the borders of Peterborough were functional before a public launch.*

- Members followed up by asking if the 99% call answering rate within 60 seconds meant that when the call was answered it was the start of the assessment. *The Director of Corporate Affairs, CCG responded that this was her understanding.*
- Members asked if the 111 call staff were trained to deal with the same severity of calls that 999 call staff were or would those calls be directed to 999 staff. *Members were advised that the system used was called NHS Pathways which was an automated system designed to take any acuity of call and was used by some ambulance services as well as 111. A central part of the 111 service was the integration with the 999 service and they aimed to never pass a call over to 999. The 111 staff would be able to give all the necessary resuscitation advice if required.*
- Members asked if the ten paramedic vacancies which were identified and were also present last year was an issue. *Members were informed that there was a shortage of paramedics and a limitation in ability to recruit locally to graduate paramedics and direct entry paramedics from other ambulance services. There had been a concentration on recruiting emergency care assistants and advised that student ambulance paramedic recruitment was to be undertaken soon.*
- Members expressed concern that recruitment had been 'treading water' for a year and the student programme would mean paramedics taking up to two years to qualify. How was the shortfall in paramedic recruitment being dealt? Was it through overtime, interims or by other means and how sustainable was the situation when there were ten paramedic vacancies. *Members were advised that performance in Peterborough was good despite there being between five to ten vacancies and there were good levels of cover. There would be student ambulance paramedics able to respond to emergencies within twelve months and would have a full level paramedic qualification within another twelve months.*
- Members wanted to know what ten vacancies meant and asked for the ten vacancies to be put into perspective regarding the other staff available. *Members were advised that there were 128 full-time equivalents in North Cambridgeshire so the ten vacancies represented a less than 10% shortfall. With regards to sustainability the current level of vacancies had been maintained for the last twelve months. This was sustainable through shifts being covered through overtime.*
- Members asked how the service would respond if they were somehow unable to reach a patient in time and whether they would call on the East Midlands Trust for assistance. *Members were advised that the ambulance service was controlled from Bedford. There was a good relationship with colleagues in the East Midlands Ambulance Service and it was therefore routine practice to pass calls between services.*
- Members asked the difference between the Red 1 and Red 2 categories in the report. Members further asked when first responders would be contacted in these situations. *Members were advised that the categories were nationally set and that Red 1 was generally for people in or likely to be in cardiac arrest. The performance requirement was to be there in eight minutes 75% of the time. Red 2 was the next acuity down and was for people having heart attacks, serious breathing difficulties and strokes. The response time was still eight minutes however there was a slight technical difference in when the clock was deemed to have started. In calls that were triaged as Red 1 the clock began when the call was connected to the switchboard whereas all other categories allowed a few seconds longer to find the address or allocate the resource.*
- Members asked how the FIRM (For Immediate Review and Management) service which aimed to support intervention and management of a patient in their own home and reduce admissions to A&E was operating. How many admissions to A&E had been diverted as a result of the service? *Members were advised that the service was initially trialled last year and was for mostly over-65s to provide care around them at home rather than them going into care. This had massive benefits for emergency departments leaving more patients at home. The trial ended in the summer of 2013 and started up again just after Christmas. He stated that there was no data as yet as the service had only been fully used for four weeks but response so far had been very positive.*
- Members asked how the withdrawal of funding after target failures had impacted on the service. *Members were advised that the 2% reduction was a penalty and the reason for that was that CCG had asked the Ambulance Service as a Trust to provide a remedial*

action plan of how the Trust would turn around the performance Trust wide. The performance figures were trust-wide and incorporated Cambridge as a whole. The CCG was part of a region wide consortium and the remedial action plan was not delivered to the satisfaction of the Peterborough and Cambridge CCG and the decision was taken to withdraw the 2% funding. The money had not yet been withdrawn however internal budgets have taken into account the 2% reduction. The Director of Corporate Affairs, CCG responded that penalties were put on providers until the situation was resolved. The aim was not to affect patient care but to ensure that performance was adhered to as specified in the contract.

- Mary Cook a member of the public asked if the use of student paramedics would mean that the service in future would be less highly-skilled. *The General Manager for Cambridgeshire and Peterborough responded that this was not the case and that student ambulance paramedics would work with paramedics until they reached a point in which they were qualified to lead a crew themselves.*

The Chair thanked the General Manager for Cambridgeshire and Peterborough and the Area General Manager for attending and presenting an informative report.

ACTIONS AGREED

1. The Commission noted the report and requested that the East of England Ambulance Service return in one year to provide a further progress report.

2. The Commission also requested that the General Manager for Cambridgeshire and Peterborough ask the Patient Transport Services on their behalf if there was continued issues with delays in getting people home after hospital stays.

6. Cambridge and Peterborough Clinical Commissioning Group – Programme Update

The report was introduced by the Director of Corporate Affairs and provided the Commission with an update on the Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) work. This included the following:

- Financial position
- Commissioning intentions 2014/2015
- Better Care Fund 111 service
- Older peoples Programme

Observations and questions were raised and discussed including:

- Members referred to the Older People's Programme and asked what the steps of procurement were and if the City Council were being consulted on the process of procurement. *The Director of Corporate Affairs, CCG advised Members that with a traditional NHS tender a specification would be drawn up then it would go out to consultation and then the specification would go out to tender. In this case however certain outcomes had been identified for the elderly but there was no specification on how this should be achieved. This was a new method for the CCG in which bidders were asked to suggest ways in which they felt they could deliver better outcomes. In the meantime work had been undertaken with the City Council and the Older People's Programme Board, which had been sitting for a year and there was patient representation from Peterborough on that board. There had also been discussions regarding the best time to go to public consultation to ensure the public had all the necessary information available. There had been ten initial expressions of interest and this was now down to five submissions.*
- Members wanted to know where the engagement was for the next stage of the process. *Members were informed that discussions were still ongoing regarding public consultation.*

Members were assured that there was however engagement and it would be in place going forward.

- Members referred to the Better Care Fund and sought clarification as to what issues there were if any and if the council and other partners were fully engaged with the CCG. *The Local Chief Officer – Borderline Peterborough responded that the Health and Wellbeing Board had agreed to the setting up of a task group which had been working on the Better Care Fund which was comprised of both professional and public representation. The group met on a regular basis and had a template action plan which needed completion. Vision objectives had already been agreed and stakeholders had been consulted regarding the action plan. Healthwatch had also been engaged and agreed to work with the CCG on the publicity around the Better Care Fund.*
- Members asked if the transfer of funds for housing was ring fenced. *The Executive Director, Adult Social Care and Health and Wellbeing informed Members that this was a complex debate with many issues in terms of existing arrangements governing the transfer of funds. The intention was to review the transfer of funds however local authorities inevitably depend on funding for front-line services and there was a question as to how to make the transition between different means of funding. Transparency was important as funding for this year would be smaller at approximately £600,000 therefore it was necessary to be transparent regarding how this funding was allocated.*
- Members referred to clinical priorities and in particular to improving care for the frail and elderly and asked how these were being organised. *Members were advised that the CCG was mostly involved in the Older People's Program procurement to ensure that it operated more efficiently and effectively. The Local Chief Officer – Borderline advised Members that the FIRM which was a multi-agency response service was a significant service being worked on and had dedicated doctors, nurses and social workers who were not working in general practice and only for the FIRM. Other areas worked on were the Carer's Prescription Service whereby a GP could give a prescription for support to carers in maintaining frail older relatives. There were also services to ensure patients could get home safely following assessment within the A&E department. Work was being undertaken with local GPs to identify frail older people who may need additional support in order to create a care plan to support those people and try to prevent crisis in their lives.*
- Members asked if there was a special section dealing with the frail and elderly who had falls. *Members were advised that the FIRM could be called to attend and make an initial assessment to see if the person needed to be referred to hospital or supported in other ways. Equally a GP who was aware of old people susceptible to falls could refer an individual to this service.*
- Members asked how people at the end of their lives were cared for now that the Liverpool Care Pathway was abolished. *Members were advised that the government had issued new guidance regarding the Liverpool Care Pathway. The End of Life Programme Board was reviewing this. The real issue was not just about the Liverpool Care Pathway but about people having choice about where they might choose to end their lives. In some parts of Cambridge and Peterborough there was not much choice. A heavy emphasis was placed on patient choices regarding end-of-life care however often the resources were not available in hospices and in the community to facilitate patient choice.*
- Members sought clarification on the reduction of inequality in premature deaths from coronary heart disease. *The Local Chief Officer – Borderline responded that coronary heart disease in Peterborough and the surrounding area was a big issue and had impacted heavily on the local area. The issue was being looked at long term by giving lifestyle preventative advice to try and ensure people lived longer.*
- Members asked why the financial deficit had occurred so early into the CCG's lifetime and requested clarification and details on how the deficit figure was arrived at in relation to the starting figure. *The Director, Corporate Affairs, CCG responded that the budget had been allocated based on the previous Primary Care Trust budgets which was £856M for Cambridgeshire and Peterborough. Subsequently the services were then split and Primary Care was now looked after by NHS England therefore reducing the CCG budget. Further money was taken out for specialist commissioning (specialist cancer care,*

children's services, prison services, etc.) so therefore what had changed in the budget was approximately £5M less than what had originally been allocated in the budget.

- Members sought clarification on whether the contracts were directly paid for or if they were paid for by results. *Members were advised that this varied depending on the type of contract.*
- Members referred to prescriptions and wanted to know if savings were going to be made by prescribing cheaper medication. *Members were informed that prescribing budgets were quite significant within the CCG in terms of cost of medication that was subscribed by the GP. Medication is looked at as medication does change as it comes off licence and names of medication change. When medication comes off licence it means that there are more suppliers of medication and therefore the prices do reduce. In order to manage their budgets GP's do look at other drugs that are cheaper. They also monitor the patients when there is a change in drugs to check compatibility.*
- Members asked if there were any examples of savings made. *Members were advised that part way through last year the government undertook rebasing and therefore money was taken away from the baseline figure and given to the area team. There was therefore a statutory duty to achieve financial balance by 31st March and now areas were being looked at where services could be delivered differently to make savings and to avoid overspending. Some things being looked at were different ways that people were treated and whether they should be treated at hospital or at home and wasted medication.*
- Members asked if the CCG had been given less than they felt they needed and if savings were therefore unwelcome. *The Director of Corporate Affairs – CCG responded that this assessment was correct and there had been lobbying undertaken to the government and next year's figures were improved but not as much as was hoped. However, there was less money per head in Cambridgeshire and Peterborough than anywhere else in the East of England. Members were advised that internal efficiency savings were also being made such as moving to cheaper offices, cutting down on travel, freezing vacancies. It was important to be mindful that it was not just about patient services.*
- Members referred to the deficit and asked how they would fund the extra responsibility for the development of children and young people's services. *The Director of Corporate Affairs – CCG responded that this was not additional responsibilities but a restructure of existing responsibilities.*
- Members sought clarification that the deficit was entirely as a result of government changes and not as a result of overspending. *The Director, Corporate Affairs confirmed that the CCG had forecast to break even until the government changes took place.*
- Members asked what the impact of a financial recovery plan would be on local services. *The Local Chief Officer – Borderline responded that she was not aware of any reductions to services locally.*
- Members referred to the Better Care Fund which was about use of existing money and asked what confidence the CCG had that valued existing services would be protected in the new arrangements. *The Local Chief Officer – Borderline responded that as a working group there was a challenge from a social care perspective and hence there was work to achieve national outcomes. From a CCG point of view in 2015 work would need to be undertaken with the council to achieve the best possible existing services.*
- Members asked how pump priming money to make changes would happen within the Better Care Fund. *Members were informed that no discussions had currently taken place between the CCG and the Council regarding whether money could be released for pump priming of services.*
- Members referred to the Older Peoples Programme and what the CCG's views were regarding the extent to which bidders were committed to the delivery of a quality service and what resources would be protected. *Members were advised that what had been done as part of the process leading to the tender was that Borderline and Peterborough Local Commissioning Groups had created an outline service specification in terms of outcomes for local people. This consisted of a framework in which bidders could then write a detailed service specification.*

- Members referred to the Plan on a Page and requested an updated version with outcomes achieved and current predictions. *The Local Chief Officer responded that the information could be provided.*
- Mary Cook a member of the public addressed the Commission and made a statement which included the following points:
    - The public and in particular older people were appalled that private procurement was coming into the National Health. A particular concern was private procurement for the end of life.
    - The FIRM was a short term project which has had to be brought back into use due to more elderly people attending hospital.
    - The Chief Executive of NHS England had stated that the Better Care Funding was unlikely to reach its intended use.
    - She further stated that the referrals system could be adjusted to save money in the short term.
    - The Care Bill going through Parliament would severely disadvantage older people who had been paying national insurance and tax longer than anybody else in society. Elderly people would have to pay out £150K before they would receive any help with funding.
    - Concerned about Section 2, paragraph 3 of the bill which allowed the local authority to impose charges for the provision of care. *The Director, Corporate Affairs – CCG thanked Mary Cook for her comments and issues raised and advised that it was important to focus on the quality of care rather than the provider of the care.*
- Members expressed concern regarding the referral model noting that optician referrals to hospitals were going through the referral board. Members requested more information on the objectives and capacity of the referral board, as well as a measure of the impact of timescales for patients being referred for assessment to hospital and on patient outcomes. Members also sought clarification as to why there was a need for a separate referral board when doctors may be competent to refer. *The Local Chief Officer – Borderline responded that over the past 25 years there had been a standard assessment completed by opticians in the high street in which a form was completed, sent to a GP and then referred to hospital. GP's were not specialists in optometry. The new referral service had already been implemented in Suffolk whereby the referral by the high street optometrist went to a qualified optometrist who reviewed the referral after which it may go on to the hospital or to alternative forms of treatment.*
- Members requested information regarding the wider use of the referral system in terms of objectives, what was being referred, capacity and what measures were in place to measure the impact on patients. *The Local Chief Officer – Borderline responded that the referral support service was where a doctor reviewed referrals from GP practices and was only for three specialties and was used to make sure that appropriate information was on referrals and that clinical thresholds were being adhered to.*

The Chair thanked the Local Chief Officer, Borderline and the Director of Corporate Affairs for attending and presenting the report.

ACTION AGREED

The Commission requested that the Director of Corporate Affairs provide the following:

1. The plans for the development of Children's and Young Peoples Services as soon as they are available. This to include a detailed breakdown of financial information.
2. The updated version of the Plan on a Page and outcomes achieved.
3. A report providing information on the referral system with particular reference to objectives, what was being referred, capacity and the impact on patient's referral time to hospital.
4. Further details on the End of Life Care.

7. Transforming Day Opportunities for Adults Under 65

The Head of Commissioning Learning Disabilities and Autism, Adult Social Care presented the report which provided the committee with an opportunity to comment on the consultation paper and survey regarding the Transformation of Day Opportunities for Adults under 65. The consultation proposed three key objectives:

1. Investing in re-enablement and transitional support to help people gain employment and skills for living
2. Redesigning how the current service operates and reinvest in support that people from needing Adult Social Care and maintain their independence in the community
3. Redesigning how people's future opportunities are governed and managed.

Consultation began on 6 January 2014 initially with eleven dates but more consultations had been requested so there would now be fourteen consultations. Six had already taken place. The themes coming out of the consultations were varied with some expressing desire for change and others who wished to continue the service currently delivered. Feedback had been largely positive.

Observations and questions were raised and discussed including:

- Members referred to section 6.5, Discrimination and Equality in the report and asked what analysis had been done with regard to rural communities. *Members were informed that in terms of consultation rural areas, minority groups and individuals had been included. There was a suggestion for satellite bases as a solution to areas which did not have connections to the service. Areas such as Derby were already providing this type of community engagement in local communities which had been successful. Often people spent a lot of time travelling on buses to get to the service provided and it would be more beneficial if the service was provided locally.*
- Members asked with regard to the consultation if the officers were getting on buses and checking if travel times and distances were convenient. *Members were informed that this was part of their remit and they were looking at ways to improve this.*
- Members asked how people with complex needs were being included in the consultation. *Members were informed that the project group set up last year included an advocacy scheme run by PCVS which was tasked with capturing the views of those people with learning or communication difficulties and complex and profound needs. Parent carers of people with profound and complex needs were also part of the project group. There were also day centres which were represented on the working group.*
- Members asked what the timescale would be if the consultation recommendations were accepted. *Members were informed that the consultation would end on 3 March and then the final proposal would be taken to cabinet. Following that the installation period for the proposals would be from March 2014 to April 2015.*
- The Executive Director of Adult Social Care and Health and Wellbeing stated that often in situations which involved parents and carers of those with complex needs, there were significant concerns and it would take a long time for people to understand the changes. It was therefore important to be mindful of the issues and to work with those with complex needs.
- Members referred to the dementia centres and the auditing process that was undertaken of individuals who transferred to other homes. Would it be pertinent to adopt a similar model in this situation? *Members were advised that it was appropriate to treat individuals with regard to their own individual needs. For example individuals with autism might take longer to transition between environments because they required a degree of continuity.*
- The Cabinet Member for Adult Social Care stated that it was important that everybody was constantly assessed and that individual care was subject to constant review as individual needs could change quickly. It was inevitable that there would be some opposition to this. No one affected by the changes would be given something which was not suitable for them.

- Members were assured that all service users, advocates and carers of those service users would be wholly informed throughout the whole consultation process and in partnership with them.

The Chair thanked officers for attending and presenting the report.

ACTION AGREED

The Commission noted the report.

8. 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.

9. Work Programme 2013/2014

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:

- A further report on the progress of the Transforming Day Opportunities for Adults Under 65 and outcome of the consultation.

10. Date of Next Meeting

Monday 10 February 2014 – Joint Meeting of the Scrutiny Committees and Commissions – Scrutiny of the Budget

The meeting began at 7.00pm and finished at 9.15pm CHAIRMAN

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
25 MARCH 2014	Public Report

Report of the Joint Scrutiny Committee

Contact Officer(s)
- **Adrian Chapman, Assistant Director for Communities and Targeted Services – Tel: 01733 863887**
- **Paulina Ford, Senior Governance Officer – Tel: 01733 452508**

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

1. PURPOSE

1.1 The purpose of the report is to provide the Commission with the overview report (attached at Appendix 1) detailing the outcomes from the Joint Scrutiny in a Day event held on 17 January 2014 which looked at understanding and managing the impacts of welfare reform on communities in Peterborough.

2. RECOMMENDATIONS

2.1 The recommendations from the Joint Scrutiny in a Day event are detailed in the attached report at Appendix 1.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The issues of welfare reform and tackling poverty affect the entire Sustainable Community Strategy. The Strategy is developed to build a bigger and better Peterborough and it is essential that our communities are supported and given the right opportunities to help achieve this.

It is hoped that, by adopting some of the core principles of the Strategy, we can holistically address some of the risks and harness some of the opportunities identified during the Scrutiny in a Day event. These principles include:

- A focus on outcomes, not organisations
- Addressing the root cause of issues by adopting a preventative approach
- Doing things differently for less through innovation
- Ensuring we prioritise and maintain a clear focus

4. BACKGROUND

4.1 The 2012 Welfare Reform Act is making the biggest change to the welfare benefits system since the 1940's. These changes will have a direct impact for most benefit claimants, which for some will be significant. There may also be a number of indirect and unintended consequences, some negative (such as overcrowding in housing) and some positive (such as greater innovation leading to new employment schemes).

Between 2012 and 2018, a number of important changes will come into effect on a range of welfare benefits such as housing benefit, council tax benefit, tax credits, disability living allowance and incapacity benefit amongst others. Welfare Reform will affect people both in and out of work.

The Act will also see the introduction of Universal Credit, which aims to simplify the current benefits system by bringing together a range of separate benefit payments into one single streamlined payment process.

Welfare Reform will have an impact on how the Council and its partners deliver support, advice and services to the public.

In July 2013 each Scrutiny Committee and Commission agreed to participate in a ground-breaking joint 'Scrutiny in a Day' event, entitled 'Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough', to develop an in-depth understanding of the issues and opportunities and to scrutinise responses on this cross-cutting agenda. The event, held on January 17th 2014, provided all Scrutiny Councillors and other participants with a chance to understand the Government's strategy on Welfare Reform, and how it affects Peterborough.

This report provides an overview of the event and its consequential outcomes.

5. KEY ISSUES

5.1 A series of key issues and recommendations for further debate and exploration by each Committee or Commission are set out in the attached report.

6. IMPLICATIONS

6.1 The attached report provides an overview of the outcomes from the event. It is likely that, as work is developed and actions taken forward following discussion at committee, there will be implications across the Council and within our partner organisations, but at this stage these implications are not known. As each recommendation and line of enquiry is taken forward, separate and more detailed reports will be presented to committee identifying these implications in more depth.

7. CONSULTATION

7.1 None

8. NEXT STEPS

8.1 The attached report will be presented to each of the Council's five Scrutiny Committees and Commissions during March and April 2014. Members will be asked to discuss, debate, refine and finalise their key lines of enquiry and recommendations in order that they can be added to the relevant meeting schedules for the 2014/15 municipal year.

Officers will also continue to work with the Centre for Public Scrutiny to define and calculate the return on investment achieved as a result of this intensive scrutiny approach, and will support the CfPS who wish to produce a case study based on our experience of the event which can be shared nationally.

9. BACKGROUND DOCUMENTS

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

9.1 None

10. APPENDICES

10.1 Appendix 1 - Scrutiny in a Day: Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough – Overview Report

PETERBOROUGH CITY COUNCIL

SCRUTINY IN A DAY

17th January 2014

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

Overview Report

March 2014

Contents

Introduction

The 2012 Welfare Reform Act is making the biggest change to the welfare benefits system since the 1940's. These changes will have a direct impact for most benefit claimants, which for some will be significant. There may also be a number of indirect and unintended consequences, some negative (such as overcrowding in housing) and some positive (such as greater innovation leading to new employment schemes).

Between 2012 and 2018, a number of important changes will come into effect on a range of welfare benefits such as housing benefit, council tax benefit, tax credits, disability living allowance and incapacity benefit amongst others. Welfare Reform will affect people both in and out of work.

The Act will also see the introduction of Universal Credit, which aims to simplify the current benefits system by bringing together a range of separate benefit payments into one single streamlined payment process.

Welfare Reform will have an impact on how the Council and its partners deliver support, advice and services to the public. The Council will need to work even closer with local partners across the public and civil society sectors, and with businesses in delivering the changes that Welfare Reform brings. Key to the successful implementation of Welfare Reform will be ensuring that the Council and local partners have an agreed strategy and understanding of the issues and how they can be addressed. Given the scale and impact that changes will bring each of the Council's Scrutiny Committees and Commissions have a strong interest in understanding these impacts on their areas of work and in making recommendations to manage these impacts.

Each Scrutiny Committee and Commission therefore agreed to participate in a ground-breaking 'Scrutiny in a Day' event, entitled 'Understanding and Managing the Impacts of Welfare Reform on Communities in Peterborough', to develop an in-depth understanding of the issues and opportunities and to scrutinise responses on this cross-cutting agenda. The event, held on January 17th 2014, provided all scrutiny councillors and other participants with a chance to understand the Government's strategy on Welfare Reform, and how it affects Peterborough.

This report provides an overview of the event and its consequential outcomes, and sets out a series of issues and recommendations for further debate and exploration by each Committee or Commission.

Further work is underway to identify the longer term impacts of and benefits from the event in order that these can be more widely shared and used to influence and shape policy and practice across Peterborough.

Context to welfare reform and poverty

The Scrutiny in a Day event, although primarily focussed on welfare reform, was organised against a backdrop of the broader issue of tackling poverty.

Britain has some of the highest levels of child poverty in the industrialised world. It is estimated that some 3.5 million children and young people in the UK live in relative poverty (defined as living in households with an income of 60% or less of the median household income).

The Child Poverty Act 2010 sets challenging UK-wide targets to be met by 2020. These targets are to:

- reduce the number of children who live in families with income below 60% of the median to less than 10%
- reduce the proportion of children who live below an income threshold fixed in real terms to less than 5 per cent.

In 2012 the Welfare Reform Act received Royal Assent. The Act legislates for the biggest change to the welfare system in over 60 years.

The Act has been designed to deliver £18bn savings from the national welfare budget as announced in the spending review 2010, and a further £12bn savings by 2018 announced in the budget of March 2012.

One of the Government's priority aims in reforming welfare benefits is to make the system of benefits and tax-credits fairer and simpler, protecting the most vulnerable in society and delivering fairness both to benefit claimants and to the taxpayer. It also seeks to recreate the incentive to get more people into work by ensuring that 'work always pays'.

According to the last available figures, the East of England has an unemployment rate of 7.2%[1], which is less than the national average. Peterborough has an average workless household[2] rate of 16.6%[3], slightly higher than the regional average of 15.4% but lower than the national average of 18.9%. However, Peterborough has higher levels of poverty than many other areas in the country, with 24.3% of Peterborough's population considered in poverty (higher than the English average of 21.4% and the regional average of 16.9%).

[1] House of Commons Research paper 12/04, Jan 2012
[2] Where the household contains at least one adult of 16-64 years old.
[3] "*Households by the combined economic activity status of household members by area (Jan – Dec 2011)*", Office for National Statistics, September 2012

Centre for Public Scrutiny Return on Investment Model

The Scrutiny in a Day event was organised with the support of a cross-party, cross-committee working group. The working group benefited from the generous support and advice of the Centre for Public Scrutiny (CfPS) who provided three days of funded support via one of their scrutiny expert advisers, Brenda Cook.

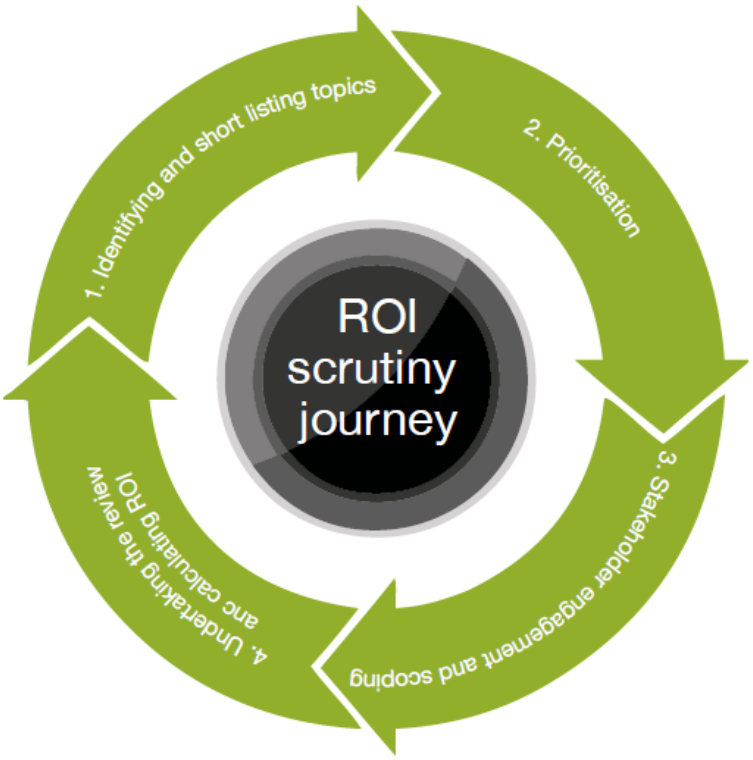
The CfPS is a charity whose principal focus is on scrutiny, accountability and good governance, both in the public sector and amongst those people and organisations who deliver publicly-funded services.

Brenda Cook advised the working group on the 'Return on Investment' model for scrutiny developed by the CfPS, and it is this model that was used as the tool for measuring the impact of the event and subsequent workstreams.

The Return on Investment model is based on four stages of a scrutiny journey (figure 1 below refers):

1. **Identifying and short listing topics**: understanding the potential impacts and opportunities the city faces as a result of welfare reform
2. **Prioritisation**: being clear about what aspects of welfare reform we want to focus on
3. **Stakeholder engagement and scoping**: broadening out the review to draw in the experience and expertise of partners and members of the public
4. **Undertaking the review:** and then estimating and evaluating the impact of the scrutiny process, and testing the ways in which a potential return on investment may be calculated

Figure 1:



Officers are currently working with the CfPS to calculate the returns on investment that can be attributed to the event. Some of these are already evident and are happening, including:

- New relationships being formed between different individuals and partners, leading to different processes and procedures being introduced that make best use of resources
- New investments or expert support from the private sector into organisations such as the Foodbank and Carezone
- Young people from City College Peterborough's John Mansfield Campus learning about the risks of excess credit and inappropriate borrowing

Other returns on investment will evolve and emerge throughout the course of the year, depending upon which lines of enquiry each Committee or Commission chooses to pursue. However, even at this early stage we can be confident that some of the returns on investment will be linked to:

- Greater connectivity between partners to deliver more seamless support services to people adversely affected by welfare reform
- New schemes that develop volunteering, training or employment opportunities
- A focus on reducing gambling, particularly on the High Street
- Greater and more consistent investment in preventative programmes, including quality advice and guidance, appropriate financial products, housing related support and reducing criminality

The Scrutiny in a Day Event – Format and Overview

The event combined sessions designed to inform and educate councillors, to connect councillors with service providers and support organisations, and to enable councillors to consider workstreams, lines of enquiry and recommendations that their respective Committees might wish to pursue during 2014/15.

A copy of the programme for the event is attached at appendix 1.

A wide range of councillors, council officers, and partner agencies attended the day. The Joint Scrutiny Committee was made up of the following Councillors:

Joint Scrutiny Committee:

Cllr Nick Arculus
Cllr Chris Ash
Cllr Sue Day
Cllr Lisa Forbes
Cllr John Fox
Cllr Judy Fox
Cllr Chris Harper
Cllr Jo Johnson
Cllr Nazim Khan
Cllr Pam Kreling
Cllr Diane Lamb
Cllr David Over
Cllr John Peach
Cllr Brian Rush
Cllr Lucia Serluca
Cllr John Shearman
Cllr Ann Sylvester
Cllr Nick Thulbourn
Al Kingsley – Independent Co-opted member

Other Councillors in attendance were:

Cllr Charles Swift, and

Cabinet Members:
Cllr Graham Casey
Cllr Wayne Fitzgerald
Cllr Nigel North
Cllr David Seaton
Cllr Marion Todd
Cllr Irene Walsh

In addition, we are extremely grateful to the wide range of council officers and partners who helped to organise and facilitate the event.

Set out below is a summary of each of the various components that made up the programme for the event. The morning sessions were held without members of the public or the media present, to enable participants to focus on learning more about the subject, whilst the afternoon sessions were all held in public.

Morning Sessions

Welcome and Introductions

Brenda Cook, expert adviser from the Centre for Public Scrutiny and facilitator for the event, welcomed all attendees and set out the objectives for the day.

Opening Address

Gillian Beasley, the Council's Chief Executive, gave the opening address stating how innovative the event was. Gillian also set out the opportunities that could come from the event and the subsequent year of scrutiny, and how critical this was in the context of supporting our citizens and strengthening our communities.

Overview of the Reforms

Julie Coleman from the Department for Work and Pensions and Keith Jones from Peterborough Citizens Advice gave an overview of the breadth of the reform agenda, including the scale of some of the changes being made. They confirmed the recent news that the funding being used in Peterborough to deliver the Community Assistance Scheme (the Local Welfare Provision from the Department of Work and Pensions) was to be withdrawn from 2015/16.

The Wider Context: Poverty in Peterborough

Jawaid Khan from the Council's cohesion team and Sharon Keogh from Carezone gave an overview of the wider issue of poverty and its impacts in Peterborough. Sharon then shared a number of real case studies, bringing to life the reality for some of the clients her organisation supports.

Development Session 1: The Experience

Participants were invited to experience five scenarios, each drawn from real experience in Peterborough, that articulated the impacts of welfare reform or poverty, the support available to people affected by these issues, and the temptations that some people turn to in order to help them cope. The five scenarios (attached for information at appendix 2) were acted out by council officers and staff from partner agencies.

Development Session 2a: The Evidence

Participants were invited to learn more about the facts and figures associated with welfare reform and poverty, through the medium of a short interactive quiz. Voting buttons were used to answer a series of questions that were designed to challenge people's understanding and knowledge of the issues and to expose some of the key facts. In advance of the event, councillors were provided with a pack of information and evidence (see appendix 3), and this part of the event was designed to pick out the key points from that pack. The questions asked and their respective answers are included at appendix 4.

Development Session 2b: The Reality

Participants were invited to meet a small number of Peterborough residents who have been directly affected by welfare reform. This was an opportunity to hear the reality that some people were facing, and we are grateful to those who volunteered to attend and to the various partner agencies that supported them.

In addition, this session provided an opportunity for participants to view a series of displays and information from a wide range of partner organisations, specifically:

- Accent Nene
- Age UK Peterborough
- Anglia Rainbow Savers Credit Union
- Axiom Housing
- Care and Repair Home Improvement Agency
- Carezone (Kingsgate Community Church)
- City College Peterborough
- Council 0-19 service
- Cross Keys Homes
- DIAL Peterborough
- Foodbank (Kingsgate Community Church)
- Health Watch
- Heataborough
- Home Group
- Hyde Housing

- Job Centre Plus
- Peterborough and Fenland MIND
- Peterborough Citizens Advice
- Peterborough Council for Voluntary Service
- Public Health Live Healthy Team
- Ready to Switch

Afternoon Sessions

The Impacts

The Shontal Theatre Company were commissioned to deliver a performance entitled 'Bust' which exposes the issues of excessive credit and inappropriate borrowing in a domestic setting, and the impacts that changes of circumstances can have on a family. The hard hitting performance involves actors acting out a domestic scenario, with interludes for the audience to engage and comment on what they've seen.

Feedback from Development Session

Brenda Cook summarised the initial feedback from the morning development sessions in order to focus the participants on the more detailed discussions and debates to be held during the afternoon. During the morning sessions participants were invited to post ideas and questions in ballot boxes that were located throughout the areas being used. These were reviewed during lunchtime, enabling Brenda to summarise the key points. Brenda identified four common themes:

1. There are many different organisations that are engaged in supporting people in poverty and people who are relying on benefits, welfare or support, but how well are organisations working together? How well are organisations signposting to each other? And can the current practise be improved?
2. The impact of gambling, and the prevalence of gambling in Peterborough, and also the amount of money that's involved in the gambling industry. What can the Council do in relation to gambling? What stance can we take? Is there a need for education in schools, or for young people to see some of the figures that the councillors were given earlier? What action can be taken?
3. The issues associated with educational attainment and young people, and why Peterborough is so poor when measured against other areas at Level 4 and above. What can be done? What can we as a Council do to address that, working with partners?
4. The issue of managing debt: how is this dealt with? What can be done to improve it?

Public Engagement

This session provided an opportunity for members of the public who were in attendance to ask any specific questions or make any points they felt were relevant. Nobody chose to ask anything at this point, although it should be noted that various members of the public who did attend contributed to the discussions at other times throughout the afternoon.

Joint Scrutiny Committee – the Big Questions

Brenda Cook facilitated a question and answer session during which a range of issues and queries were responded to in order to prepare scrutiny councillors for their more detailed discussions. The questions asked and the answers provided is attached at appendix 5.

Individual Scrutiny Committee and Commission Meetings

Each of the Scrutiny Committees and Commissions met separately to develop a list of recommendations and lines of enquiry, formed as a result of the day's various sessions (although unfortunately the Scrutiny Commission for Rural Communities had insufficient numbers of Scrutiny Members present to meet during this session). The various recommendations and lines of enquiry developed during this session are set out in section 4.

Final Remarks, Next Steps and Close

Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health, gave closing remarks, commenting on the impact and diversity of the event and the wide ranging topics discussed. Councillor Walsh reaffirmed our collective commitment to supporting people affected by welfare reform and poverty.

Recommendations and Lines of Enquiry from each Scrutiny Committee or Commission

Four of the five Scrutiny Committees or Commissions produced a shortlist of key lines of enquiry or recommendations that those present felt they may want to focus on during the 2014/15 municipal year. These are set out as follows:

Creating Opportunities and Tackling Inequalities Scrutiny Committee

1. To explore the impact of welfare reform on young people and their attainment in mainstream education.
2. To identify barriers to work and explore how early years provision, support and related services can help parents into employment.
3. To understand the impact and needs arising from welfare reform and ensure that initiatives such as Connecting Families can meet these needs.

Strong and Supportive Communities Scrutiny Committee

1. To explore the impact of the cessation of the Local Welfare Provision funding from Department of Work and Pensions and develop recommendations to Cabinet on how the Peterborough Community Assistance Scheme can be sustained.
2. To raise awareness of the ongoing reforms, the impacts and support available with communities, councillors and partners. Develop opportunities for sharing experiences caused by welfare reforms between communities, councillors and partners.
3. To explore opportunities of how investing in local community groups can help to prevent and tackle poverty.
4. To receive a report on the extent of gambling within the city and develop actions to mitigate the impact of gambling such as education, awareness raising and prevention.

Scrutiny Commission for Health Issues

1. To create an accessible, visible and customer-orientated access point for advice.
2. To receive and scrutinise a report from Public Health on planned initiatives relating to healthy eating, food and nutrition along with the links to poverty and other lifestyle factors.
3. When receiving the Public Health report above, to look at links between the nutrition and uptake of school meals and educational attainment.
4. To receive and scrutinise a report on the impact of poverty on public health and explore how investing in measures to tackle poverty can improve health outcomes.

Sustainable Growth and Environment Capital Scrutiny Committee

1. To consider the Council's response to gambling and to devise a holistic approach to combatting the economic threats posed by gambling and vice
2. To understand the role that the voluntary sector can play in helping the council to deliver its key objectives. To foster closer links into and between the voluntary sector and review how the Council can support this
3. To scrutinise the Affordable Housing Capital Strategy to enable the Committee to consider recommendations relating to social housing.

Scrutiny Commission for Rural Communities

As the remit of the Scrutiny Commission for Rural Communities is cross-cutting, members will consider which of the recommendations and lines of enquiry above they wish to pursue alongside new suggestions that have emerged since the event.

Next steps

This report will be presented to each of the Council's five Scrutiny Committees and Commissions during March and April 2014. Members will be asked to discuss, debate, refine and finalise their key lines of enquiry and recommendations in order that they can be added to the relevant meeting schedules for the 2014/15 municipal year.

Officers will also continue to work with the Centre for Public Scrutiny to define and calculate the return on investment achieved as a result of this intensive scrutiny approach, and will support the CfPS who wish to produce a case study based on our experience of the event which can be shared nationally.

Finally, when agreed by each Scrutiny Committee and Commission, this report will be shared with all who participated in the event as well as with our wider partnership networks to help define and guide our work programmes for the coming years.

Further information on this report is available from:

Democratic Services Team

Chief Executive's Department, Town Hall

Bridge Street

Peterborough, PE1 1HG

Telephone – (01733) 747474

Email – scrutiny@peterborough.gov.uk

APPENDIX 1: SCRUTINY IN A DAY PROGRAMME

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

Programme

Joint Meeting of the Scrutiny Committees and Commissions: Scrutiny in a Day

Friday 17th January 2014

Town Hall 9am – 4.40pm

Session 1: 9am to 1pm – Development Session for Councillors

9.00 – 9.30 **Arrivals, registration and coffee**

9.30 – 9.35 **Welcome and introduction to the day**

Brenda Cook, Centre for Public Scrutiny

9.35 – 9.45 **Opening address**

Gillian Beasley, Chief Executive, Peterborough City Council

9.45 – 10.00 **Overview of the Reforms**

Julie Coleman, Department for Work and Pensions and Keith Jones, Peterborough Citizens Advice

10.00 – 10.15 **The Wider Context: Poverty in Peterborough**

Sharon Keogh, Kingsgate Community Church and Jawaid Khan, Community Cohesion Manager for Peterborough City Council

10.15 – 12.15 Development sessions:

Session 1

10.15 – 11.15 **The Experience**

An interactive walk-through of the impacts of welfare reform, the support available and the temptations facing individuals and families.

Session 2a

11.15 – 11.45 **The Evidence**

Gary Goose and Ray Hooke, Peterborough City Council

An interactive workshop to better understand data and evidence on poverty and deprivation

Session 2b

11.15 – 11.45 **The Reality**

An opportunity to hear from local residents who have been impacted by welfare reform and an opportunity to meet with agencies providing frontline support to people.

11.45 – 12.15 **Sessions 2a and 2b repeated**

12.15 – 1.00 **Lunch**

1pm to 4.40pm – Joint Scrutiny Event – Open to Public

1.00 – 2.00 **Theatre Production 'Bust'**

Shontal Theatre Company to perform 'Bust' production: a young couple who manage to attract a portfolio of debt leading to a change in personal circumstances……

2.00 – 2.10 **Feedback from the Development Session and Introduction to the Afternoon**

Brenda Cook, Centre for Public Scrutiny

2.10 – 2.30 **Public Engagement**

An opportunity for members of the public to give evidence on the impact of welfare reform

Facilitated by Brenda Cook, Centre for Public Scrutiny

2.30 – 3.10 **The Big Questions**

Facilitated by Brenda Cook, Centre for Public Scrutiny

3.10 – 4.10 **Joint Scrutiny Committee Workshops**

Explore key lines of enquiry and develop recommendations

4.10 – 4.30 **Feedback from Workshops**

Facilitated by Brenda Cook, Centre for Public Scrutiny

4.30-4.40 **Closing Remarks and Next Steps**

Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health

APPENDIX 2: SCENARIOS USED IN THE 'EXPERIENCE' SESSION

The Experience Session – Zone Scenarios

The following scenarios were used to set the scene for the Experience Session, during which council officers and staff from other agencies acted out different situations that brought together the impacts of welfare reform and poverty, the support that is available to people affected, and the temptations that are open to them.

Zone 1: Charlene

Charlene is a single mum with school age children. She has a history of receiving benefits for her disability, but following a recent reassessment, Charlene has been told that she is no longer eligible for disability benefits.

Charlene has now got a part time job, but on minimum wage. She is finding it difficult to pay her bills and provide food for the family. To make matters worse, her cooker no longer works and needs replacing. Charlene needs to find £300 urgently as she cannot provide a hot meal for her family.

Zone 2 – The McGuire Family

The McGuire family consists of Mr & Mrs McGuire and two children. Both parents have been unemployed for a number of years and receive benefits. Due to the changes in the Council Tax scheme, the family are now required for the first time to pay an element of Council Tax.

The family live in a House of Multiple Occupation (HMO). Conditions are very poor effecting the family's health and wellbeing.

The family have problems managing their money properly and are in debt. The children are often given convenience foods (ready meals, junk food etc.) and are in poor health. The parents see the black market as a way of making some quick money through the sale of illegal tobacco /alcohol.

Zone 3 – Andy

Andy is a private tenant aged 32. He has been renting a 1 bedroom self-contained flat from his landlord for the last 4 years. The rent is £400.00 per calendar month. When he started renting the flat he was working full time, but was made redundant and has been unable to find another job since.

Andy is in receipt of housing benefit which covers his rent. Due to changes in Housing Benefit rules, Andy's benefits have reduced from £400 per month to £242 per month.

Andy is unable to meet the shortfall in his rent and is now in arrears. He currently owes £1400.

After numerous threatening phone calls, the landlord has now told Andy that she will be visiting the property at 11am today and if he's not out of the property she'll "get some guys round" to forcibly remove him and his belongings. Andy is considering turning to crime as a means of covering his debts

Zone 4 – Denham

Denham is a single father living in a four bedroomed house. He has two children, both boys, one aged 7 and the other 14 who attend different schools. Due to the changes in housing benefit from the Spare Room Subsidy, his benefit has been cut by 25%.

Denham's new job means he has to leave the house at 6am. This means that the children have no one to get them ready for school.

The school is concerned about the lack of attendance of the younger child and the disrupting behaviour in class. The school has asked to meet with Denham on a number of occasions. Denham is also concerned that the older son is hanging around a group of older boys known for anti-social behaviour and being a bad influence.

Denham is struggling to cope and turning to alcohol.

Zone 5 – Dave

Dave moved to a small village with his partner six months ago in a bid to make a fresh start after they kept arguing and Dave's partner started becoming violent. Dave doesn't work as his partner preferred him to stay at home and look after the house, however the rent and bills are all in Dave's name at his partner's insistence. Since they moved, the arguments got worse; Dave's partner cut him off from his friends and family and stopped him going out. Then one day Dave's partner simply took the car, his things and left.

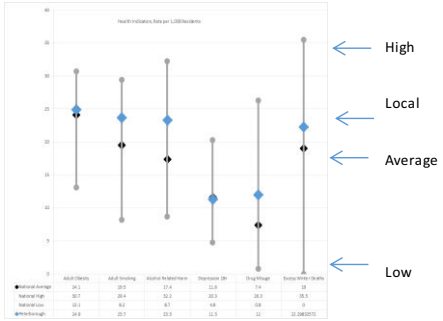
This left Dave alone in the village, isolated without a car and no income. His bills are mounting and Dave is getting into debt. Dave doesn't know anyone locally because his partner didn't allow him to socialise.

Dave starts to visit his local pub daily and uses the fruit machine to pass the time, he occasionally wins and starts to think this a means of getting himself out of debt.

Scrutiny in a Day - Information pack guidance notes

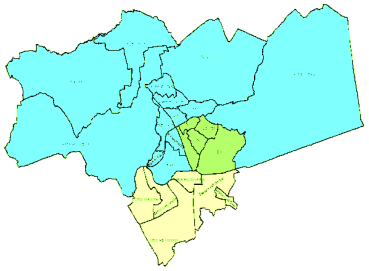
This evidence pack has been developed to assist with the scrutiny in a day "Tackling the effects of the welfare reform" event. The information contained within has been sourced predominantly from open data with some local datasets included and has been grouped, where possible, into themes relevant to each of the five scrutiny committees. The most recently available data has been utilised where possible. This pack has been designed to allow questions to be raised as opposed to providing definitive answers. Where possible, Peterborough has been shown as a comparison to all other Local Authority areas in England, with a proportion showing a localised "drilled down" element.

A guide to interpreting the data.

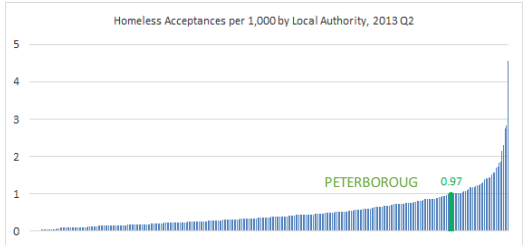


Stock Charts - are a quick way to look at a broad range of data. The maximum and minimum ranges are shown as the highest and lowest points of the line, with Peterborough featuring a blue diamond and the national average shown as a black diamond, these charts will either be shown across a time range, or across a range of themes.

Line Charts - These are utilised for displaying trends over time. The horizontal X axis shows the date range while the vertical Y axis will show either a number (i.e.. age) a rate (i.e.. per 1000 population) or a percentage (i.e.. a proportion). All Line charts in this evidence pack utilise the same colour themes. Blue = Peterborough, Orange =

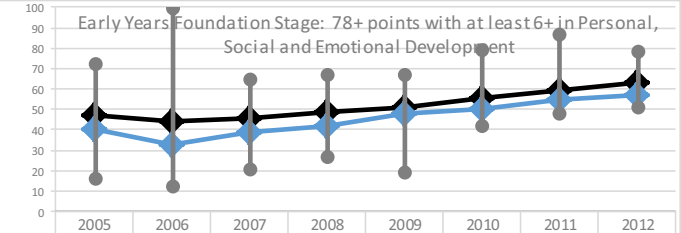


Maps - All maps that have been utilised within this evidence pack are based on ONS defined Output Areas within Peterborough Unitary Authority Ward boundaries and are shown as shaded "heat maps" based on the relative values or rates relevant to each



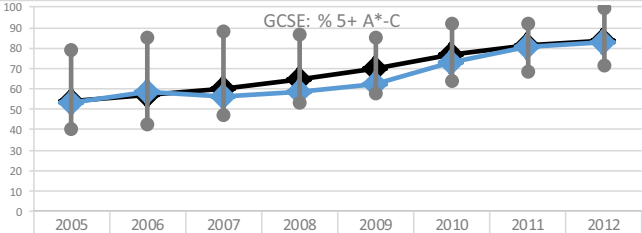
Column Charts - These charts are utilised throughout this document primarily as a way of demonstrating where Peterborough is placed in a national context. Each column represents a Local Authority in England and Wales. Peterborough will always be represented as a green column with its respective data label visible. Lowest volumes/rates will always feature to the left, where highest volumes or rates will appear to the right.

Creating Opportunities and Tackling Inequalities



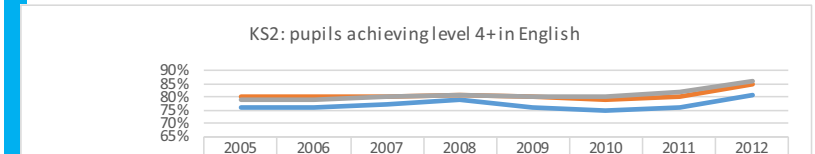
	2005	2006	2007	2008	2009	2010	2011	2012
Average	47.37333333	43.90604027	45.29333333	48.60666667	51.23684211	55.68421053	59	63.25
High	72	100	65	67	67	79	87	78
Low	16	13	21	27	19	42	48	51
Peterborough	40	33	39	42	48	50	55	57

This graph shows that, regarding Early Years achievement, Peterborough and the national average are improving at a similar rate with Peterborough remaining in a relatively deficient position.



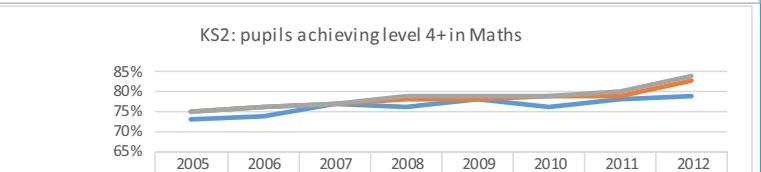
	2005	2006	2007	2008	2009	2010	2011	2012
Average	54.26530612	57.15442177	60.05374150	64.66598639	70.27449664	76.81476510	81.02483221	83.58523490
High	79.2	85.2	88.2	87	84.9	92.4	92.4	100
Low	40.7	43	47.3	53.5	57.8	63.7	68.8	71.8
Peterborough	53.5	58.3	56.3	58.8	62.6	72.7	80.2	83.2

This graph shows that, despite a minor dip from 2007 to 2010, the percentage of students achieving 5+ GCSEs at A*-C grades is in line with the national average.



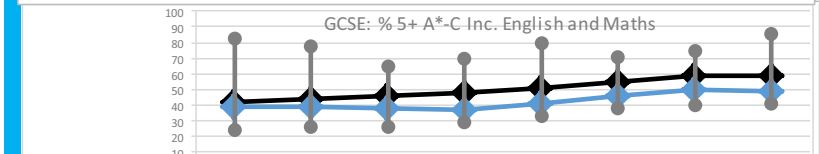
	2005	2006	2007	2008	2009	2010	2011	2012
Peterborough	0.76	0.76	0.77	0.79	0.76	0.75	0.76	0.81
East	0.8	0.8	0.8	0.81	0.8	0.79	0.8	0.85
England	0.79	0.79	0.8	0.81	0.8	0.8	0.82	0.86

This graph shows that KS2 pupils in Peterborough have consistently trailed the region and country in English achievement since 2006.



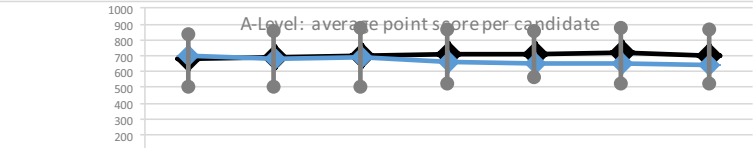
	2005	2006	2007	2008	2009	2010	2011	2012
Peterborough	0.73	0.74	0.77	0.76	0.78	0.76	0.78	0.79
East	0.75	0.76	0.77	0.78	0.78	0.79	0.79	0.83
England	0.75	0.76	0.77	0.79	0.79	0.79	0.8	0.84

This graph shows that, while Peterborough is improving in KS2 pupils achieving level 4+ in Maths, it is at a slightly slower level when compared to regional and national progress.



	2005	2006	2007	2008	2009	2010	2011	2012
Average	41.98775510	43.65986395	45.60476190	48.10680272	50.92080535	55.23489933	58.29664430	59.11812081
High	82.6	77.8	65	69.6	80	71.3	74.7	86.4
Low	24.9	26.1	26.5	29.9	33.5	38	40.8	40.9
Peterborough	39	39.4	37.6	37.2	40.6	45.5	49.4	49.3

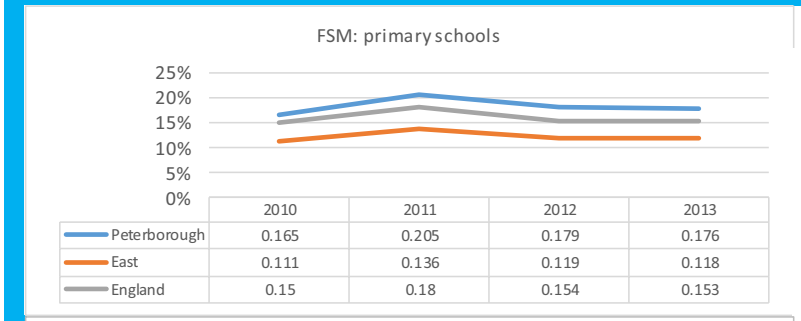
In contrast, this graph shows that Peterborough lags behind the national average regarding A*-C achievement in English and Maths in GCSE.



	2006	2007	2008	2009	2010	2011	2012
Average	683.9468966	694.1227586	703.9806897	707.2429530	714.1892617	717.6393333	702.642
High	839.2	863.2	884.8	865.5	863.8	878.1	871.2
Low	523.6	532	515.9	541.1	573.8	540.3	538.6
Peterborough	698	681	695	656.9	651.6	648.5	642.4

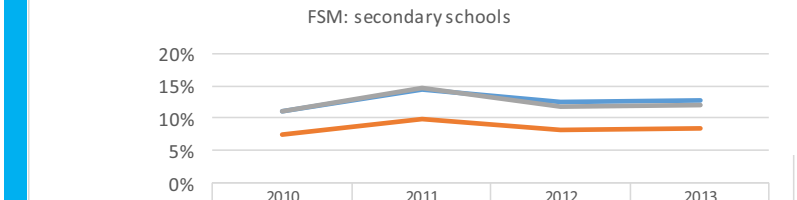
This graph shows that, beginning in 2009, Peterborough's average A level score per candidate has fallen below the national average.

Creating Opportunities and Tackling Inequalities

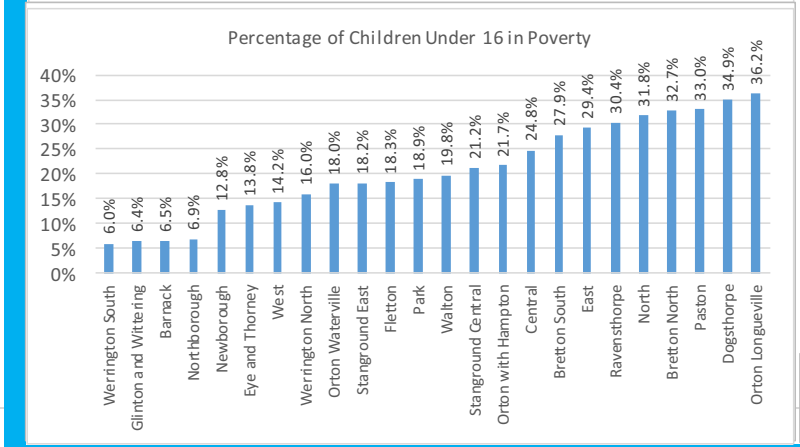


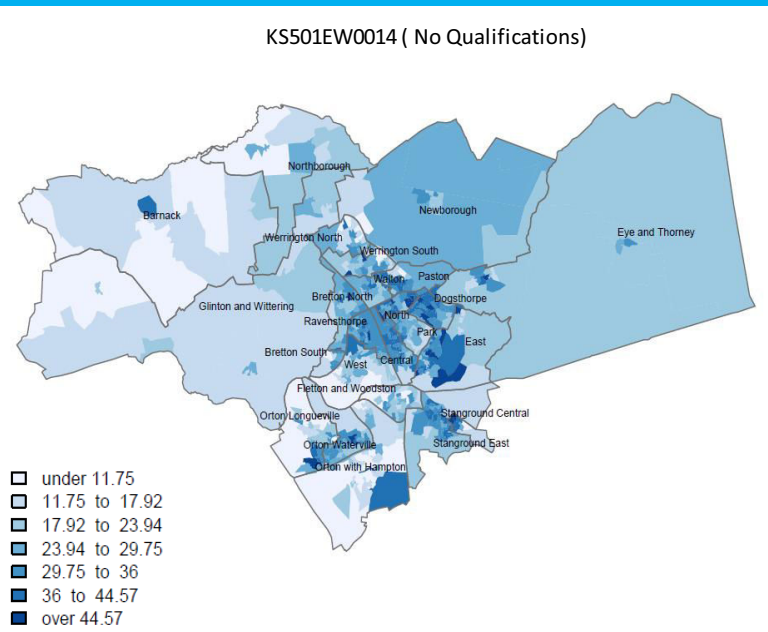
	2010	2011	2012	2013
Peterborough	0.165	0.205	0.179	0.176
East	0.111	0.136	0.119	0.118
England	0.15	0.18	0.154	0.153

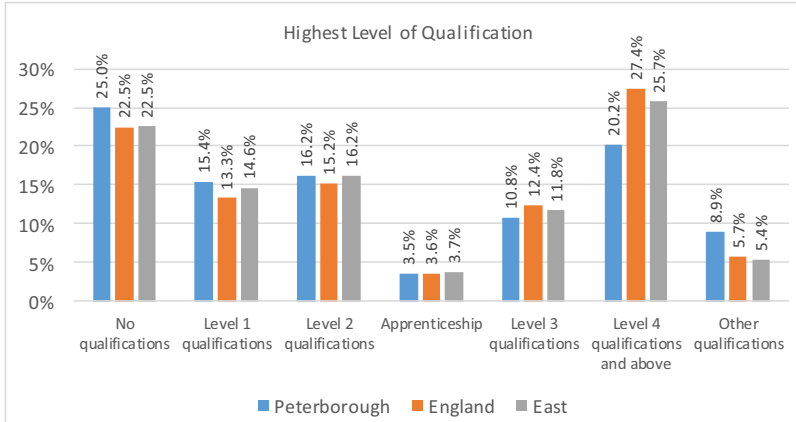
These two graphs demonstrate that Peterborough has a marginally larger percentage of pupils receiving free school meals than England and a considerably larger amount than the region.



	2010	2011	2012	2013
Peterborough	0.11	0.145	0.124	0.128
East	0.076	0.099	0.083	0.085
England	0.111	0.146	0.118	0.12

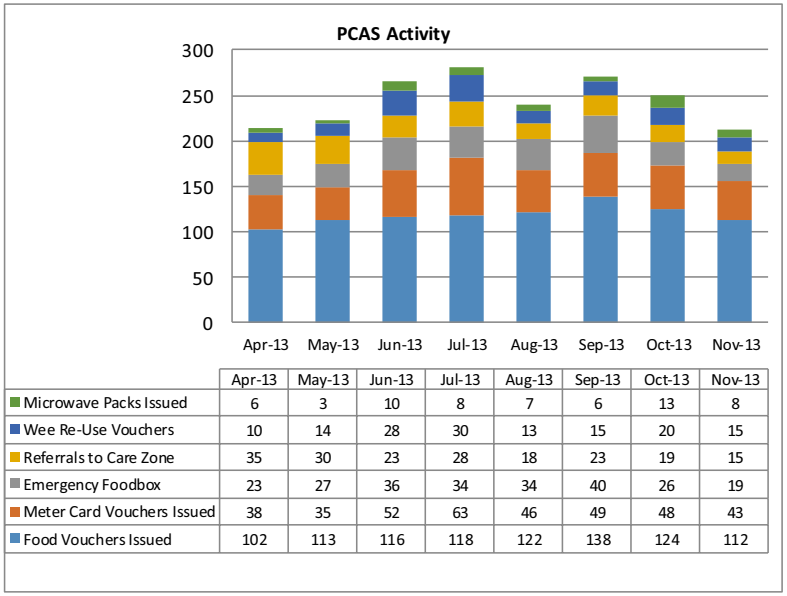




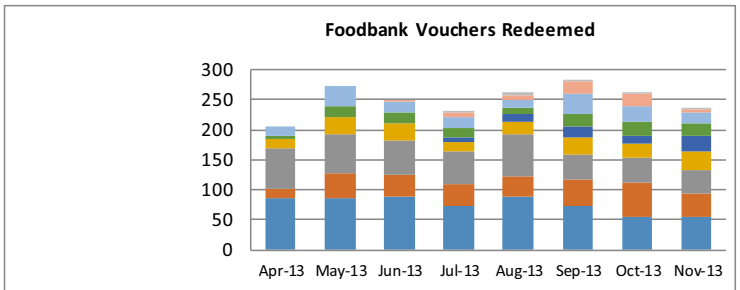


This graph shows that Peterborough has a higher percentage of people with no or other qualifications than the region and country. It also demonstrates that Peterborough has a significantly lower percentage of people with level 4 qualifications (degrees and above) than the region and country.

Creating Opportunities and Tackling Inequalities

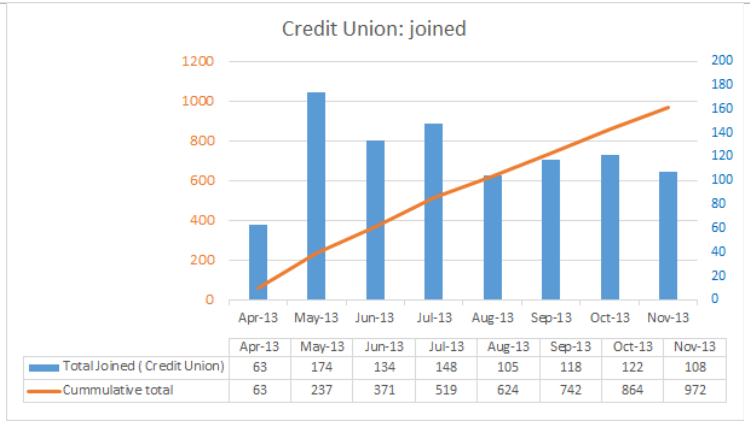


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Microwave Packs Issued	6	3	10	8	7	6	13	8
Wee Re-Use Vouchers	10	14	28	30	13	15	20	15
Referrals to Care Zone	35	30	23	28	18	23	19	15
Emergency Foodbox	23	27	36	34	34	40	26	19
Meter Card Vouchers Issued	38	35	52	63	46	49	48	43
Food Vouchers Issued	102	113	116	118	122	138	124	112

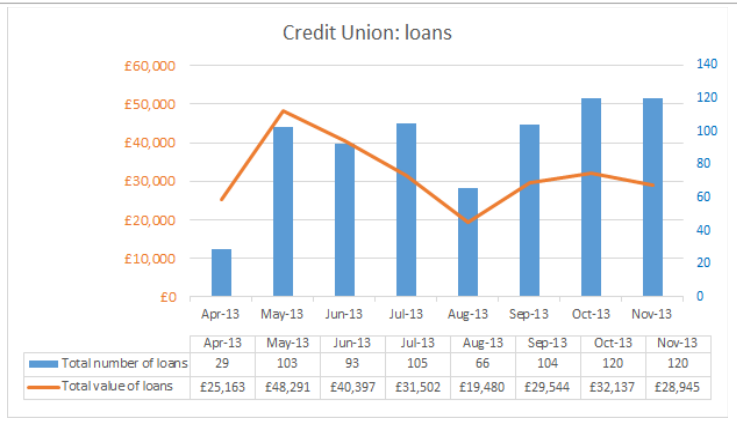


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
313 Cromwell Road (Central ward)	0	0	0	3	4	4	2	3
Orton	0	0	2	7	7	21	21	7
Stanground	14	33	17	17	15	33	25	16
Bretton	7	18	20	16	10	21	24	23
Salvation Army (Central ward)	0	0	0	8	13	19	14	24
Paston	14	30	28	17	19	28	23	31
Westgate	67	64	57	52	71	42	41	39
Gunthorpe	17	41	37	38	33	43	57	40
Dogsthorpe	86	87	88	73	90	74	55	55

These above two graphs firstly demonstrate the activities of PCAS of which the majority activity was issuing food bank vouchers. Accordingly, the second graph shows the food banks where vouchers were redeemed, the major three location were Dogsthorpe, Gunthorpe and Westgate.



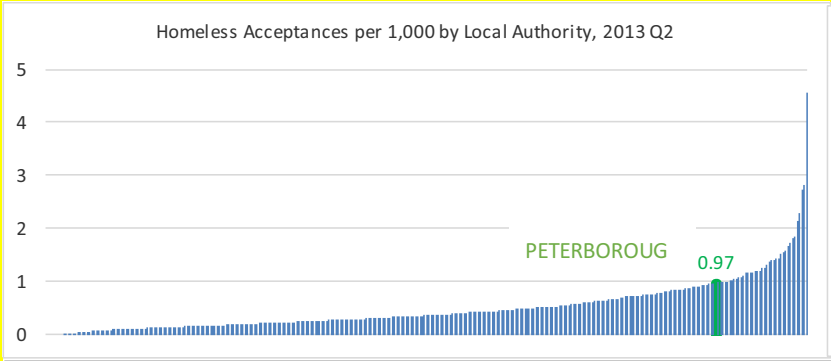
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Total Joined (Credit Union)	63	174	134	148	105	118	122	108
Cummulative total	63	237	371	519	624	742	864	972



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
Total number of loans	29	103	93	105	66	104	120	120
Total value of loans	£25,163	£48,291	£40,397	£31,502	£19,480	£29,544	£32,137	£28,945

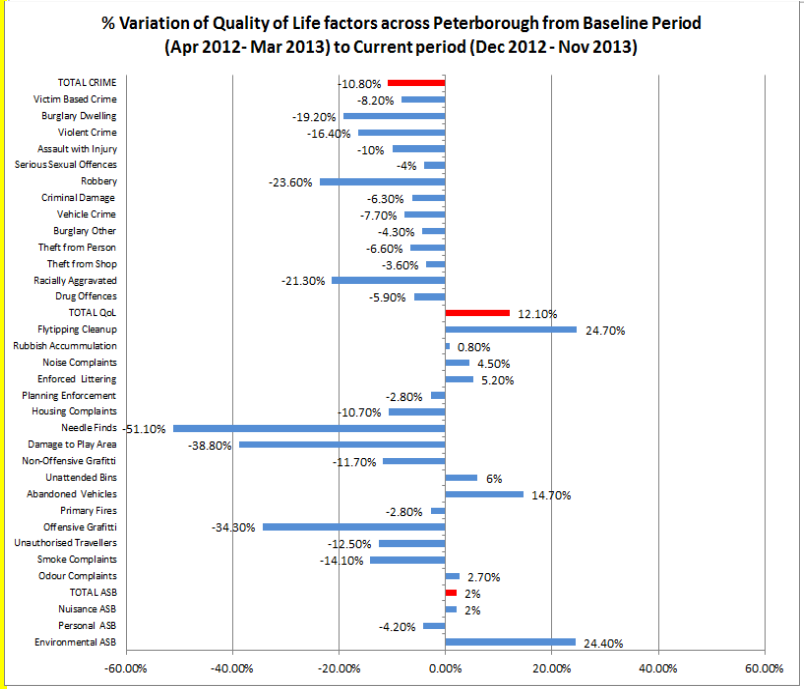
The bottom two graphs track the number of members of the credit union and the amount and value of loans approved.

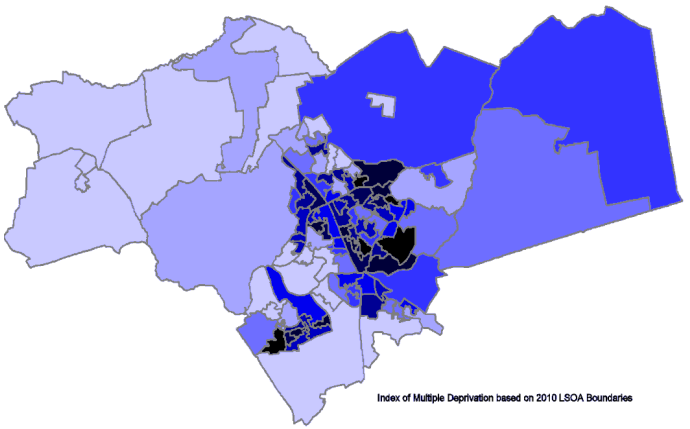
Strong and Supportive Communities



	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
England	0.54	0.57	0.59	0.6	0.57	0.61	0.6	0.58	0.6
Peterborough	0.6	1.14	0.97	1	1.04	0.87	0.68	0.87	0.97

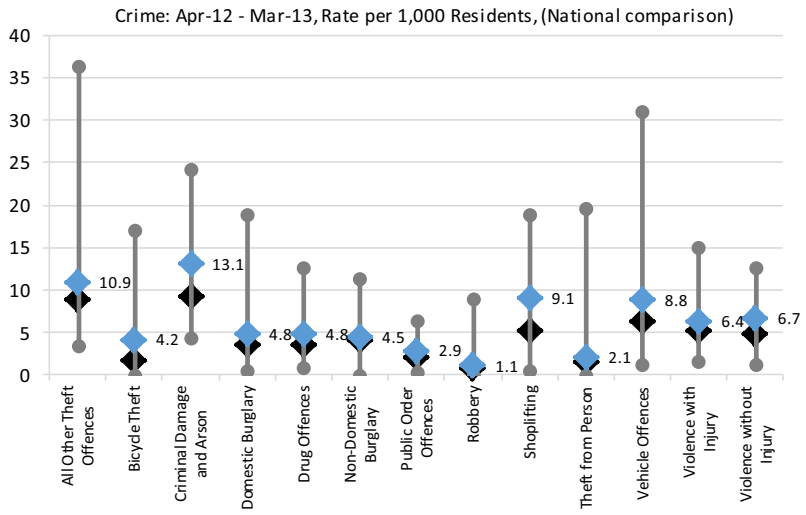
This above graphs show that Peterborough has consistently recorded homelessness acceptances as a rate per 1,000 population in excess of the country. Accordingly Peterborough lies at the higher end of all local authorities in England.



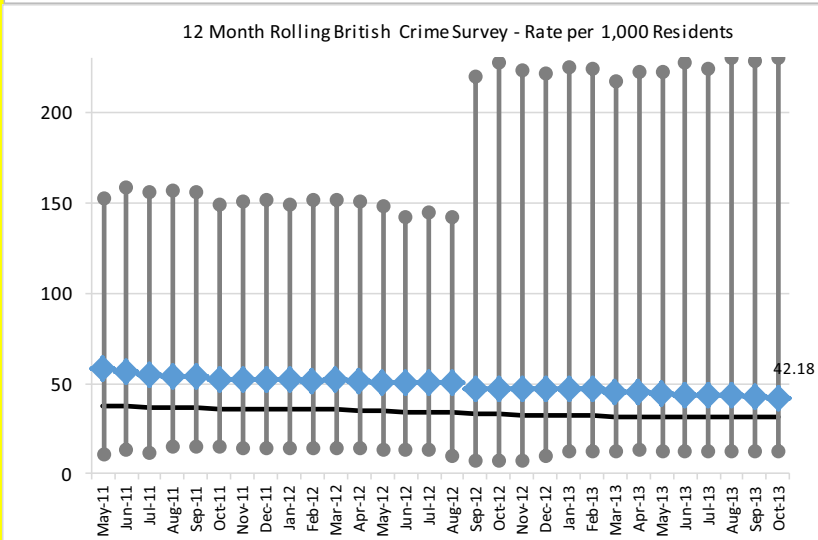


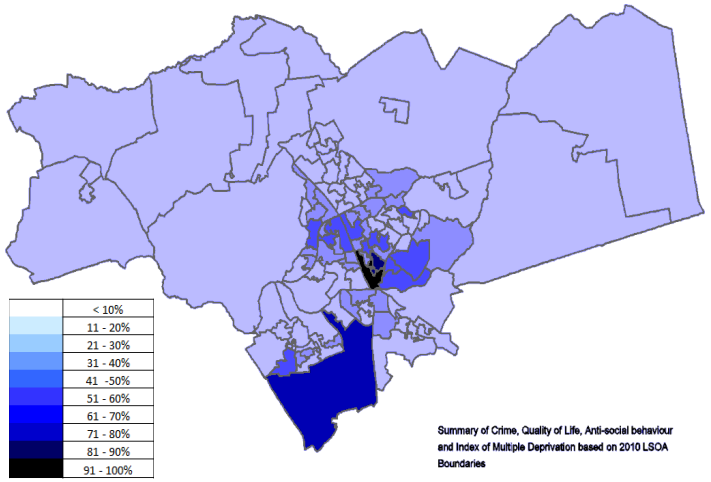
The map above shows the overall rank based on the 2010 Indices of Multiple Deprivation by LSOA- The darker the area, the more deprived it is (and the lower the rank is). When compared to 2007 IMD rankings there is little change. This is the most recent IMD data available. IMD scores will be refreshed in 2014.

Strong and Supportive Communities



This graph plots the range of crime types per 1,000 residents with the national average and Peterborough's score superimposed. In all cases Peterborough exceeds the national average.

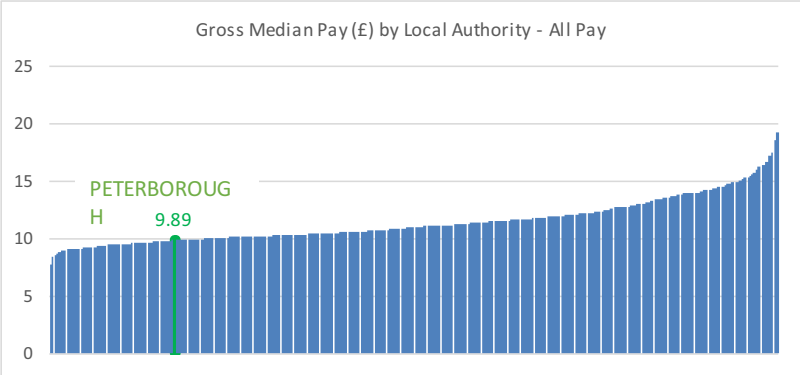


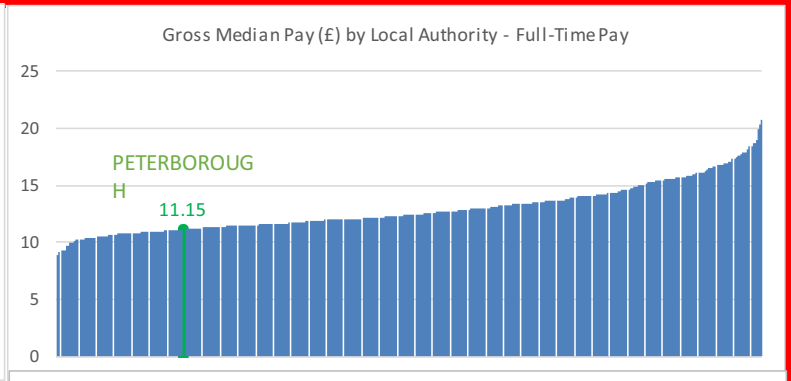


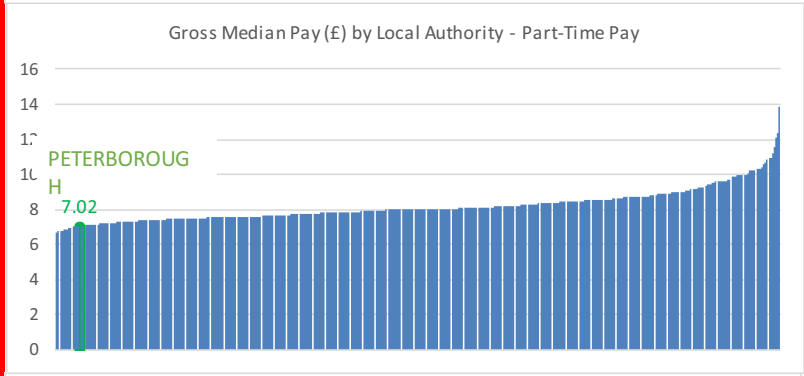
The map above shows the combined proportion of all Crime, Anti-social behaviour and Quality of life incidents reported to the police and local authority.

This graph to the left shows the range of Crime Survey of England and Wales scores with the national average and Peterborough superimposed. Peterborough exceeds the national average, but the gap is gradually reducing.

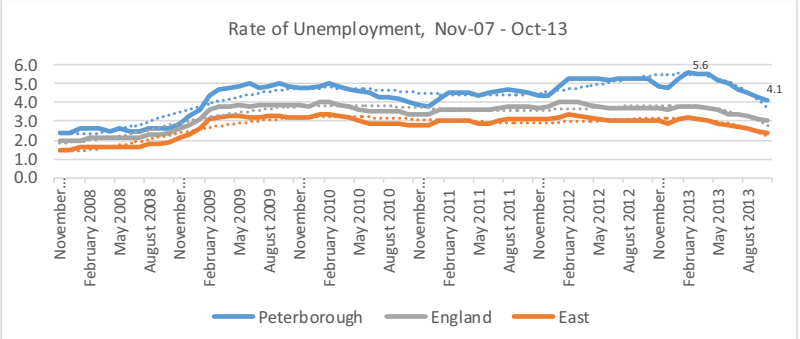
Sustainable Growth and Environmental Capital



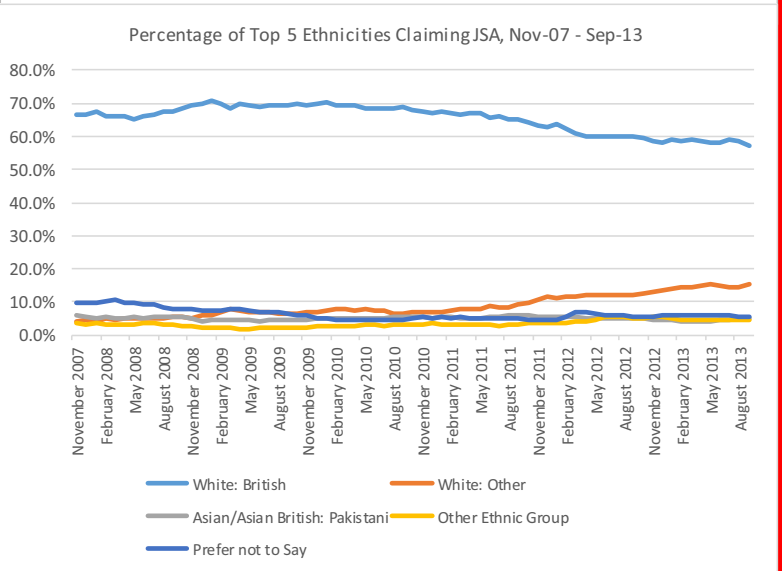




Residents of Peterborough earn comparatively less than the national median of all British local authorities. The is especially so regarding Peterborough's part-time employees whose median wage is amongst the very lowest in Britain after having experienced an annual reduction of 6.8%. This places Peterborough as 359th of 373 comparable local authorities and well within the lowest 5% in the country at 3.8%. Peterborough's part-time employees accordingly account for 22,000 (27.5%) of Peterborough's 80,000 employees.

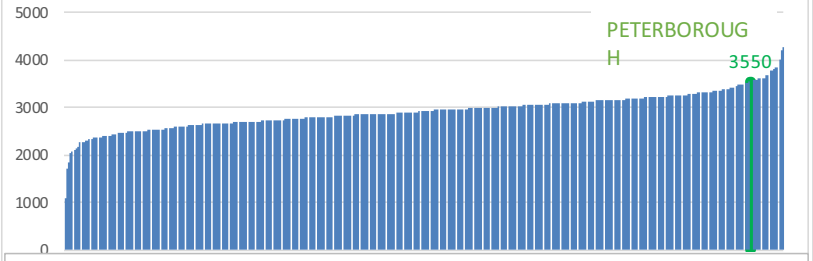


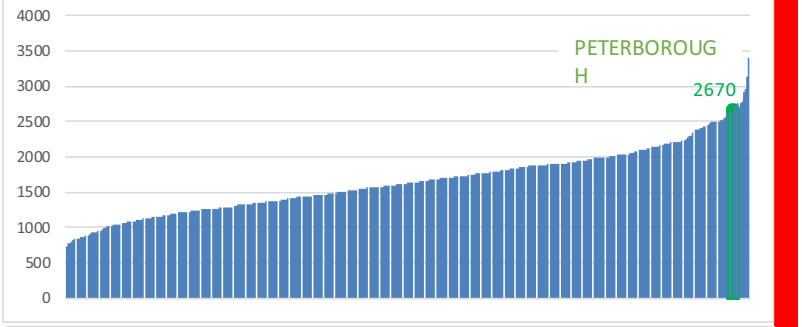
This graph shows the rate of working age unemployment. Peterborough has historically had a higher rate than the region and country although this has been exacerbated by the financial crash. However, during the last couple of months, Christmas hiring seems to have reduced the gap.



This graph shows the proportion the top 5 ethnicities contribute to Jobseekers' claims. As would be expected, White British contribute the most although this has been in gradual decline for the past few years. White Other contribute a distant second and has been increasing for roughly the same

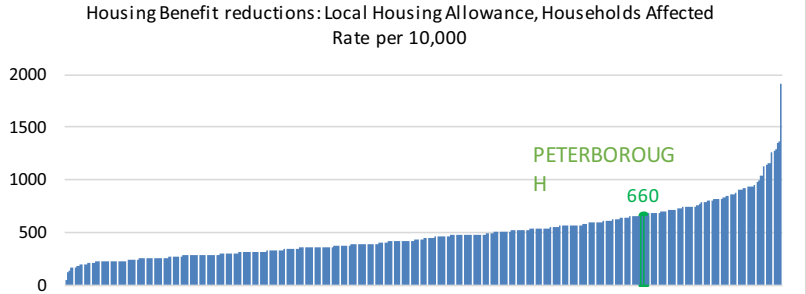
Sustainable Growth and Environmental Capital

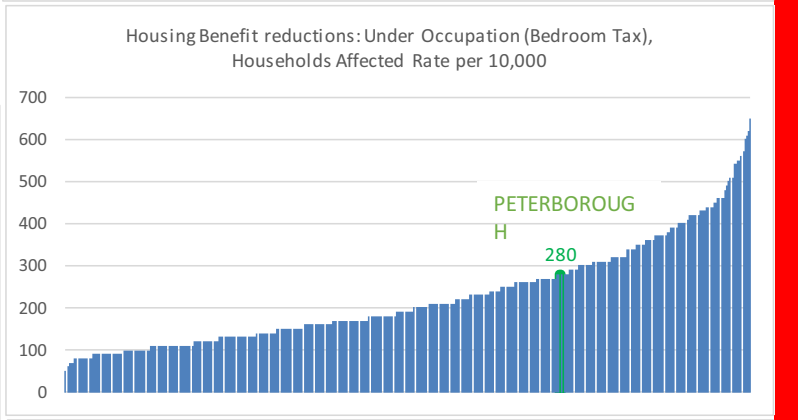


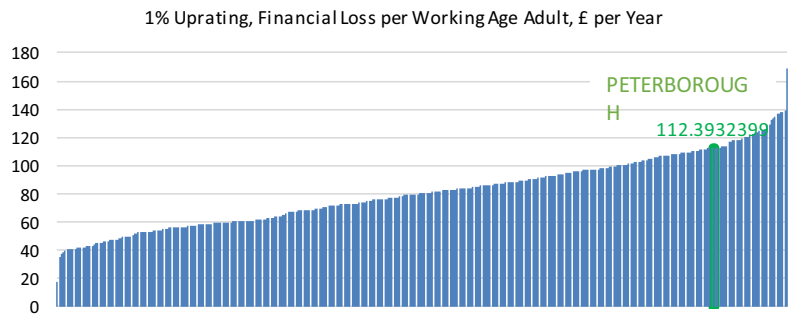


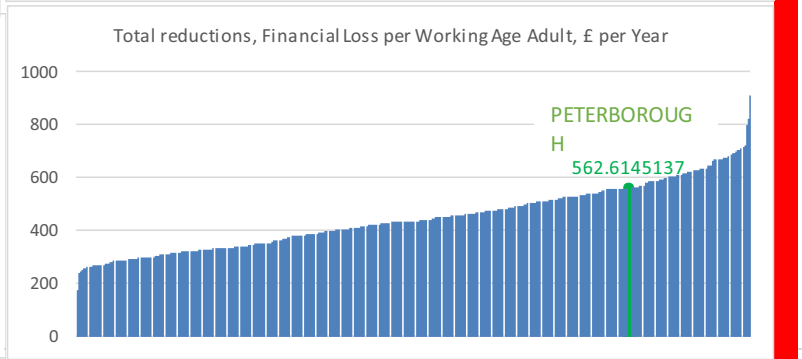
- Peterborough has amongst the highest rate of households affected by child benefit cuts in England and Wales with 3,600 (36%) per 10,000 households affected. This puts Peterborough at 365th of 379 comparable local authorities and well within the top 5% of local authorities most affected at 3.7%.

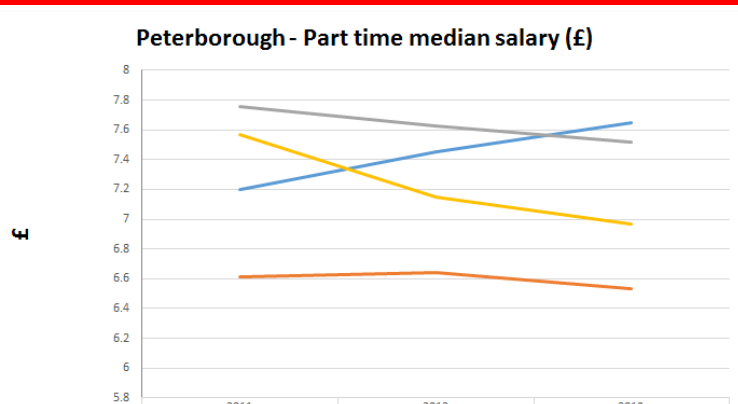
- Peterborough has amongst the highest rate of households affected by tax credit cuts in England and Wales with 2,720 (27.2%) per 10,000 households affected. This puts Peterborough at 372nd of 379 comparable local authorities and well within the top 5% of local authorities most affected at 1.8%.



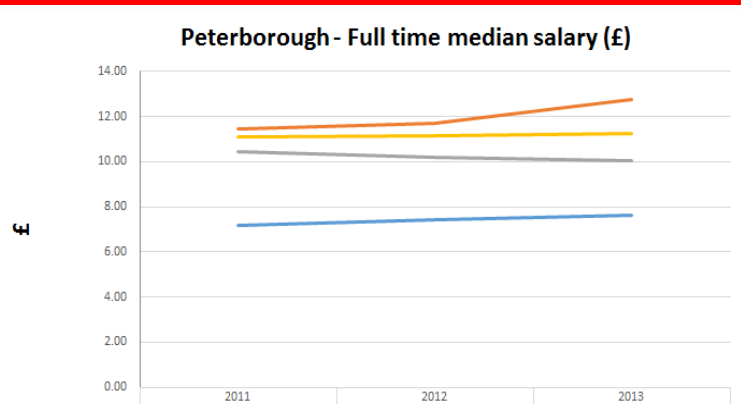




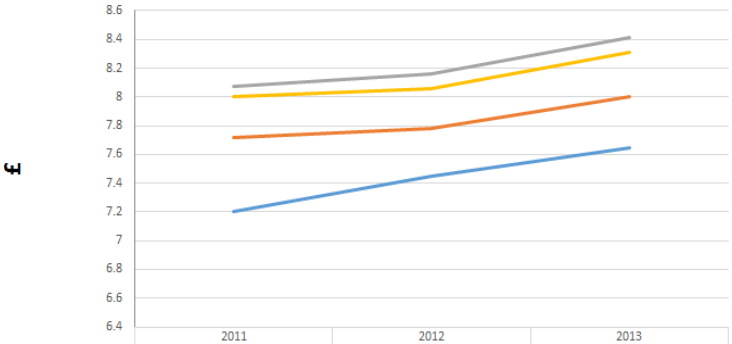




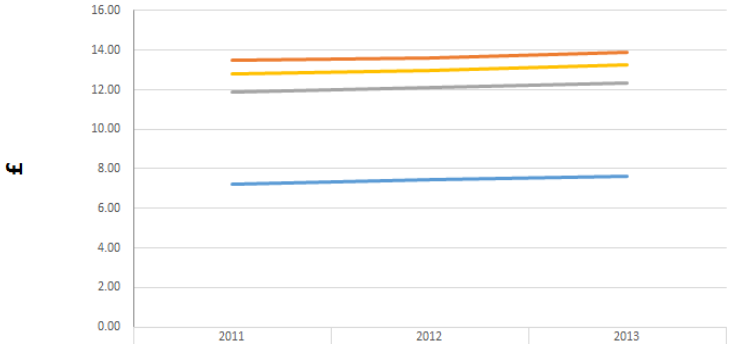
	2011	2012	2013
Living Wage	7.2	7.45	7.65
Male Part-Time	6.61	6.64	6.53
Female Part-Time	7.76	7.63	7.52
Part-Time	7.57	7.15	6.97



	2011	2012	2013
Living Wage	7.20	7.45	7.65
Male Full-Time	11.47	11.73	12.74
Female Full-Time	10.44	10.20	10.06
Full-Time	11.09	11.16	11.24



	2011	2012	2013
Living Wage	7.2	7.45	7.65
Male Part-Time	7.72	7.78	8
Female Part-Time	8.07	8.16	8.41
Part-Time	8	8.06	8.31

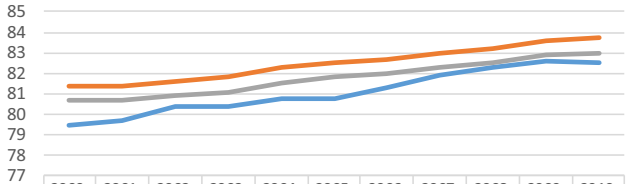


	2011	2012	2013
Living Wage	7.20	7.45	7.65
Male Full-Time	13.47	13.60	13.92
Female Full-Time	11.88	12.13	12.32
Full-Time	12.80	13.00	13.26

The living wage (not inclusive of London) is currently £7.65, the current minimum wage is £6.31, therefore, in Peterborough, part time males salary rs are significantly lower than the living wage, and broadly in line with the minimum wage. These graphs also show that Peterborough's hourly wages are lower than the region and country. as well as demonstrating that female part-time workers are paid in excess of their male counterparts and vice versa regarding full-time wages.

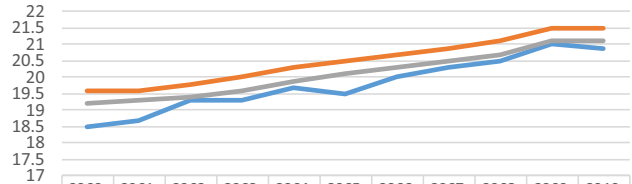
Health Issues

Female Life Expectancy at Birth



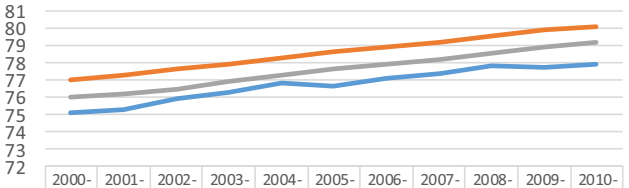
	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
Peterborough	79.5	79.7	80.4	80.4	80.8	80.8	81.3	81.9	82.3	82.6	82.5
East of England	81.4	81.4	81.6	81.8	82.3	82.5	82.7	83.0	83.2	83.6	83.7
England	80.7	80.7	80.9	81.1	81.5	81.8	82	82.3	82.5	82.9	83

Female Life Expectancy at 65



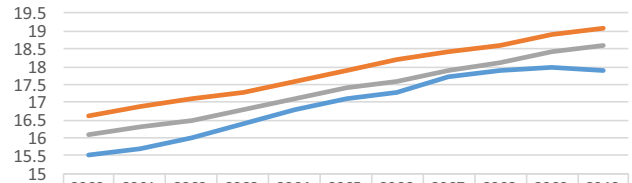
	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
Peterborough	18.5	18.7	19.3	19.3	19.7	19.5	20	20.3	20.5	21	20.9
East of England	19.6	19.6	19.8	20.0	20.3	20.5	20.7	20.9	21.1	21.5	21.5
England	19.2	19.3	19.4	19.6	19.9	20.1	20.3	20.5	20.7	21.1	21.1

Male Life Expectancy at Birth



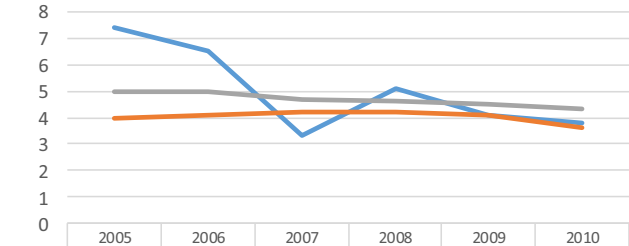
	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
Peterborough	75.1	75.3	75.9	76.3	76.8	76.6	77.1	77.4	77.8	77.7	77.9
East of England	77.0	77.3	77.6	77.9	78.3	78.6	78.9	79.2	79.5	79.9	80.1
England	76	76.2	76.5	76.9	77.3	77.6	77.9	78.2	78.5	78.9	79.2

Male Life Expectancy at 65



	2000-02	2001-03	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10	2009-11	2010-12
Peterborough	15.5	15.7	16	16.4	16.8	17.1	17.3	17.7	17.9	18	17.9
East of England	16.6	16.9	17.1	17.3	17.6	17.9	18.2	18.4	18.6	18.9	19.1
England	16.1	16.3	16.5	16.8	17.1	17.4	17.6	17.9	18.1	18.4	18.6

Infant Mortality, Rate per 1,000 Live Births

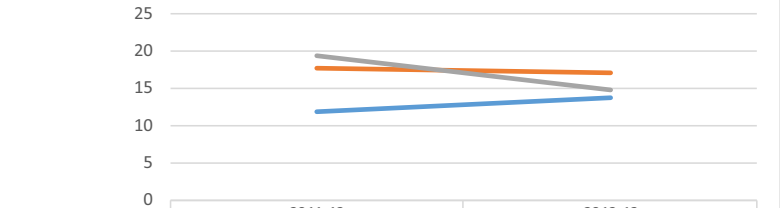


	2005	2006	2007	2008	2009	2010
Peterborough	7.4	6.5	3.3	5.1	4.1	3.8
East	4	4.1	4.2	4.2	4.1	3.6
England and Wales	5.0	5.0	4.7	4.6	4.5	4.3

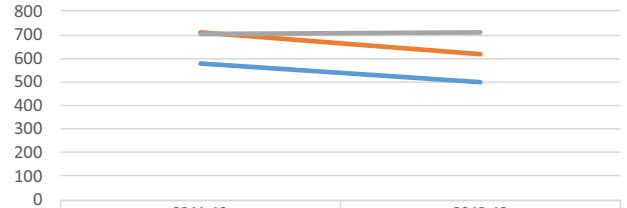
The above four graphs show that life expectancy in Peterborough, regardless of sex and stage of life, is below the region and country, although is improving at a similar rate.

The graph to the left shows that infant mortality has declined from significantly above the regional and national rates in 2005 to in line with both in 2010.

Health Issues

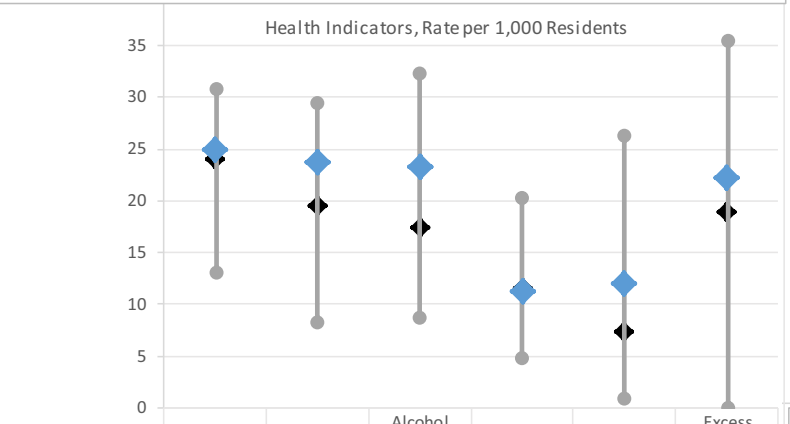


	2011-12	2012-13
Peterborough	12	13.9
East of England	17.7	17.1
England	19.4	14.9

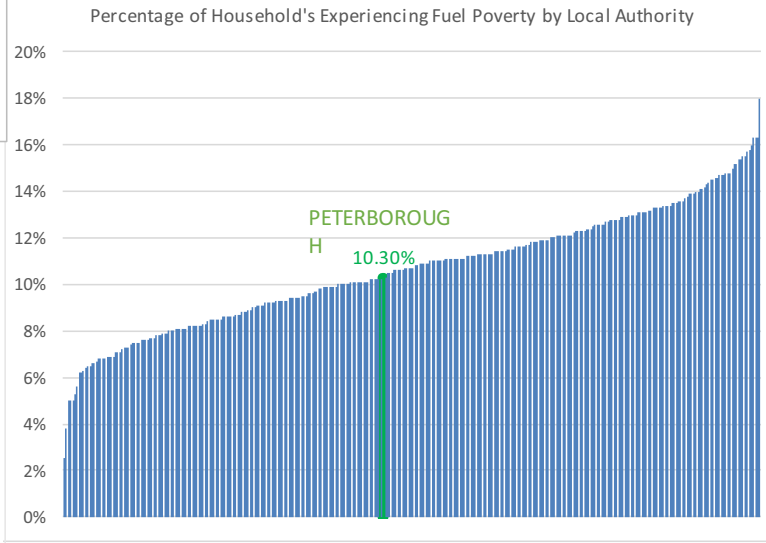


	2011-12	2012-13
Peterborough	576.5	498.5
East of England	709.5	617.2
England	705.9	708.8

The above two graphs show that Peterborough has less care home admissions per 100,000 people than the region or country, although the trend for the ages of 18-64 suggests Peterborough will soon exceed both in this area.
This graph below shows the range of various health indicators per 1,000 residents with the national average and Peterborough's score superimposed. These show that Peterborough exceeds the national average in all but one indicator, that of Depression 18+.



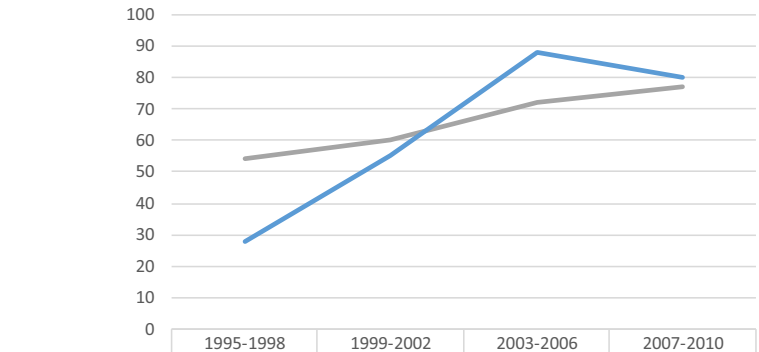
	Adult Obesity	Adult Smoking	Alcohol Related Harm	Depression 18+	Drug Misuge	Excess Winter Deaths
National Average	24.1	19.5	17.4	11.6	7.4	19
National High	30.7	29.4	32.2	20.3	26.3	35.5
National Low	13.1	8.2	8.7	4.8	0.8	0
Peterborough	24.9	23.7	23.3	11.3	12	22.29832572



• Peterborough's rate of fuel poverty is 10.3%, better than the median of all comparable English local authorities of 10.7%. This places Peterborough 150th out of 326 local authorities with a percentile of 46%.

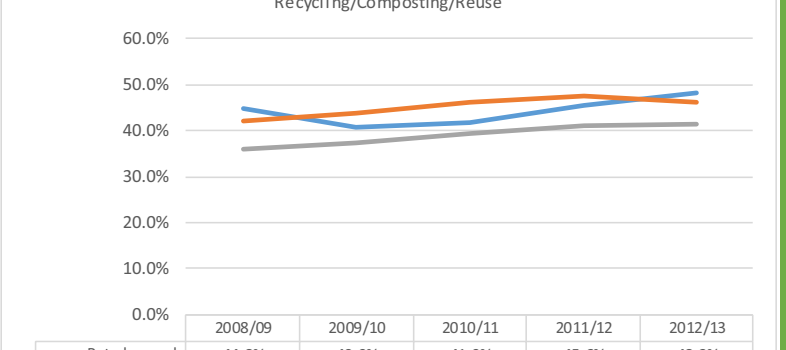
• There is a significant range in households experiencing fuel poverty in Peterborough's 104 LSOAs. The highest was 35.8% in one of Central's 6 LSOAs which accounted for 177 households, while the lowest was 3.1% in one of Orton Waterville's 5 LSOAs which accounted for 23 households. Across the 104 LSOAs Peterborough's average was 10% while the median was 9.4%.

Rural Communities

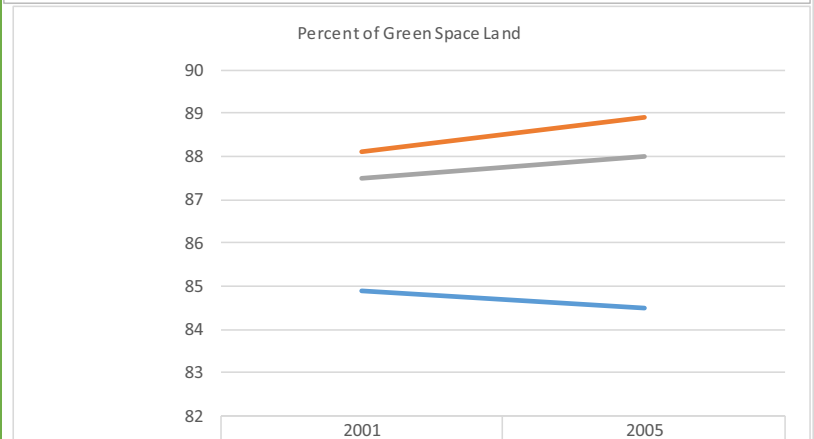


	1995-1998	1999-2002	2003-2006	2007-2010
England	54	60	72	77
Peterborough	28	55	88	80

This graph shows that in recent years Peterborough has exceeded the country regarding the percentage of new dwellings built on previously developed land.

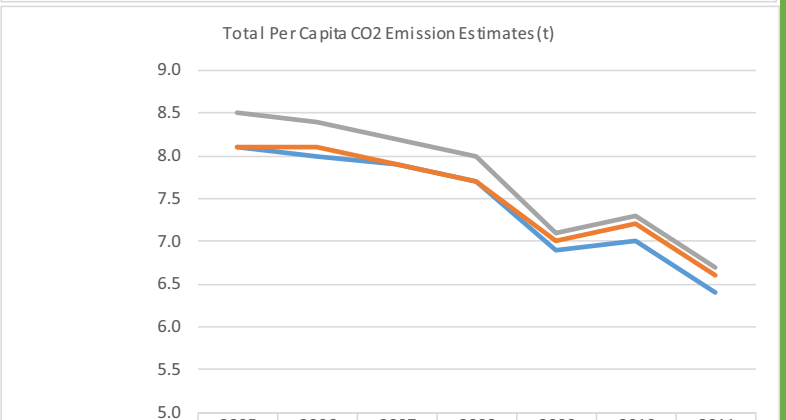


	2008/09	2009/10	2010/11	2011/12	2012/13
Peterborough	44.8%	40.9%	41.9%	45.6%	48.2%
East	42.0%	43.7%	46.3%	47.5%	46.3%
England	35.9%	37.4%	39.3%	41.2%	41.3%



	2001	2005
Peterborough	84.9	84.5
East of England	88.1	88.9
England	87.5	88

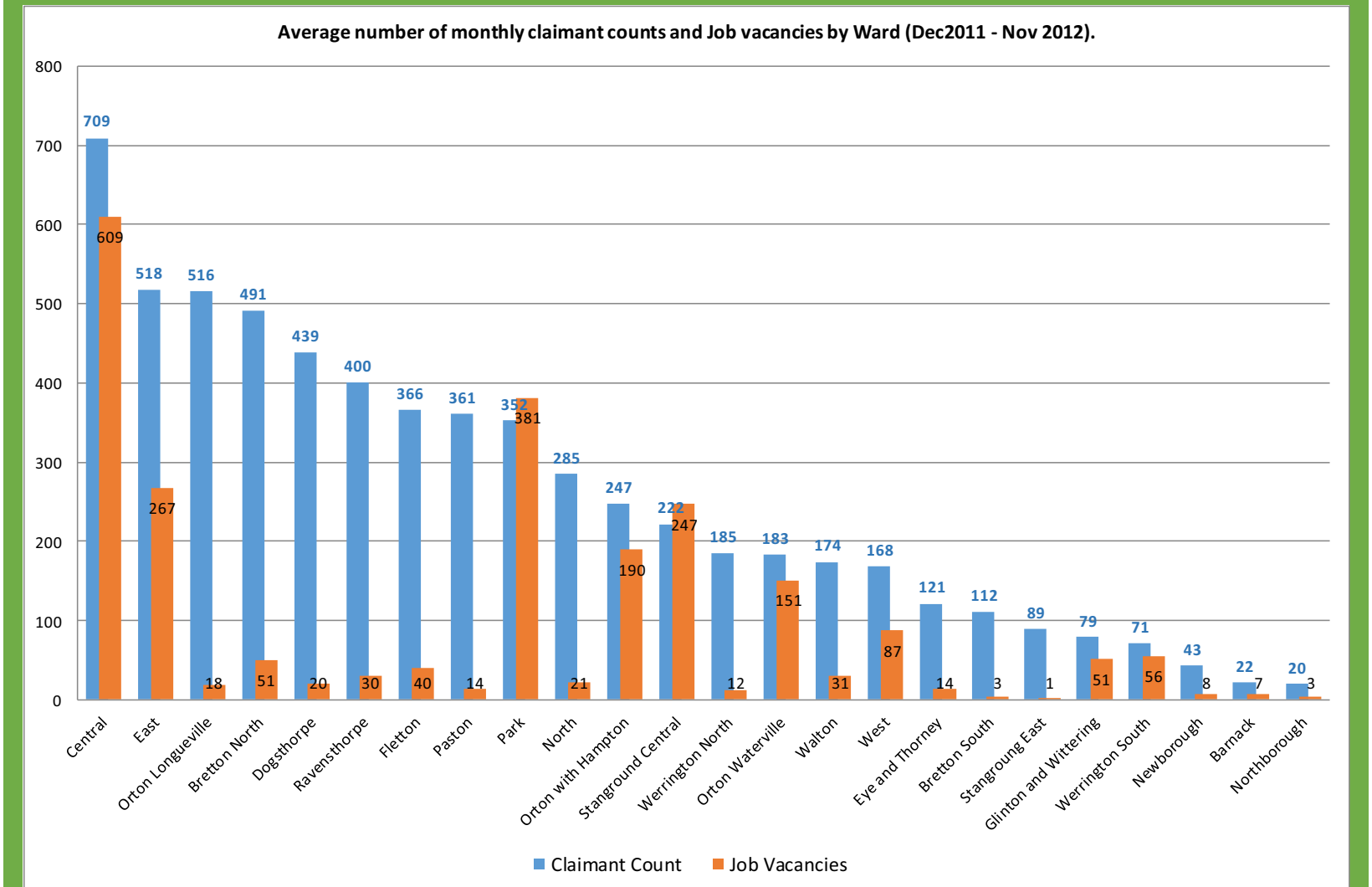
While the percent of green space land appears to have increased at both a regional and national level, Peterborough has noticed a very slight reduction.



	2005	2006	2007	2008	2009	2010	2011
Peterborough	8.1	8.0	7.9	7.7	6.9	7.0	6.4
East	8.1	8.1	7.9	7.7	7.0	7.2	6.6
England	8.5	8.4	8.2	8.0	7.1	7.3	6.7

The above two graphs show that Peterborough is in line with the region and country regarding recycling, composting and reusing collected waste and also CO2 emissions.

Rural Communities



There are clear disproportions regarding the volume of claimants by ward when compared to job vacancies by ward, this is likely to effect those living in rural communities as well as those less mobile claimants ability to easily commute to work without rely upon transport.

APPENDIX 4: THE 'EVIDENCE' SESSION QUESTIONS AND ANSWERS

N.B. Correct answers are bold and underlined

Question 1

What is the Median Gross annual pay in Peterborough?

a) £15,756 **b) £20,799** c) £23,539 d) £26,925

Question 2

There are approximately 40,000 children living in Peterborough, what % are classed as living in poverty?

a) 6% b) 11% c) 18% **d) 24%**

Question 3

In 2001, 6% of households lived in either a council house/Registered Social Landlord property, what is the % 10 years later in 2011?

a) 4% b) 6% **c) 13%** d) 19%

Question 4

What proportion of Peterborough's over 16 population have NO qualifications?

a) 5% b)15% **c) 25%** d) 35%

Question 5

Of Peterborough's 16-74 year population, what % is in full time employment?

a) 23% b)33% **c) 43%** d)53%

Question 6

Of Peterborough's 16-74 year population, what % is classed as unemployed?

a) **5%** b)8% c) 12% d)16%

Question 7

With the aforementioned question in mind, what proportion of prison entrants are unemployed?

a) 24% b) 36% **c) 54%** d)62%

Question 8

Peterborough has 80 Fixed Odd Betting Terminals spread over 20 licensed premises across the city, each arguably in the most deprived areas of Peterborough. How much money was lost over the last 12 months in these 80 machines?

a) £40,000 b) £300,000 c) £1 million **d) £4million**

Question 9

With the last question in mind, how much money was actually gambled/put into these machines over 12 months?

a) £1 million b) £5 million c) £50 million **d) £100 million**
(£127,363,700, equivalent to £1,103 per voteable adult)

Question 10

England and Wales has circa 7500 wards, each has been ranked according to its deprivation levels based on the Indices of Multiple Deprivation, With 1 being the least deprived and 7500 being the most deprived, where on this scale do you think Peterborough`s least deprived ward sits and where does Peterborough's most deprived sit?

Least deprived is **Glinton ranked 1337**

Most deprived is **Central at 7256**

Question 11

The Peterborough Community Assistance Scheme has been in operation since April 2013. From then up to December last year, what is the average number of loans given out each month by the Credit Union?

a) 22 b) 45 **c) 95** d) 327

Question 12

How much on average does the credit union effectively loan out?

b) £ 58 b) £92 **c) £376** d) £820

This equates to an average of over £31,000 being loaned out per month.

APPENDIX 5: TRANSCRIPT FROM THE 'BIG QUESTIONS' SESSION

Question: We had the scenarios about people with not a lot of money buying ready meals and snacks and also the food banks. Is there anywhere or anybody that gives out recipes that people can use where they can buy bigger bags of say, rice and pasta and mixer. Is there anything out there where there are recipes whereby people can put down the cost of buying ready meals?

Answer: Through the public health service we work with a range of different communities, and it's not just about the recipes. In some cases and for some of the members in our communities it's about some very basic early learning about how to prepare and actually cook the food, so the support we provide goes beyond just providing recipes and looking at particular food which preserves longer, but also helping people choose the correct food and helping them prepare and cook that food, which we've found to be quite a challenge in certain communities. So we undertake that type of work both within communities – we run educational programmes within schools and we try and go the most appropriate place to access the people rather than seeking members of a community to try and find that information. We use a range of different health champions in the community that allows us to access those communities that are in most need.

Question: I was going to make the comment that eating properly is essential to both physical and mental health, and if people are suffering from a lack of money, that's going to be exacerbated. Now, I know that people try their hardest to help with food parcels, but a food parcel doesn't give a family a proper diet, certainly it doesn't give people fresh fruit and I was wondering what was being done to address this? And I can't help but add that as one of the richest nations in the world, it seems utterly appalling that we have to even consider this type of thing.

Answer: First of all, we are aware that giving people good menus would be something that we've got to look to in the future and we are working with volunteers, but just coping with what we are doing is taking our priority at the moment. The Food Bank gives out shopping lists to people which have been worked out nutritionally by the Trussell Trust and we know that it's all tinned food, dried food and we haven't got fresh food and we haven't got facilities to store that at the moment, but we are aware of it and we are thinking further ahead in the work we're doing. And we're aware that with some people we have to ask a question: do you have a tin opener? So there are problems out there which we are trying to cope with.

Question: One of the things we were able to see this morning looking at the Experience Session was looking at a number of different 'zones' and feedback looking at everything from adolescent intervention to domestic abuse, and there seemed to be a recurring theme: that many of those individuals access the services by referral, because they wouldn't have had access directly or known of the different services available. It seems that with lots of agencies and partners together today, there must be some kind of common ground on how we can improve awareness for the general public so they could access directly some of these services.

Answer: I'm primarily responsible for crime reduction, however it's much wider than that and I think we've accepted that one of the things we really need to work upon in the next phase of our work is being proactive in getting the messages out. We've got a very strong partnership in the field we've been working in.

One of the strongest partnerships, I daresay, in the country around community safety and crime, so we've got a strong statutory membership that works well together. The key for us, as I say, is in being more proactive rather than just waiting for referrals and I can assure you that that will be something that's in our plan for the next three years. It's one of the key things we've already identified and we will make sure that it happens. In particular, picking up on a meeting that we had earlier this week – it's not just the city, it's the rural areas as well which have very distinct issues for us.

Answer: We are going out and visiting all the community groups in Peterborough that are registered with us (PCVS) – we've got about 500 registered groups at the moment. Every week we have views of groups that have come forward – we had Women's Groups that have come just last week saying that they want to set up. So I think it's important that the questions that we're asking those groups are: what are the issues that you're facing? What are you currently doing to support people in your community? So I think that's the place that we need to get information to those groups out about what's available, to make sure that they are aware.

Question: Can I come back on that? I think it's a positive strand, because there's so many things discussed this morning that I wasn't aware of and we've confirmed other people couldn't access. Perhaps the suggestion for consideration is: rather than lots of individual groups finding means to spread the message, if they were consolidated, it might be a more effective way.

Answer: Just two things I wanted to come back on. One is that we do have a new communities directorate that does bring together the services we're talking about alongside the adolescent intervention services and all of the 0-19, and interestingly we do have a meeting actually set up with PCVS to look at how we can bring the services the Council provides – targeted services – with the voluntary and communities sector. In terms of letting people know, we do actually have a locality tool that is a web-based tool that is updated on a termly basis, which is services available to children and families at the moment, but we actually want to extend that to wider services, so we are going to build on that and I'd be happy to send that link out again.

Question: Do the members of the voluntary sector here look to leadership from the City Council, or would we be better funding a separate body to co-ordinate a response to the welfare changes? Because I'm conscious that we're delivering the welfare changes, so we're not necessarily the people that people would automatically come to for assistance.

Answer: What we have done very recently is gone out to the whole of the voluntary sector and asked them if they would be interested in setting up a partnership for voluntary organisations to look at how we can meet things that are coming up in the city and some of those partners are here today. I think of course the issue for us is – our intention – is to look at all of the issues that are coming up, we know that there's a strategy that you are currently delivering with the Council that was written with the voluntary sector. So we know that what we need to do as a sector is come back to you and say "this is how we think the best outcomes can be delivered", which may not be just about helping people fill out benefit forms. It might be about the whole need of a family, of their carers involved and basically we need to be able to come back to you and say that we've made a difference.

So the voluntary sector partnership and the community involvement partnership are coming together to do that. Where the challenges are, of course, as always, are around resourcing. What we're doing is coming back to local authorities and saying "with this amount of money, we can make this much difference". I also want to say something I think is very important – there are a lot of groups out in the communities – 98% that we believe with a little bit of resource could be delivering a lot more than they're currently doing. I've been in contact with people on the ground – they're the people that can be trusted to be honest about what's happening and where we can really make the changes.

I think it's also important to recognise that every time someone walks into a voluntary sector organisation, it's an opportunity for us to make a difference in that person's life all round.

Question: One thing that happens is that many people see councillors as the one-stop-shop. They come to us for the signposting that's been referred to, and I think that picks up from what was said earlier. What would be handy for me as a councillor and what I think would be even more handy for new councillors, is to have a list of all the agencies that are there to help and what they specialise in, so we can say – "have you tried so-and-so". Not that you'd do it off the top of your head and you're thinking it as you're there talking, but it would be handy to have a checklist in front of you, and I wonder whether other people would find that useful and whether our offices have considered that. I find trawling through the Council website when you're in a hurry is a hard slog.

Answer: I think that's something very practical we can do fairly easily from today, and I think it would be useful to have one set of information and not have multiple sets of information, so assuming there is general support for that approach, I think that's something that could be achieved.

Question: Peterborough is growing in its population and its diversity. Since often that growth in diversity is unplanned, how is it that we can work together to ensure that the poverty level of the people that are coming in are not going to be majorly affected. How do we work together to alleviate that?

Answer: I work as Community Cohesion Manager at the Peterborough City Council. In fact, it is very important that in tackling poverty that none of the communities are left out, whether they are new or settled communities. It's very important, particularly in groups that PCVS mentioned such as the Timorese, and other community groups are not left out because of the language they use, but the bulk of the issues dealt with are as I say, as evidenced by the people that are seeking help at least, are coming largely from the British White communities as they are 60% of the people seeking help, but there are growing numbers of other communities. But the Councillor is absolutely right – it's important for us to make sure that the others are not neglected and that's an important part which in the city is being done by the Community Cohesion Board and the work that we do with the Diversity Forum is linked with that.

Question: Can I just follow up on the question given by the Councillor and the reply given by the Community Cohesion Manager? People in the main, and we've been talking about councillors and their situations – Councillor Khan's and Councillor Peach's wards are a lot more challenging than mine. Five years ago I had five percent Eastern Europeans. This year, in my ward, I have 20%. In some wards there are 25%. One thing that came out to me this morning and worried me a great deal was the fact that one out of every eight is White British and the changing pattern in the population. Now, I can't speak these languages, and we're the councillors that represent, and there's been a 140% increase in those that have come from Eastern Europe in the past four years. They may be in poverty, but they don't know how to come to me and I don't know how to go to them, so how do we look into that?

Answer: We've been talking about this within the new Communities Directorate and saying that what we need to do now is more around community development, but when we talk about is getting into the community to identify people that can help us to provide information to the different people from the different cultures and that's something we're keen to major on in this coming year.

Answer: In my own church we have a big international community and we've found that by nominating a representative to each group that they can then come forward to the clergy and say that they've got problems. The East Timorese were one in particular, as they are a young community of young men especially living on their own, living in multi-occupancy houses.

The other thing we have being set up is an African Group being set up because we see that our African population is growing within our church. I think that churches have a role in this to help the Council by realising what they've got in their own churches, and there are many international churches using the state churches here in Peterborough and it's trying to keep up with them. And unfortunately, some of the groups split – they're not happy with their church leaders, so they go off, but I am aware of where people are from various groups, but I'm sure the churches could help.

Answer: I'd like to respond to the support available to the councillors, because it is a crucial area. So apart from the community development work that we've talked about and also the important work that the faith communities are doing – I think this could be a good opportunity for us to see what support we can give to the councillors. It's not about training for languages – it's about understanding the way of life of different communities. So in fact that could be something we can explore further with the Democratic and Governance services to see what we can do in terms of understanding different communities. We've done something similar for the Roma community and I know City College are in the process of organising it further, so that could be one of the starting points and I can discuss details with Governance services on that.

Answer: As a businessman and some academics and people from voluntary sectors – I'd watch this space because we're actually going to trial something in Peterborough which is about exactly this issue, which has been hopefully picked up nationally, which is a cross-language communication device, which allows doctors, legal professionals and people like ourselves to communicate without the language knowledge. So the issue has created an opportunity which looks like it could work.

Question: Helping people with crisis support is perhaps when people first go to the voluntary services – how do you currently help people in poverty that maybe have long-term mental health problems in the long term?

Answer: We are part of the community assistance scheme so we do provide support with crisis in the short term, but it isn't what we provide long-term support with, but we do provide support with the recovery style which looks at all aspects of life – everything that encourages living full life in the community, so money, employment, having a social life, hobbies is all part of that. We have a 12-step recovery program which is an outcomes-focused model that looks at the whole life. But there are links between poverty and depression, and they go hand-in-hand.

Question: I don't think any individual or family has a single-issue problem and if our approach to solving problems is to hit each crisis as it comes, we'll end up with families still in crisis. One example in a very small way in which St. Marks is trying to get to the root of a person's lifestyle and choices is we've partnered with the Hope Into Action project which is based in Peterborough. Between us we've purchased a house in our ward and we've installed three tenants there – three young men who we look after. So they have to make their way in life – they've had problems with homelessness, drug-taking and employability and we're applying a team of people who are befriending them over the long period, which could be years, in order to help them turn their lives around and become practical, valuable citizens which they want to be, but they find they're trapped within the lifestyle they've been brought up in. But it's about building that long, healthy relationship rather than just hitting individual crises.

Question: This is one of the key strands you picked up on at the beginning and I guess links into lifestyle and choices which, I guess, is the gambling theme that was highlighted this morning, and some of the numbers were presented during the quiz session. It appears there's less controls over the licensing of gambling than there is perhaps for alcohol, but I wonder if there was any grand plan of what can be done locally to limit the proliferation moving forward?

Answer: There is a national campaign for local authorities to come together to use aspects of the Localism Act to restrict the number of gambling shops on the high street. That would be one approach. We, like many authorities, have been asked to sign up to that. We are currently producing thoughts on whether that's a viable option, but I've had some discussion with Simon Machen to limit the number of licensed premises.

Answer: The largest difficulty we face is that under the planning system there is the ability to change the use of a property from one thing to another without the need for planning permission. Local authorities do have the opportunity to remove those automatic rights, but all that does is require someone to apply for planning permission for that change of use which they otherwise wouldn't have to do. If you're in a situation whereby planning permission is required for that change of use, what you've got to have if you're going to refuse those planning applications, is a body of evidence that can demonstrate that the new use into this area would be proven to cause harm, and that's where the challenge lies.

Question: I just wonder if there's been any studies done it really affects the amount of gambling – the number of gambling establishments. So for example if on a particular road there's a couple of gambling establishments and a third one wants to open, does that increase the amount of gambling in that area, or will those who want to gamble go to the existing two? I actually do think there's too many gambling establishments around, but I wonder if there's been any studies on whether the actual numbers increase the amount of gambling or if it just spreads it around a bit?

Answer: I don't know if we have the answer, but not meaning to pass the buck at all, I wonder if that wouldn't be a recommendation by the Sustainable Growth Committee this afternoon?

Question: Most people claiming benefits are actually genuine and I believe there's a stigma attached to claiming benefits. As a result people that are disabled might be more at risk of being a victim of a hate crime. What are the Council doing to reduce that, to protect vulnerable people in our city and to take that stigma away?

Answer: I don't know if I can say from my perspective whether there is stigma attached to being a benefit claimant. I can't answer that positively or negatively. But the issue around vulnerable groups and vulnerable people is something that we started people on over the course of this current year to try and make sure that our services were proactive in identifying vulnerable groups, and we've already discussed how many groups there may be in the city that could be vulnerable to different types of issue. That's a theme that will carry on in earnest through the Safer Peterborough Partnership throughout the next year, and as has been said the reorganisation of the Council into a communities directorate gives more scope and grip around that issue and it should be more joined up now than it has been in the past, so I think the direction in which we're travelling is positive. However, the issue of stigma I can't make a comment on.

Answer: I think it's hard to feel generally whether there is a stigma or not. I think some people feel about benefit claimants in a different way to how others do. So whereas some may sit in judgment, others may not necessarily. I think nowadays due to the financial crisis there's less negativity because I think there's an understanding that some people have found themselves in a difficult situation. So the fact is, however, that the benefits system has been and is sometimes exploited and when you have a situation where there is a degree of exploitation, there'll be a degree of negativity around it. I mean – even bankers have a stigma now.

Answer: I feel a lot of the stigma could be self-perceived, which is a difficult one to tackle – if people feel they're letting themselves down. Certainly one thing I've found in the Council offices there's no stigma at all. Certainly with housing, Sean has been fantastic and his team are very good at sorting out those sorts of problems – they're all too willing to help, and the same goes with benefits departments too.

Answer: On stigma being self-inflicted. I meet a lot of people who want a job and don't have one, and they feel shame that they can't provide what they want to provide for their families – when schools come with letters saying it's another £40 for a trip somewhere, it's a real challenge. Having been involved in giving out some money to people in need from another charity. People cried when they were given it – cried because they needed it, cried because they've been given it, but they also there was an element of "why do I need this – I shouldn't need this, but I do".

Question: Has anybody actually looked at the impact that Universal Credit will have on Peterborough, bearing in mind online applications, if people don't know how to fill in the forms. How will that impact on Peterborough?

Answer: The welfare reform action group put together a paper on what we thought the effects of Universal Credit would be when we thought it was coming in last year, which I believe was published?

Answer: Yes, it was fairly widely circulated. Sheffield Hallam University did a study which is probably more scientific and that shows a breakdown of the costs and impact of various welfare reforms so we can circulate that.

Question: I'm interested – we talked about firefighting post-crisis. I'm interested in what the voluntary sector would say are the solutions pre-crisis. In other words – what are the solutions that they see the Council could deliver i.e. better housing, licensing issues – that type of thing. What do they think?

Answer: We feel very strongly that the first point of contact in the voluntary sector is to pick up issues that aren't picked up. If, for example, I come to Bayard Place for an issue – I'm unlikely to tell you that I'm unable to feed my child because social workers might work two floors above, and maybe a social worker will then come and take my child away. But if I go and see a voluntary sector I'm more likely to trust them and open up more to what the issues might be and to accept that.

One of the important things about our partnership is that once we've got the outcome on the table we can come back and say "this is what we think" and we know that it's a difficult budget time and there's cuts, but whatever funding may be available left over to deal with poverty – this is the best way we think it should be dealt with, we're on the ground day to day – this is the best way we think your outcomes can be achieved. And this would be up to you to decide if you agree. This decision would be made by key voluntary organisations that have seen the changes as they occur. I think I should refer to my other colleagues.

Answer: The Council don't take children into care because their parents are unable to feed them so that isn't something we would like the voluntary sector to communicate to them.

Answer: My point is that people are not likely to tell the full story to the Council.

Answer: I accept that.

Question: The economy is slowly coming out of the doldrums that it's been in and it's now growing, inflation rates are down. This is likely to lead to an interest rate increase. Do members of the voluntary sector or members of the officer team have any expectations as to how that will impact on people. Will the situation for welfare claimants and others in need get worse before it gets better?

Answer: This is a major issue we see across England and Wales. Lots of people in work doing their best to keep their families together are right on the edge. Salaries and wages haven't grown over the last two or three years but the cost of living has grown exponentially. Those people who are either in mortgage properties or whose landlords bought buy-to-let properties, if the mortgage rate starts to rise you will either see people in mortgaged or tenanted properties struggling to move forward.

So I keep lobbying the council because this is the next major issue in the city and in areas like Hampton which are relatively new communities, where people struggle to get on the property ladder in the first place, I think that'll be a key area in the city, moving forward.

Question: In the voluntary sector, if someone rung up today asking for an appointment, how long would it be until they were able to see somebody?

Answer: It depends. We do an initial assessment from everyone who comes to see us. Different people get different service. We've moved from the bad old days where we'd spend an afternoon with you and someone suffering domestic violence would have to wait in the queue. If it's an urgent issue we will try and see you in the same day or same week. We've seen demand on our service rise 35%. In the first week of January we doubled the amount of clients we saw in the same week last year, so it's a resource issue and whilst we've had increased funding from some funders, other funding from, say, legal aid, has been reduced, so it's a balancing act. But what we try and do is if it's an urgent case we try and see you in the same day or within a few days. If it's something that is challenging to you as an individual but in the real world isn't so material, you may have to wait two or three weeks, or even longer I'm afraid. It's very much down to resource and prioritisation.

Answer: We'd agree with that as well - various waiting times. If it's urgent we will see immediately, we will always do an initial assessment within two weeks. But the demand is so high – in our advocacy service which helps with a wide range of issues from housing benefits to family law, civil law, two thirds of the waiting list is benefits at the moment and welfare reform. We just cannot cope with that sort of demand, so one of the things we're trying to do to meet that demand. One thing we've done recently is introduce clinics where we have a full day where people spend 45 minutes with an advisor so we can at least get them started with the forms. But some of the clients are so ill that they can't even talk. I recently did a home visit with one of our advocates because the person was too ill to leave the house and to speak. The thought of them having to manage filling in the form is impossible. They won't be able to do it by themselves. So we are doing everything we can to meet the demand because if we're not there to help then I don't know where else people will go, so it is a concern.

Question: Migrants are lured to this country with the promise of good pay, but when they get here they find that they're exploited and given poverty pay and end up in poverty. They're basically exploited by business and landlords that take too much money for accommodation. They also end up paying travel costs and things like that. So the reality is that when they arrive here they're exploited and they're able to undercut the amount that local people will work for. So my question is an issue of enforcement – how are we enforcing the national minimum wage in this city to make sure people aren't coming here and ending up in poverty?

Answer: Do you want to hear an answer on behalf of the Council? We're looking at whether it would be feasible to introduce a living wage. What we have found is that it isn't as simple as it appears because it would have repercussions on the local authority schools as well, which would then possibly present a problem for them that we hadn't foreseen, so it's wider than just the Council. So that's what we're looking at from the Council's point of view. It's not a no, it's just we're looking at what it means.

Answer: There are some other examples of how we can eat away at these issues - you mentioned housing officers who can identify problems in accommodation and see what we're providing and they have a great relationship with other agencies such as the UKBA. So whilst it doesn't directly tackle the issue of minimum wage, it is a way of enforcing and encouraging certain behaviours from landlords, employers and so on.

Answer: I think we have good and bad examples in Peterborough, in not just the minimum wage, but living wage employers. In our day-to-day work we do come across bad examples which we treat as a social policy issue and try and address it on behalf of our clients, but on the other hand we do have examples of workers being treated equally and properly.

Answer: You heard my presentation early on this morning and seen some of the reality of what vulnerable people and those in poverty face in Peterborough. The one main positive thing out of this is the very positive working relationship between the voluntary and statutory sectors – we've broken down the barriers and have very adult, realistic conversations and we drill down, find out what the issue is and we're moving forwards in a very positive way to assist people. Predominantly that major piece of work has been funded by the DWP through the welfare support grant. That ends in March 2015. We spoke about interest rates rising, we know about zero hours contracts, we know about the minimum wage. The problems are not going to go away – potentially they will get greater. My challenge to the Council is – what are you going to do to support the vulnerable and poor in our city in March 2015?

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
25 MARCH 2014	Public Report

Report of the Executive Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group

Contact Officer(s) – Jessica Bawden
Contact Details - 01223 725584

CONSULTATION ON PROPOSALS TO IMPROVE OLDER PEOPLE'S HEALTHCARE AND ADULT COMMUNITY SERVICES UPDATE

1. PURPOSE

1.1 To discuss consultation proposals to improve older people's healthcare and adult social community services.

2. RECOMMENDATIONS

2.1 For members to give feedback on this consultation and discuss any issues that arise from it.

3. BACKGROUND

3.1 Improving services for people that are frail and elderly is one of Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) three strategic priorities.

4. KEY ISSUES

4.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents. We want to improve older people's healthcare and adult community services for residents across Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the CCG's catchment area.

We have reached a stage in a tendering process, known as the Integrated Older People's Pathway and Adult Community Services procurement, where we have enough detail on the initial proposals a number of organisations have put forward on how services could be delivered differently to achieve the improvements we want.

Why change?

- **Current arrangements are fragmented:** Staff work hard to provide the best possible care, but the way services are organised means that care is not always joined up, and patients do not always get the right care in the right place at the right time.

- **The number of older people is increasing:** Over a decade (from 2011 to 2021) in Cambridgeshire the number of people aged over 65 is expected to rise by 33% and aged over 85 by 47% and in Peterborough by 23% (over 65s) and 31% (over 85%)

- **Funding:** Only minimal increases in funding are expected in the coming years, so we need to find high quality ways of meeting the needs of a larger group of people within

the budget made available to our area

- **The evidence:** The CCG's programme is informed by a comprehensive assessment of the evidence available which shows better organised and joined-up care leads to better results for patients.

How are services currently organised?

Our local healthcare services for older people are provided by a number of different NHS, voluntary sector and private organisations. Care is provided through community services, hospitals, mental health services, voluntary organisations, GP practices, out of hour's services, ambulance services, pharmacies, specialist equipment services and hospices, The CCG also works with Local Authorities, who are responsible for delivering housing and social care.

Although there are a large number of organisations working in what can be a very complex way, there is no single provider responsible for ensuring that health care for older people and adults with long term conditions is joined up and coordinated.

How can care be improved?

Bidders have made proposals in line with the CCG's **vision** for improving older people's healthcare and adult community services to be better organised around the needs of the patient, There is more information in the main consultation document, but briefly the proposals are for:

- **More joined-up care:** to make sure professionals involved in the care of older patients, or adults with a long term condition, work in joined-up teams.
- **Better planning and communication:** to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available 24/7 to the appropriate professionals.
- **More patients supported to remain independent:** to ensure older people have access to care that allows them to stay independent.
- **Improved community and "out of hospital" services with fewer patients admitted to hospital as an emergency:** We want to stop people going into hospital unnecessarily (where it can safely be avoided), and make sure older patients and adults with long term conditions can access the right support at home or in their local community, in a timely manner.

In order to deliver these proposals the services below will become the responsibility of a 'Lead Provider' which will directly provide community services and hold the budget for the other services so that care is more joined up and better coordinated.

- Community services for older people and adults
- Unplanned acute hospital care for patients aged 65 and over (A&E, non-specialist services admissions)
- Older People Mental Health Services
- Other services which support the care of older people such as Specialist palliative care services providers and specific voluntary organisations.

Why are we consulting now?

The procurement process that we are following is based on an Outcomes Framework which is designed to encourage innovation in the delivery of services for older people.

Bidders are required to put forward proposals (Solutions) in order to meet the outcomes that we, the CCG want to see as a result of this tendering process.
This means we needed a shortlist of 'Outline Solutions' from the bidders before we had something meaningful for people to give feedback on.

The CCG will take into account the response to consultation, produce a report setting out any changes which are necessary, and require bidders to build these into their final submissions.

Four organisations have been shortlisted in Cambridgeshire and Peterborough CCG's tendering process for improving older people's healthcare and adult community services.

- 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)
- Uniting Care Partnership (Cambridgeshire and Peterborough NHS Foundation Trust with Cambridge University Hospitals NHS Foundation Trust)
- Virgin Care Ltd.

5. IMPLICATIONS

A detailed Equality Impact Assessment has been drawn up and will be reviewed regularly by the Older People's Programme Board.

6. ENGAGEMENT AND CONSULTATION

6.1 Cambridgeshire and Peterborough CCG has a statutory duty to involve and consult local people in relation to health service planning and delivery.

The Engagement Team has been engaging with members of the public from 1 February 2013. The purpose of the engagement was to raise awareness, explain the reasons for the need to change and to listen to patient experiences. Cambridgeshire and Peterborough CCG's engagement process included attending patient meetings and meetings of the Patient Reference Group, Healthwatch, the Overview and Scrutiny Committees and the Health and Wellbeing Boards on a formal and informal basis.

The consultation document is attached as **appendix 1**.

The attached consultation process plan attached as **appendix 2** will remain a working document throughout the process and will be reviewed.

A full suite of documents will be available from week commencing 17 March. This will include presentations, Frequently Asked Questions (FAQs) and related news releases which will be available on Cambridgeshire and Peterborough CCG's website. Copies of the consultation documents will be distributed via our networks as outlined in the process plan.

A number of public meetings will be held over the 13 week period along with attendances at patient and other established meetings. (**see appendix 3**)

The key dates are as follows:

- Consultation launch week commencing 17 March 9am
- Consultation ends week commencing 16 June 5pm

An external Market Research company, MRUK, has been commissioned to provide the questions and an independent report on the consultation findings.

7. NEXT STEPS

7.1 The bidders will use the feedback from the public consultation in developing their final proposals. The organisations will now go through to the next stage of the Integrated Older People's Pathway and Adult Community Services procurement process during which they will develop and refine the initial proposals they submitted in January 2014.

The organisation judged to have put forward the best overall proposal will be selected as the preferred bidder in September 2014, with the contract starting in January 2015.

8. APPENDICES

8.1 Appendix 1 – Consultation document
Appendix 2 – Consultation process plan
Appendix 3 – List of public meetings

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Proposals to improve older people's healthcare and adult community services

Consultation document

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents.

We want to improve older people's healthcare and adult community services for residents across Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the CCG's catchment area.

We would like your feedback on the initial proposals a number of organisations have put forward on how services could be delivered differently to achieve the improvements we are looking for.

The public consultation runs from
9am 17 March 2014 to 5pm 16 June 2014

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočníka, kontaktujte nás.

Siete pregati di contattarci se desiderate ricevere questo documento in un'altra lingua o se richiedete i servizi di un interprete.

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઈન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

Jei pageidaujate gauti šį dokumentą kita kalba ar kitu formatu, arba jei jums reikia vertėjo paslaugų, kreipkitės į mus.

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Contents

Your Feedback

Why we would we like your feedback

Over the last year clinicians, local authority representatives, managers and patient representatives have been looking at how we can improve older people's healthcare and adult community health services. Set up by the Clinical Commissioning Group (CCG), the Older People's Programme Board has started a tender process to deliver better outcomes for patients.

We have now reached a stage in the process where we would like to invite your feedback on proposals for improving the way care for older people and community services for adults is delivered. These proposals have been put forward by a number of different organisations with experience of delivering NHS services. We would also like to hear your views on how the CCG is proposing to buy or 'commission' services, by focusing on improving outcomes for patients. **You can give your feedback on the organisations' proposals using the Feedback Questionnaire on page 37. The proposals can be found on pages 17 to 19.**

While the Older People's Programme has been considering the way we commission these services, the CCG's Engagement Team has been out and about raising awareness of the CCG's programme to improve older people's healthcare and adult community services.

We have attended more than 100 meetings and public events as well as providing regular updates to organisations and individuals interested in the programme. We have also encouraged patient representatives to be involved in considering the initial proposals put forward during the procurement. They have been invaluable in helping us produce documentation for consultation.

How your feedback will be used

The organisations who have put forward these initial proposals, referred to in the tendering process as bidders, will develop them into more detailed proposals (Full Solutions) for the CCG to consider in the final stage of the procurement process.

Through this public consultation your views of their initial proposals will be fed into the development of these final proposals, so that the bidders can consider your views as they put together their more detailed proposals.

The CCG Governing Body will also receive and discuss the feedback to the consultation and will consider this when evaluating each bid against our criteria for selecting a preferred bidder.

The consultation document and process

The consultation will run from 9am on 17 March 2014 to 5pm on 16 June 2014.

We have tried to present the information in this consultation document to you in a way that we hope is easy to understand. A Glossary of Terms can be found in Appendix (ii). We have tested this document with our Patient Reference Group (PRG), whose role it is to monitor our engagement work and make suggestions on how the CCG can find out people's views about proposed changes to services. Please let us know if you feel any part of the consultation is unclear.

We have arranged public consultation meetings throughout the CCG's area from April 2014. These have been arranged for different times of the day and on different days of the week, to provide a good range of opportunities for you to attend a meeting to find out more about this consultation.

The consultation is about proposals to improve services, not the individual organisations participating in the procurement process. This consultation document does not therefore identify the individual bidders in respect of each bid. Whoever is awarded this NHS contract to deliver Integrated Older People's Pathway and Adult Community Services across Cambridgeshire and Peterborough, **care will remain NHS-funded, provided under an NHS contract and free at the point of delivery**.

To make sure the consultation is open and objective, an external market research company has helped the CCG to set the questions asked in this consultation (found in the Feedback Questionnaire on page 37). They will analyse the results and report back to the CCG on the findings.

You can give your views in a number of ways:

- Complete the questionnaire found online on the CCG's website www.cambridgeshireandpeterboroughccg.nhs.uk
- Complete the paper copy of the questionnaire found on page 37 of this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. (You do not need a stamp).
- Call the Engagement Team on 01223 725304.
- If you belong to a group or organisation, you can invite us along to one of your meetings by contacting our Engagement Team on 01223 725304 or by email engagement@cambridgeshireandpeterboroughccg.nhs.uk, putting 'Proposals to improve older people's healthcare and adult community services consultation' in the subject field.
- Come along to one of the public meetings listed in Appendix (i).

Foreword

As local GPs, we feel that healthcare for our older patients, needs to be improved. Often we are told older people would prefer more care at home, or in the community, but too often they end up in hospital, especially during evenings and weekends. To achieve this we think that we need better contract arrangements that encourage better health and care outcomes.

We are aware that at the moment the time spent in hospital is often longer than it needs to be because access to community services is not always in place to give the care needed at home. This can make it difficult for patients to regain their independence and confidence after illness or injury and put a significant strain on families and carers. People must and will be able to go to hospital when they need to, but we feel that there should be a shift to be able offer more healthcare through much better community-based services, when it is possible and safe to do so.

It is not just older people who require community-based services but also younger adults who have long term conditions (LTCs) such as diabetes, chronic lung disease or heart disease, so these proposals aim to improve care for these patients too. Our experience over many years is that services for patients can be fragmented, for example, between hospital and the community, or between physical and mental health services.

Although there are many good organisations and individuals providing care, there is not always an organisation or named person responsible for ensuring it all works together smoothly for the patient. We aim to remedy that by creating a 'Lead Provider' responsible for delivering community services and holding the budget for many of the other hospital and mental health services these patients need so that the whole 'pathway' of care is more joined up and better co-ordinated, with much better patient experiences, as described in the section on outcomes in this document.

We feel that there will be better NHS-funded healthcare for older people and adults with long term conditions if it is delivered in a joined-up way around the needs of the patient. We want to gather your views on the way a number of organisations are proposing NHS-funded health services could be delivered to provide this more joined-up care.

We urge you to let us know what you think. If you are a fellow GP or other health professional, please give us your opinion. We want to hear everyone's views.

Dr Arnold Fertig

Older People's Programme Clinical Lead

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

Message from NHS Cambridgeshire & Peterborough CCG's Chief Clinical Officer and Lay Chair

NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents. It is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients and managers.

As a nation we are living longer and so it follows that the number of older patients is also increasing. As we get older most of us develop illnesses and conditions associated with our advancing years. We have been engaging with patients, local groups, doctors, staff and the many organisations involved in care for older people over the past year. Having listened carefully to their views we realised changes were needed based on a number of local and national issues:

- current services are not joined up
- all services need to improve to meet the growing needs and wishes of older people
- financial challenges for public services mean that to improve quality we need new and innovative ways of organising services
- we need new style contracts with a number of service providers which are designed to deliver outcomes of better health and care
- published evidence of harm when services are not properly working together.

In July 2013 we invited NHS and independent organisations to take part in a tendering process, the Integrated Older People's Pathway and Adult Community Services procurement, to find an organisation, or group of organisations, able to deliver these improved services under an NHS contract. We are now at a stage where a number of organisations have put forward their initial proposals for delivering services in a way that we feel has the potential to deliver the improvements we are looking for.

Through this public consultation, we would like to invite you to give us your views on the proposals that are being suggested. We will then pass on your views to the organisations taking part in the tendering process, so they can use them to develop their initial proposals into full and more comprehensive solutions for improving NHS-funded healthcare for older people and those with long term conditions in your area.

Dr Neil Modha
Chief Clinical Officer

Maureen Donnelly
Lay Chair

Letter from Cambridgeshire and Peterborough CCG's Patient Reference Group (PRG)

Dear Resident

When Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) was formed, it established the Patient Reference Group (PRG) as a formal sub-committee of its Governing Body. It is made up of representatives from the Patient Participation Groups from each Local Commissioning Group area, as well as Healthwatch organisations.

Our job is to monitor the engagement work of the CCG and make suggestions on how it can find out people's views about proposed changes to services and what people think about services generally.

We also seek the views of the groups we represent and keep them updated on the work of the CCG. Our Chair reports directly to the CCG Governing Body on issues that we raise.

The PRG is just one of the ways that the CCG engages with the people of Cambridgeshire, Peterborough and those parts of Northamptonshire and Hertfordshire included in the area the CCG covers, but it is important that we give our views on developing services.

The PRG, alongside others, has helped the CCG develop this consultation documentation as well as the way it goes out to consult with patients and the public.

This is a very important consultation, looking at the way that services are provided for a wide group of people. We urge you to read the documentation and answer the questionnaire.

Please ask questions and attend the public meetings. It is very important that you get involved in how services are shaped for the future.

The Patient Reference Group (PRG)

How are services currently organised?

Our local healthcare services for older people and adults with long term conditions are provided by a number of different NHS, voluntary sector and private organisations. The main ones are shown in the table below. The CCG holds separate contracts with each provider.

Service	Main Providers
Community services such as district nursing, specialist nursing, specialist footcare, speech and language therapy, occupational therapy and rehabilitation	Cambridgeshire Community Services NHS Trust.
Hospital services. Within each hospital, there are many specialties and departments involved in the care of older people. More specialised care associated with heart and lung conditions	• Cambridge University Hospitals NHS Foundation Trust (Addenbrookes) • Hinchingbrooke Healthcare NHS Trust • Peterborough & Stamford Hospitals NHS Foundation Trust • Queen Elizabeth Hospital, Kings Lynn NHS Foundation Trust • Papworth Hospital NHS Foundation Trust.
Mental health services for adults and older people	Cambridgeshire & Peterborough NHS Foundation Trust.
'Third sector' or voluntary organisations deliver a range of support services for older people and their carers.	These range from local voluntary groups to larger more well-known organisations such as Age UK, Care Network and the Alzheimer's Society.
End of Life Care	When requested, patients at the end of their lives can choose care services provided by hospices such as Arthur Rank and Thorpe Hall. This is combined with voluntary organisations and specialist hospital and community services.
Primary medical care*	GPs through 108 practices across the CCG's catchment area. For patients who require urgent care out of hours, the service is provided by Urgent Care Cambridgeshire and Cambridgeshire Community Services NHS Trust.
Ambulance services	East of England Ambulance Service NHS Trust.
NHS 111 telephone advice service	Herts Urgent Care.
Prescriptions and advice	Pharmacies ('chemists').
Specialist equipment services	Nottingham Rehab Services.

* Most primary care and pharmacy services are now commissioned by NHS England.

Social care and housing services are vitally important for supporting older people who require them. The CCG works closely with the Local Authorities responsible for delivering them. These are:

- Cambridgeshire County Council
- Peterborough City Council
- Northamptonshire County Council
- Hertfordshire County Council
- South Cambridgeshire District Council
- Cambridge City Council
- Huntingdonshire District Council
- Fenland District Council
- East Cambridgeshire District Council.

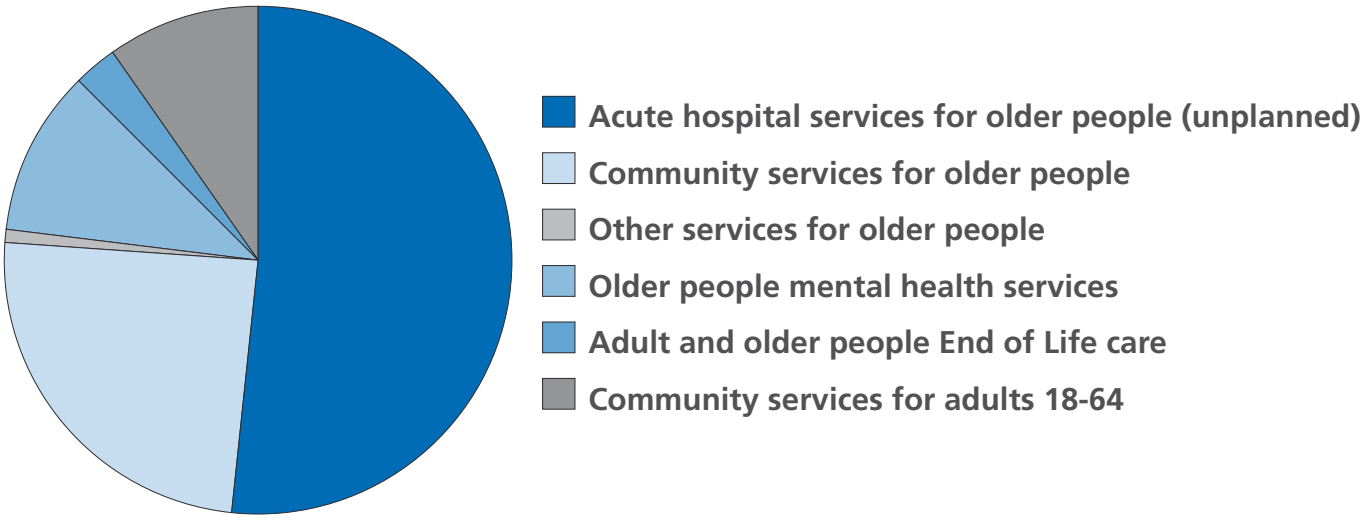
Although there are a large number of organisations working in what can be a very complex way, there is no single provider responsible for ensuring that care for older people and adults with long term conditions is joined up and co-ordinated.

The main focus of local services is on treating people when they become seriously ill or suffer an injury. Currently there is less emphasis on preventing ill health, and helping older people live with long term conditions such as diabetes, lung disease or dementia.

There are different types and levels of service available during the day compared to those available in the evening or at weekends.

The way in which the CCG pays providers for the services they deliver is currently based mainly on how many patients use the service or historical levels of funding. It is not linked to whether the patient experience of care is good or bad, or what the clinical outcome is to any great extent. The current funding arrangements have a bias toward acute hospital care instead of community services.

The piechart below indicates the proportion of current spend:



Across the organisations involved in care for older people, there are many different ways in which information is held, and different computer systems used for storing the information and running the services. This sometimes makes it difficult for people involved in a patient's care to share information effectively which can be frustrating for staff, patients and carers.

Why Change? The CCG's case for change

Current arrangements are fragmented

We know that staff work hard to provide the best possible care, but the quality of the current services can be significantly improved. This is partly because so many different organisations are involved, but also because the way services are organised (the 'system') means that care is not always joined up and does not always deliver the outcomes we would like.

Patients have also told us that they are often visited or cared for by many different professionals. Knowing who is responsible for them is confusing and can seem disjointed. The patient or their carer has to repeat information because it is not readily available to be shared within the NHS or with social care staff. Patients and carers have also told us they would like to be more involved in making decisions about their care.

Currently frail elderly people are frequently admitted to hospital through Accident and Emergency departments (A&E), particularly in the evenings and at weekends. Hospitals beds become full and patients often stay longer than they should, which can make it difficult for them to regain independence.

The number of older people is increasing

This is important because people are living longer and the number of people aged 65 and over is rising. In our area the population is expected to increase between

2011 to 2021 as follows:

Number of people aged over	Expected rise in Cambridgeshire 2011 to 2021	Expected rise in Peterborough 2011 to 2021
65 years old	33% (101,351 to 134,516)	23% (25,076 to 30,846)
80 years old	35% (28,678 to 38,587)	19% (7,226 to 8,562)
85 years old	47% (14,060 to 20,721)	31% (3,365 to 4,405)

Source: ONS mid 2011 population projections

Funding

Although numbers of older people are rising, funding is not increasing in line with the growing demand. Only minimal increases are expected in the coming years, so we need to find high quality ways of meeting the needs of a larger group of people within the budget made available to our area.

The evidence

The CCG's programme is informed by a comprehensive assessment of the evidence available. This began with an assessment of need, and includes a detailed analysis of evidence on improving outcomes for patients. There is published evidence that better organised and joined-up care leads to better health outcomes. For example, in April 2013 the Kings Fund updated a report 'Transforming Our Health Care System: A Summary' where they published the evidence for the effectiveness for all aspects of care for older people. A separate summary of the clinical case for change can be found on our website www.cambridgeshireandpeterboroughccg.nhs.uk or upon request as detailed on page 22.

How will care be improved?

The following sections explain proposals for improving care:

- CCG vision
- Services included in the Integrated Older People Pathway and Adult Community Services procurement
- Examples of improved care: two patient stories
- A summary of proposals put forward to improve care
- The commissioning process: improving outcomes.

CCG vision

The CCG's vision is for older people's healthcare and adult community services to be better organised around needs of the patient. We want to see:

- **More joined-up care**

We want to make sure that the health and care professionals involved in the care of an older patient or adult with a Long Term Condition, work together in joined-up teams. We are proposing to have a "lead" organisation responsible for delivering and co-ordinating this care, no matter where is it delivered, in the hospital or the community.

- **Better planning and communication**

We want to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available at all times (24/7) to the appropriate professionals.

- **More patients supported to remain independent**

We would like older people to have access to care in ways that allow them to maintain their independence.

- **Improved community and "out of hospital" services and fewer patients admitted to hospital as an emergency, where it can be safely avoided**

We want to stop people going into hospital unnecessarily (where it can safely be avoided) and we want make sure our older patients and adults with long term conditions can access the right support either at home or in their local community, in a timely manner. We want people to feel confident about the care they receive at home.

Services included in the procurement

The Integrated Older People Pathway and Adult Community Services procurement is focused on achieving these aims for the services in the table below.

These will become the responsibility of a 'Lead Provider' which will directly provide community services and hold the budget for the other services so that the whole 'pathway' of care is more joined up and better co-ordinated. More information about the role of the Lead Provider can be found on page 21.

Service	Current Main Providers
Community services for older people and adults	Cambridgeshire Community Services NHS Trust A list of community services included in the proposals can be found in Appendix iii on page 28.
Unplanned acute hospital care for patients aged 65 and over (A&E, non-specialist services admissions)	• Cambridge University Hospitals NHS Foundation Trust • Hinchingbrooke Health Care NHS Trust • Peterborough & Stamford Hospitals NHS Foundation Trust • Queen Elizabeth Hospital Kings Lynn NHS Trust
Older People Mental Health Services	Cambridgeshire & Peterborough NHS Foundation Trust
Other services which support the care of older people	Specialist palliative care services providers; GP practices (local enhanced service for care homes/nursing homes); specific voluntary organisations; other acute Trusts (hospitals) providing unplanned acute care.

Examples of improved care: two patient stories

...for those with long term conditions

Most people with long term conditions are cared for by their GP and practice nurse. However, sometimes a patient might benefit from increased support from a community services team. It is important this extended team works closely together and with the patient. The team should have access to support from hospital specialists when needed. Where possible they should help increase a patient's understands of their condition to improve self-management.

For example, a 75-year-old man lives alone, is relatively isolated, has Type 2 Diabetes with poor control and evidence of kidney disease. He is very overweight, not very good at remembering to take his medication or making appointments and has not responded to the normal care and advice given by his GP. The GP refers him to a community Diabetes specialist nurse who visits him at home but he still finds it difficult to make the necessary changes. It is noticed that he has become more forgetful. His condition deteriorates and he becomes increasingly at risk of the many complications of Diabetes.

In the new service the patient would receive more co-ordinated care. The diabetes specialist nurse would in the usual way explore his main concerns and what he would like help with, and create a plan which includes a weight and exercise target. The new integrated service would be able to ensure that the plan is carried out and monitored in the following sorts of ways.

He would:

- have community care organised by a co-ordinator known to him
- receive advice from a specialist diabetic dietician
- receive a reminder phone call the day before each appointment
- be offered a dosage box from the community pharmacist to keep track of medicines
- be helped to see his GP for a full review and be referred to a kidney specialist
- be offered a referral to a voluntary organisation to help him with social isolation and as a result he may have somebody to go with him to GP and hospital appointments
- with consent, have a key summary information and plan available to his extended community team and to emergency services if he has to make contact.

A contact centre would be available for advice and support seven days a week.

He might also:

- agree to attend with a weekly evening local weight reduction group
- need advice from a hospital specialist available if possible in the community.

A mental health worker in the team is asked to assess him, and finds very early signs of memory impairment. He seems to cope if reminded, and two good neighbours volunteered to take it in turns to make contact with him at least once a day, and with his consent are given advice with regard to early signs of change.

As he becomes more frail he may be prone to minor episodes of ill-health that tip the balance in his ability to cope. For example, a urinary tract infection may make him unsteady and more prone to falls. The new service will be able to urgently assess the situation and put in place treatment and support that enables him to safely stay at home.

In this way care is co-ordinated around his needs and in line with what is important to him. Problems will be picked up at an earlier stage. Better co-ordinated care may lead to better health over the next 10 years and reduced risk of premature complications of diabetes, frailty and reduced chance of needing a spell in hospital. A responsive community service may be able to give him choice of place for care if he becomes acutely unwell.

...for the elderly

Older people are used to looking after themselves and quite understandably are sometimes reluctant to ask for help. Even if they know they are beginning to need help to remain independent, they often find it hard to know how to ask for help.

A single request for help can result in a number of contacts from well-meaning and skilful care professionals and carers, but too often the help is not well organised or responsive to their needs.

For example, an 89-year-old woman lives alone and is relatively isolated. She has difficulties in going out and has a leg ulcer. She is visited by the district nurse who notices she is finding it hard to cope at home and with her agreement refers her to social services. She agrees to a once-a-day care visit.

The patient suffers with chronic arthritic pain, diabetes and hypertension and is on a large number of medications. She is overdue for a check-up. When phoned she says she will make the next appointment but then doesn't arrive.

Her carer keeps changing. She is becoming undernourished and loses weight. She is less steady on her feet. After losing her last close relative, she is becoming depressed. She falls and fractures her hip and is admitted to hospital. She makes a very slow recovery and on leaving hospital goes to live in a care home.

This is a fairly common situation. Care is provided by a number of different services but they are not joined up. There were several opportunities to offer assessments and help that might have enabled the patient to stay independent for longer. No single person was responsible for co-ordinating care, or having a discussion with her about her needs or problems, or working with her to make a complete health and care plan.

How things might change

In the new way of delivering care, a single organisation will be responsible for working with GPs and social services to identify people who are frail and vulnerable. In addition to her GP, the patient would have the option of contacting a community contact centre seven days a week, to report any issues, so that her team could act to support her, including in an urgent situation.

This better integrated service would have ensured that:

- she would have been offered a much earlier full assessment and support which may have prevented the deterioration and need for hospital admission
- arrangements would be made to help her see her GP for reviews to help with her medical problems, or arrange for this to be done at home on a regular basis
- she would not have to keep repeating information to different people
- a summary of her health and care problems and plan, with her consent, would be available 24/7 to emergency and community services
- a care co-ordinator and/or a named lead professional would work with her to organise her health and social care
- with her consent, referrals would be made to, for example:
  - a dietician
  - a physiotherapist for mobility and falls assessment
  - a voluntary organisation that may help with befriending and supporting her through difficult times
- if she was in supported housing, links would be made with the mobile wardens
- with a mental health worker part of the team, her mental health needs would be recognised and addressed at an early stage
- when things are going well, she would still be contacted at regular intervals
- her carers would be trained to look out for early changes in her physical/mental health and there would be fewer carers involved
- her unsteadiness and weight loss would assessed at an early stage
- if she were in hospital, the community team would make early contact with the ward and ensure that she is given every chance of a successful discharge back to her own home if that is her wish, with rehabilitation continuing at home
- action happens quickly if needed.

If her frailty is progressive, she might like to discuss how she would like to be cared for towards the end of her life. Also, if she does need to be hospitalised, the hospital and community team will work harder, if she wishes, to enable her to return home with a full care package rather than admit her to a nursing home.

A summary of proposals put forward to improve care

Bidders have been asked to put forward initial proposals (Outline Solutions) identifying how they would deliver the improvements in services we are looking for. Below is a themed summary of the proposals provided by bidders to achieve improvement in these areas. **We are asking for your views on these proposals in the Feedback Questionnaire on page 37.**

More joined up care: organising care around the patient

To improve both patients' and carers' experiences of the healthcare received by older people, along with the quality of services delivered, the CCG asked organisations taking part in the tendering process to put together proposals that showed care organised around a patient's need.

The proposals received suggest this can be achieved by:

- making sure that patients and carers are involved in making plans for their health and community care, so that services are delivered according to their need
- providing named care co-ordinators for patients
- the named care co-ordinators focussing on frail older patients, or those with complex problems, or those needing end of life care, will be supported by a team of doctors, nurses and therapists working together around the needs of each patient, and working better with voluntary organisations and social care
- if the patient is living with a long term condition such as dementia or diabetes or respiratory disease, the team would include a professional specialising in those fields
- providing specialist teams to provide support to the 'patient's team' when needed.

Better planning & communication: delivering 'seamless' care

We want to see care delivered in ways the ensure people feel everyone is part of the same team and knows what each other is doing. We want both patients and their carers to feel that their care is 'seamless' not disjointed.

We want to see all staff involved in a patient's care to be communicating with one another and working in a co-ordinated way.

Proposals received suggest this can be achieved by:

- having a single point of access contact centre operating 24 hours a day, seven days a week - either nurse-led or staffed by professionals with links to expert advisors and all organisations involved in the care of older patients
- having a single electronic record system and shared protocols, so that all relevant health and social care professionals can access, with patient consent, information whenever necessary. This system could be developed from existing systems
- the continuation and strengthening of the already established Multi Disciplinary Team (MDT) models, with better links to hospital specialist advice

- ensuring all health and care professionals have an understanding of all the health and social care needs of people in their care, not just in the specific area that they are trained to deliver care in
- bringing mental health professionals into the wider team, so that frail older people with both physical and mental health problems receive better joined-up care
- solid partnership working with voluntary organisations providing every day living support to older people for example with transport or providing respite for partners who are carers.

Supporting older people to stay independent

We would like to see care delivered to older patients, or for older patients to be able to access care, in ways that allow them to maintain their independence. Ways suggested for doing this are:

- offering support at an earlier stage to a larger number of people than is the case now
- focusing on prevention - making sure those aged 65 plus have access to information and services that will help keep them well, for example diet advice and exercise opportunities
- with patient consent, offer a health/care review to identify and address issues, for example housing problems
- increased working with local voluntary organisations to direct patients to services and provide more informal support
- establishing healthcare contact points venues other than GP practices
- using technology such as Skype/Telehealth to provide support for people with long term conditions
- developing a record system that patients can access, so they can self-manage their care.

Improved community services: reducing emergency hospital admissions, re-admissions and long stays in hospital

Quite often during an episode of severe illness, hospital treatment is necessary. However a significant number of people are admitted to hospital who could have been safely treated at home, or discharged at an earlier point, if community services were organised in a different way.

We would like to see a healthcare system that reduces the number of older people being taken to hospital unnecessarily, or staying in hospital longer than needed.

Proposals received suggest this can be achieved by:

- improving information for, and engagement with patients, their relatives and carers to increase understanding of long term conditions, so they can better identify minor changes or serious deterioration and request help accordingly and earlier
- emphasis on personal case management to identify patients at risk of being admitted or re-admitted to hospital, managed through Multi Disciplinary Teams (MDTs)
- having a 24/7 urgent care system that can send a community team to the patient to both assess and treat at home, without the need to go to A&E unless necessary

- good access to urgent hospital specialist advice and assessment
- much stronger links between the community and the hospital, from the A&E department to the wards, with teams based in the hospital supporting care and linking with community teams in-reaching into the hospital, supporting better arranged discharge
- better rehabilitation services to support people to recover from episodes of ill health. This could include the provision of 'step down' beds in community settings, or a hospital at home service giving help with personal hygiene such as bathing, shaving etc, as well as medical care.

End of Life Care

Alongside improving care for older people, the CCG has made improving End of Life Care across Cambridgeshire and Peterborough one of its priorities. The preferred provider(s) awarded the contract will be expected to work with the CCG on delivering improved End of Life Care.

Proposals put forward include:

- providing:
  - local specialist nurses
  - 24-hour support for patients and carers if needed, at home or in community bed settings
  - well co-ordinated MDT working around the needs of the patient, as described above
- with patient consent, making sure information on a patient's needs and wishes regarding resuscitation and the place where they wish to be cared for at the end of their life, is available to all healthcare services, including the ambulance service
- ensuring that community services are able to meet the needs and wishes of patients and their carers.

These are brief summaries of the proposals put forward. If you would like more information, we have put together more detailed descriptions which are available on the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk or upon request as detailed on page 22.

The commissioning process

The CCG is the organisation responsible for planning, organising and purchasing NHS-funded hospital and community healthcare for residents. The CCG commissions (buys) healthcare services from providers according to local need. All providers deliver services under an agreed NHS contract.

Improving outcomes

Historically, the NHS has focused on measuring service activity (such as the number of attendances and admissions to hospital) and processes (such as waiting times). These have some value, but do not tell us whether the patient's experience of healthcare was good or bad, nor whether it was clinically effective. The NHS is developing approaches which address these shortcomings by measuring 'patient outcomes'.

The CCG believes that commissioning for health outcomes is the right approach for older people's care in particular, many of whom will need a wide range of services delivered in a co-ordinated way. To do this we have developed a set of health outcomes contained within our 'Outcomes Framework'. We will use the framework to measure the effectiveness of these outcomes, emphasising patients' experience and improvement in the quality of their clinical care, while taking account of the process of service delivery, such as how quickly patients should be seen. Achievement of better outcomes for patients will be linked to payment through a new contract.

The outcomes we've asked for (Outcomes Framework)

Following extensive research, we designed the Outcomes Framework to drive better health and healthcare for older people and adults with long term conditions. The outcomes that we have determined to be important have been grouped into seven areas (called 'domains'), these are listed below. The first three apply to all aspects of care, the last four to specific clinical areas of care.

1. Better experience of care. Ensuring people have an excellent and equitable experience of care and support, with care organised around the patient
2. Safe care. Treating and caring for people in a safe environment and protecting them from avoidable harm
3. Well organised care. Demonstrating a culture of joined-up working, patient-centred care, and effective information sharing
4. Keeping healthy. Early intervention to promote health, wellbeing and independence
5. Treatment during acute illness or injury. Treatment and/or support during sudden/ intense episode of ill health
6. Recovering from illness or injury. Long-term recovery and sustainability of health
7. End of Life Care. Care and support for people at the end of their lives.

Measuring Outcomes

For each outcome we have devised a set of associated measures or indicators which will tell us if it is being achieved. These can be found in the Outcomes Framework available to download from the Older People's Programme page on our website www.cambridgeshireandpeterboroughccg.nhs.uk. If you do not have access to the internet, please contact us as detailed on page 22.

Developing the Outcomes Framework

We developed the Outcomes Framework following an extensive review of national and international published research. We combined this with feedback from clinicians, patient representatives, including older people, adults with long term conditions and carers, as well as a range of other clinical experts. The framework is still being refined, and we expect that it will continue to evolve over the coming months and years.

A 'Lead Provider'

Through a tendering process called The Integrated Older People's Pathway and Adult Community Services Procurement, we are looking to commission a 'Lead Provider' who will provide community services and be responsible for co-ordinating most healthcare services for older people.

Services will be NHS-funded, provided under an NHS contract and will remain free at the point of delivery.

The Lead Provider may be a single organisation, or a consortium made up of several partners. They will not just be responsible for providing and co-ordinating care, but also for supporting the health of the whole older population. This will include working with GPs and others to identify people who are at higher risk of becoming seriously ill and offering advice and support which reduce the risk of crises or hospital admissions.

The Lead Provider will employ the community services staff and be responsible for ensuring that they are well supported.

Further information

If you feel you would like further information before completing the Feedback Questionnaire, there are a number of resources available.

- Frequently Asked Questions (FAQs)
- Prospectus
- Outcomes Framework
- Summaries of outline solutions from each bidder
- Clinical evidence summary

Each document listed above is available on our website www.cambridgeshireandpeterboroughccg.nhs.uk, or if you do not have access to the internet, a limited number will be available in hard copy at one of the public meetings we are holding, or upon request by:

- phone:
- 01223 725304
- post:

  Freepost Plus RSCR-GSGK-XSHK
  Cambridgeshire and Peterborough CCG
  Lockton House
  Clarendon Road
  Cambridge
  CB2 8FH

- email:
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

NHS England's publication 'Safe compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professionals' (February 2014) is available online at www.england.nhs.uk. If you would like a copy but do not have access to the internet, please contact us using the details given above.

The Kings Fund report 'Transforming Our Health Care System: A Summary' (April 2013) is also available online at www.kingsfund.org.uk. Again, if you would like a copy, but do not have access to the internet, please contact us using the details given above.

Contacts

For further information, questions about this document, or the Older People's Programme, please email engagement@cambridgeshireandpeterboroughccg.nhs.uk or call the Engagement Team on 01223 725304

For comments on or questions about the consultation process please write to Jessica Bawden, Director of Corporate Affairs, NHS Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge, CB2 8FH.

If you would like this document in another language or format, or if you require the services of an interpreter, please contact us on:

- 01223 725304 or
- engagement@cambridgeshireandpeterboroughccg.nhs.uk

یہ دستاویز اگر آپ کو کسی دیگر زبان یا دیگر شکل میں درکار ہو، یا اگر آپ کو ترجمان کی خدمات چاہئیں تو برائے مہربانی ہم سے رابطہ کیجئے۔

Pokud byste si chtěli tento dokument přečíst v jiném jazyce nebo formátu, nebo pokud požadujete služby tlumočníka, kontaktujte nás.

Siete pregati di contattarci se desiderate ricevere questo documento in un'altra lingua o se richiedete i servizi di un interprete.

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

જો તમને આ દસ્તાવેજ બીજી ભાષા અથવા રચનામાં જોઈતો હોય, અથવા જો તમને ઈન્ટરપ્રિટરની સેવાઓ જોઈતી હોય તો, કૃપા કરી અમારો સંપર્ક સાધો.

Jei pageidaujate gauti šį dokumentą kita kalba ar kitu formatu, arba jei jums reikia vertėjo paslaugų, kreipkitės į mus.

Se gostaria de ter este documento noutro idioma ou formato, ou se necessita de um intérprete, contacte-nos.

Appendices

Appendix (i) - Public meetings

Monday 7 April	7pm-8.30pm	The Priory Centre, The Priory, St. Neots, Cambridgeshire PE19 2BH
Friday 11 April	1pm-2.30pm	Queen Victoria Hall, 7 West Street, Oundle, Peterborough PE8 4EJ
Thursday 17 April	1pm-2.30pm	King Edward Centre, King Edwards Road, Chatteris PE16 6NG
Tuesday 22 April	7pm-8.30pm	The Meadows Community Centre, 1 St Catharine's Road, Cambridge CB4 3XJ
Wednesday 23 April	1pm-2.30pm	Skoulding Suite, March Town Hall, March PE15 9JF
Saturday 26 April	10am-12pm	Becket's Chapel, Peterborough Cathedral, Peterborough PE1 1XS
Monday 28 April	1pm-2.30pm	New Vision Fitness, New Vision – Whittlesey, Station Road, Whittlesey, Peterborough PE7 1UA
Monday 28 April	7pm-8.30pm	New Vision Fitness, New Vision – Whittlesey, Station Road, Whittlesey, Peterborough PE7 1UA
Tuesday 29 April	1pm-2.30pm	Rosmini Centre, 69 Queens Rd, Wisbech PE13 2PH
Tuesday 29 April	7pm-8.30pm	Rosmini Centre, 69 Queens Rd, Wisbech PE13 2PH
Wednesday 30 April	1pm-2.30pm	Ely Cathedral Education and Conference Centre, Palace Green, Ely, Cambs CB7 4EW
Wednesday 30 April	7pm-8.30pm	Ely Cathedral Education and Conference Centre, Palace Green, Ely, Cambs CB7 4EW
Thursday 1 May	1pm-2.30pm	Burgess Hall, One Leisure St Ives, Westwood Road, St Ives PE27 6WU
Thursday 8 May	1pm-2.30pm	Commemoration Hall, 39 High St, Huntingdon PE29 3AQ
Thursday 8 May	7pm-8.30pm	Commemoration Hall, 39 High St, Huntingdon PE29 3AQ
Monday 12 May	1pm-2.30pm	The Meadows Community Centre, 1 St Catharine's Road, Cambridge CB4 3XJ
Thursday 15 May	1pm-2.30pm	Disability Cambridgeshire, Pendrill Court, Ermine St North, Papworth Everard CB23 3UY
Friday 16 May	1pm-2.30pm	Methodist Church Hall, Royston Methodist Church, Queens Road, Royston SG8 7AU
Friday 30 May	1pm-2.30pm	Little Shelford Memorial Hall, Church Street, Little Shelford, Cambridge CB22 5HG
Monday 2 June	1pm-2.30pm	The Fleet, Fleet Way, High Street, Fletton, Peterborough PE2 8DL
Monday 2 June	7pm-8.30pm	The Fleet, Fleet Way, High Street, Fletton, Peterborough PE2 8DL
Saturday 7 June	10am-12pm	Central Library, 7 Lion Yard, Cambridge CB2 3QD

Meetings may be subject to change, so please do check our website www.cambridgeshireandpeterboroughccg.nhs.uk or contact the Engagement Team:

- Phone: 01223 725304
- Email: engagement@cambridgeshireandpeterboroughccg.nhs.uk

Appendix (ii) - Glossary of terms

Acute Care	This is usually provided in a hospital setting. Where people receive specialised support in an emergency or following referral for surgery, complex tests or other things that cannot be done in the community. Acute care usually provides treatment for a short period, until the person is well enough to be supported in the community again.
Bidders	Organisations putting forward bids in the procurement process.
Care co-ordinator	A health or social care professional who co-ordinates care for individuals with more complex needs to ensure that care is joined up. Also referred to as a key worker or lead professional.
Care Quality Commission	Makes sure hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourages them to make improvements www.cqc.org.uk.
Carer	A carer - can be formal or informal. Some people have both. In this document the term carer is used to mean an informal carer - a family member or friend who is actively engaged in supporting a person by regular contact and helping with the activities of daily living.
CCG	Clinical Commissioning Group - organisation responsible for planning, organising and purchasing NHS-funded healthcare for residents. A CCG is clinically-led, meaning that decisions about local health services are made by local doctors and health professionals, alongside patients.
Chronic Obstructive Pulmonary Disease	The name for a collection of lung diseases, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have trouble breathing in and out, due to long-term damage to the lungs.
Clinical Lead	Lead clinician for a programme of work.
Clinically-led	Decisions about local health services are made by local doctors and health professionals, alongside patients.
Clinician	Someone who provides healthcare and treatment to patients, such as a doctor, nurse, psychiatrist or psychologist.
Commissioner	Organisation responsible for identifying the health needs of local people, planning and purchasing health services which respond to their needs.
Commissioning	Identifying health needs of local people, planning and purchasing health services which respond to their needs. CCGs are responsible for deciding what services their local residents need from the NHS and buy these services with public money from the most appropriate providers.
Community Services/ Community care	Services delivered in the community in people's homes, care homes or locally-based treatment rooms.
Contact centre	Facility used to manage all client contact.
Contract	Agreement between the CCG as Commissioner and provider organisations/ businesses under which services are supplied/provided.
COPD	Stands for Chronic Obstructive Pulmonary Disease.
CQC	Stands for the Care Quality Commission.
End of Life Care	Care provided to patients in the last 12 months of their lives.
Enhanced Primary Care	Additional services that GP practices can be commissioned to provide.

Electronic records	Information recorded and stored electronically (using a computer).
Full solutions	Detailed proposals which will be put forward by bidders following this consultation as to how they would provide improved integrated older people's health and adult community services.
GP	Stands for General Practitioner - your doctor based in a GP surgery/practice.
Healthwatch	Healthwatch England is the national consumer champion in health and care. www.healthwatch.co.uk
IM&T	Stands for Information Management and Technology.
LCG	Local Commissioning Group. Cambridgeshire and Peterborough Clinical Commissioning Group is divided into Local Commissioning Groups to enable effective local commissioning of health services.
Lead Provider	Single organisation that leads of the provision of services.
Long Term Condition (LTC)	Long Term Conditions are those conditions that cannot, at present, be cured, but can be controlled by medication and other therapies. For example Diabetes, Respiratory Disease.
LTC	Stands for Long Term Condition.
MDT	Stands for Multi Disciplinary Team.
Multi Disciplinary Team (MDT)	A Multi Disciplinary Team is made up of members from different healthcare professions with specialised skills and expertise. The members work together to make treatment recommendations for a patient's care.
Outcomes	The result or visible effect of an event, intervention or process; any change in a person's state of health after a period of treatment, ideally improvement in symptoms or resolution of a problem.
Outcomes Framework	A system for performance management and payment. The Outcomes Framework in this context details specific outcomes to drive better health and health care for people and adults with long term conditions. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk
Outcomes-based	Putting in place a set of arrangements whereby a service is defined and paid for on the basis of a set of agreed outcomes. In Outcomes-based Commissioning services are purchased and resources allocated not by units of service provision (hours, days or weeks of a given activity) for pre-defined needs but by what is needed to ensure that the outcomes desired by service users are met.
Outline solutions	Initial proposals put forward by bidders in the Invitation to Submit Outline Solutions (ISOS) stage of the procurement as to how they would improve integrated older people's health and adult community services.
Palliative care	Care focusing on relieving and preventing the suffering of patients at all stages of illness, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of their lives.
Pathway	Describes the route that a patient will take from their first contact with an NHS member of staff to the completion of their treatment.
Patient Participation Group	Groups are an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care. www.napp.org.uk
Patient Reference Group	Group of patients who represent the local community.

Pre-Qualification Questionnaire	The Pre-Qualification Questionnaire was issued to potential Bidders in July 2013 to test their capability, capacity and financial standing. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk
Primary Care	The first point of contact in the health care system, usually through general practice (GP surgeries).
Procurement	Process by which services or goods are bought in from an external supplier.
Prospectus	The Prospectus was issued to Bidders in October 2013. It sets out the CCG's requirements including the Outcomes Framework, the process and questions needed to answer when submitting their initial proposals - Outline Solutions. It can be found on the Older People's Programme page at www.cambridgeshireandpeterboroughccg.nhs.uk.
Provider	Organisation that provides services - in this context health and/or community services.
Referral	When a health professional refers a patient to another service. For example a GP might refer a patient having problems with their memory to a Memory Assessment Service.
Seamless care	The smooth and safe transition of a patient from the hospital to the home.
Service	Healthcare is provided by different services - teams specialising in a particular area of care.
Single point of access	One point which gives access to all relevant services. Can be a service that manages patient referrals from health professionals into all community health services.
Specialist Support	Support provided for a specific condition.
Tendering	Tendering is the competitive process by which bids are invited from and put forward by interested parties.
Telehealth	Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring . It is used to support patients with Long Term Conditions. Among other things it includes fixed or mobile home units to measure and monitor temperatures, blood pressure and other vital signs for clinical review at a remote location using phone lines or wireless technology.
Triage	A process for sorting patients into groups based on their need for or likely benefit from immediate medical treatment.
Urgent Care	Care delivered outside of a hospital emergency department on a walk-in basis without a scheduled appointment.
Social care	Care or support - practical or emotional – that allows people to lead an active life and do everyday things, enabling people to retain their independence and dignity. Provided by local authorities.
24/7	Twenty four hours a day, seven days a week.

Appendix (iii) - Community Services included in proposals

Podiatry:

care for patients having problems with their feet.

Community Dietetics:

help for patients to understand the relationship between food and health and make good diet choices to attain and maintain health, and prevent and treat illness and disease.

Community Nursing:

nursing care for patients in their own homes or care homes.

Community Out of Hours Service:

care provided out of hours.

Rehab and Therapy:

treatment to help patients recover from injury, illness, or disease to as normal a condition as possible.

Assistive Technology (NHS funded):

assessment for and provision of devices or systems that allow patients to perform tasks that they would otherwise be unable to do, or that make the task easier or safer to do, eg: the installation of grab bars in bathrooms.

Speech and Language Therapy:

help for patients with language or communication difficulties, although it can also be used to help individuals with difficulty swallowing, eating or drinking.

Cardiac Rehabilitation:

exercise and education programmes to help patients recover from a heart attack, other forms of heart disease or surgery to treat heart disease.

Discharge Planning:

planning for a patients care after a hospital stay to ensure a patient can return home as quickly as possible with the right care and support.

Diabetes:

care for patients with type 1 diabetes, or those with type 2 diabetes, who manage their diabetes with insulin or who are unable to control their diabetes with tablets alone and require injections.

Respiratory:

home-based support for patients who have difficulty breathing due to disease or illness that allows safe discharge from hospital as soon as possible.

Tissue Viability:

care for patients with complex wounds including pressure ulcer prevention and management, management of leg ulceration, management of traumatic injuries and complex non-healing wounds.

Specialist Palliative Care:

special care focusing on relieving and preventing the suffering of patients at all stages of disease, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of their lives.

Continence:

care for patients facing difficulties with bladder or bowel control.

Appendix (iv) - Frequently Asked Questions

Why did the CCG go out to tender?

There were a number of reasons:

- Sum of money involved. As a public body the CCG has to demonstrate we are achieving good value for money. National benchmarking of the services within the scope of the programme is not available / reliable, so it would be difficult to demonstrate that the CCG was achieving value for money without testing the market in some way.
- Could the services be provided by more than one provider? There are many providers capable of delivering services for older people. The CCG held a provider engagement event, which showed that there was significant interest in the opportunity. If a contract had been awarded without some form of competition, there would have been a risk of challenge from other potential providers.
- Legal advice on the CCG proposals was to use an open procurement process. The new NHS Regulations 2013 apply directly to CCGs with effect from 1 April 2013. These regulations require the CCG to advertise opportunities for providers to provide healthcare services - this is done through the Supply2Health website, and is consistent with the general procurement law obligation to act transparently, fairly and in a non-discriminatory way. If an open competitive procurement is not adopted then there are risks of challenge including a challenge through the courts or through Monitor that the CCG has failed to comply with procurement law/the new regulations. Any contract awarded may be declared ineffective and there is a clear risk of being faced with a claim for damages.
- The formal procurement process provides pace, focus and discipline to deliver improvement with set time-scales and processes. It requires commissioners and providers to prioritise work on older people's services, and mitigates against 'drift' or delays which we have seen with previous programmes. It also obliges commissioners to be clear in their vision and specifications, and providers to be clear in how they will deliver these.
- Drive for innovation and new approaches. The introduction of new providers into the dialogue acts as a catalyst for new and creative solutions to issues which have challenged our local systems for many years. The complexity of service challenges requires 'the best minds' from a range of organisations. Without procurement there would be a risk that the CCG would not secure the best possible solution.

How does the tender process work?

The aim of the tender process is to find the best possible service provider. This is done within the rules associated with procurement to ensure it is conducted in a fair way. Organisations bidding for the contract to become the Lead Provider, the bidders, are all given the same information and their proposals are evaluated against the same questions and criteria.

In May 2013 the CCG advertised for potential lead providers to come forward and then in July 2013 issued a Pre-Qualification Questionnaire to organisations interested in bidding to test their capability, capacity and financial standing. Organisations which passed this test went through to the next stage.

The CCG then issued a 'Prospectus' to bidders in October 2013. The Prospectus set out our requirements, including:

- the Outcomes Framework, a document detailing specific outcomes to drive better health and health care for older people and adults with long term conditions
- the process
- questions which bidders needed to answer when submitting their initial proposals (Outline Solutions).

A team of clinicians, patient representatives and experts in areas such as finance, workforce, IT and estates then evaluated the Outline Solutions and a shortlist of bidders was drawn up.

The Pre-Qualification Questionnaire, the Outcomes Framework and the Prospectus are available to download from the CCG's website – www.cambridgeshireandpeterboroughccg.nhs.uk. If you do not have access to the internet, please contact us as directed in the Further Information section on page 22.

Who are the shortlisted bidders?

Details of bidders taking part in the procurement have been made available throughout the process on our website and details of the current prospective providers can be found in the media releases found on the Older People's Programme page on the site (www.cambridgeshireandpeterboroughccg.nhs.uk). This list is subject to change.

How will a preferred bidder be selected?

Following further discussions (referred to in the procurement process as dialogue) with the shortlisted bidders and when the bidders have had time to take into account the views expressed through this consultation, the bidders will submit detailed proposals, known as full solutions to the CCG in July 2014.

A team of assessors made up from GPs, patient representatives, Local Authorities and specialists in areas such as information technology and workforce, will carry out a thorough evaluation of the full solutions submitted. We will assess the extent to which bidders will meet the Outcomes Framework and also the following aims. These aims were developed with clinicians, patient representatives and other stakeholders. The wording in italics is how we have defined each aim:

- Better experience for patients - Improve patient experience and service quality for older people and their carers through care organised around the patient
- Local services meeting local need - Deliver services which are sensitive to local health and service need, as defined in local outcome specifications
- Joined up care - Move beyond traditional organisational and professional boundaries, so front-line staff can work effectively and flexibly together to deliver seamless care
- Support older people to remain independent at home - Supporting older people to maintain their independence, and reducing avoidable emergency admissions, re-admissions and extended stays in acute hospitals (including being discharged in a timely way)
- Well organised care for older people - Deliver an organisational solution for older people's care which can demonstrate strong leadership, sound governance, resilience, and the confidence of patients, commissioners and provider partners
- Engaging patients - Demonstrate a credible approach to engaging patients and representative groups in design and delivery of services
- Stay within budget - Provide a sustainable financial model.

The full evaluation approach is described in the Prospectus including weightings for each section, which can be found on the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk If you do not have access to the internet please contact us as detailed on page 22.

A preferred bidder will be selected in September 2014. The preferred bidder and the CCG will then sign a NHS-contract for the preferred bidder to become the Lead Provider, who will then prepare to start delivering the new service. The new service is expected to start in January 2015.

Which services are included in the procurement and consultation?

We are looking to commission a single integrated service that will cover:

Community health services for both older people (over 65s) and adults

This includes:

- district nursing
- community therapy services
- specialist nursing teams
- dieticians.

In the integrated service we are looking to see these services work more closely with the patient, their GP and hospital specialists to support more joined up and so better care.

Emergency hospital care for people aged 65 and over

This is when older people go to the Accident and Emergency (A&E) department, or are admitted to hospital as an emergency. Under the new proposals care provided at the hospital in these circumstances will be part of the integrated service.

Mental Health Services for people aged 65 and over

Mental Health Services for those over 65, for example staff involved in the diagnosis and care of patients with dementia, depression and anxiety.

End of Life Care including community specialist palliative care

In the new integrated service, the Lead Provider will be responsible for co-ordinating End of Life Care whether it is provided in:

- the community
- a patient's home
- through a community hospital or hospice.

How do Adult Community Services fit in?

Many community services for older people are also provided for adults below the age of 65, for example, those who need them because of a long term condition such as diabetes or respiratory disease, and those needing services for example from a podiatrist (foot care) or from district nurses. These proposals include nearly all community health services for older people and adults which are currently provided by Cambridgeshire Community Services NHS Trust including but not limited to the services found in Appendix (iii).

How does Social Care fit in?

Local Authorities, who are responsible for social care, are members of the CCG's Older People's Programme Board, which is responsible for the overall delivery of the programme. The Programme Board reports to the CCG's Governing Body. Whilst not a formal part of the procurement, providers of social care are committed to working with the CCG and the new Lead Provider in a joined up, flexible way to improve services.

Bidders are required to demonstrate how they have engaged with local authorities including Cambridgeshire County Council, Peterborough City Council and the District Councils, to produce credible plans for working in partnership with them.

A new national policy called the Better Care Fund will support the NHS and local authorities working more closely together to improve care for older people through use of a 'pooled' fund of £47m.

What is the role of the voluntary sector?

We believe that the use of the voluntary sector is very important in supporting independence and healthy living. One of the questions the CCG is asking bidders is how they will work with the voluntary sector. For bidders to answer this, we would expect them to make contact with voluntary organisations and to develop an understanding of what benefits the voluntary organisations can deliver to our patients.

As part of the procurement process a number of events have been held to provide an opportunity for voluntary sector organisations to meet with bidders to showcase the services they provide.

Bidders will be asked to explain how they will work with and fund services offered by the voluntary sector.

Will services be cut or withdrawn?

This consultation is about proposals for delivering more joined up, effective care for older people and putting much more emphasis on patient experience and outcomes. There are no proposals to cut services or deliver them in a different locations. If any such proposals are made in the future, there would need to be a separate, specific consultation about them.

How will the CCG assess the impact of proposals on equalities?

We have carried out an 'Equalities Impact Assessment' (EIA) which can be found on the CCG website or on request in printed form. The EIA contains an outline of the means by which the CCG has gathered evidence in relation to groups with protected characteristics and patients who may face inequalities. The inequalities could be in regard to either access to, or outcomes from the proposals. The EIA also contains a description of the positive and negative impacts in respect of those groups and patients arising from the proposals; and consideration of how the CCG's proposals in relation to the reconfiguration of services for older people could be amended to improve the experience of people with protected characteristics or those patients who may face inequalities. This will evolve and be informed by the feedback to consultation.

For more Frequently Asked Questions and responses please refer to the CCG website www.cambridgeshireandpeterboroughccg.nhs.uk or contact the CCG as detailed on page 22.

Appendix (v) - Consultation guidelines

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008[1].

1. When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

2. Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

3. Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

4. Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

5. The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

6. Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

7. Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations:
www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

1 The Code of Practice states that these criteria should be reproduced on all consultation documents

Section 14Z2 National Health Service Act 2006

14Z2 Public involvement and consultation by clinical commissioning groups

1. This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").
2. The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
    a. in the planning of the commissioning arrangements by the group,
    b. in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
    c. in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
4. The clinical commissioning group must include in its constitution—
    a. a description of the arrangements made by it under subsection (2), and
    b. a statement of the principles which it will follow in implementing those arrangements.
3. The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
4. A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
5. The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services.

1. Support from GP commissioners

Improving care for older people was one of three major priorities chosen by the Clinical Commissioning Group in 2012. The CCG is led on behalf of its member practices by GP commissioners through the Governing Body, and eight Local Commissioning Groups.

2. Strengthened public and patient engagement

The engagement team has been raising awareness and engaging by:

- providing and distributing public and patient information leaflets via GP practices and other outlets with an invitation to contact the Engagement Team for further information.
- attending meetings of community groups to give presentations and answer questions
- attending local markets to engage with a wider audience
- holding a Social Partnership Forum with unions.

3. Clarity on the clinical evidence base

Our work is based on extensive reviews of the evidence base, including Joint Strategic Needs Assessments developed by experts in public health and the Outcomes Framework which we have used to specify our requirements.

4. Consistency with current and prospective patient choice

Our view is that at present patients do not have enough choice in how or where they are treated. This is partly because services outside hospital need to be developed so the default is not admission to hospital. It is also about organising care around and with each individual patient to suit their needs instead of receiving an inflexible 'one size fits all' service.

Cambridgeshire & Peterborough CCG – Older People's Services Consultation

Your views on the future of older people's services in Cambridgeshire and Peterborough

We'd very much welcome your views via the questionnaire below. They will be analysed by an independent market research company, mruk research. All responses will be anonymous and confidential and will be treated in line with the Market Research Society Code of Conduct https://www.mrs.org.uk/standards/code_of_conduct

1. **On page 11 of the consultation document, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) explains the reasons behind these changes. Please can you rate on the scale below how supportive you are of these reasons for changes?**

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

2. **To what extent do you think that Cambridgeshire and Peterborough CCG's vision will be successful in achieving the following, as described on pages 17 to 21?**

More joined-up care. We want to make sure that the health and care professionals involved in the care of an older patient or adult with a Long Term Condition, work together in joined-up teams. We are proposing to have a "lead" organisation responsible for delivering and coordinating this care, no matter where is it delivered, in the hospital or the community.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Better planning and communication. We want to ensure that patients and their carers are involved in creating their health and care plans, and with consent, for these plans to be available at all times (24/7) to the appropriate professionals.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

More patients to be supported to remain independent. We would like older people to have access to care in ways that allow them to maintain their independence.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Improved community and "out of hospital" services and fewer patients admitted to hospital as an emergency, where it can be safely avoided. We want to stop people going into hospital unnecessarily (where it can safely be avoided) and we want make sure our older patients and adults with long term conditions can access the right support either at home or in their local community, in a timely manner. We want people to feel confident about the care they receive at home.

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Space for further comments:

3. a) Do you, or someone you care for, currently use services for older people or adults with long term conditions?

☐ Yes ☐ No ☐ Rather not say

b) If so, have you any comments about these services which you, or someone you care for, currently use? It is helpful to hear about what you think are the good aspects of current services, as well as problems or areas for improvement, can you tell us about one thing that works well and one thing that needs changing?

The following section lists proposals received from the organisations wishing to run services. We would like your views on the proposals they have put forward on pages 17 to 19.

4. We would like you to read the following statements about organising care around the patient and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Patients and carers should be involved in making plans for their health and community care.	☐	☐
Named care co-ordinators should be provided, attached to GP practices and community teams	☐	☐
This named care co-ordinator should co-ordinate and support services from a team of professionals including GPs, nurses, therapists, and other specialists around the needs of the individual.	☐	☐
The team supporting people with long-term conditions should include specialist nurses including dementia, diabetes and respiratory conditions etc.	☐	☐
This specialist support should only be provided when needed, the team supporting the patient should provide care at all other times	☐	☐

5. We would like you to read the following statements about delivering seamless care and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
A single point of access contact centre operating 24 hours a day 7 days a week staffed by nurses or professionals with links to expert advisors.	☐	☐
A single electronic records system that all professionals involved in providing care can access with the patient's consent.	☐	☐
Strengthening existing multi-discipline teams with links to specialist hospital advice by these specialist working with and in the community in a joined up way.	☐	☐
Care co-ordinators working closely with GP practices who can plan care and share information with the patient's consent.	☐	☐
Bring mental health care professionals into the wider team, so that frail older people with both physical and mental health needs receive joined up care.	☐	☐
Partnership working with voluntary organisations providing everyday living support to older people and people with long term conditions.	☐	☐

6. We would like you to read the following statements about supporting older people to stay independent and tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Focus on prevention - making sure those aged 65 plus have access to information and services that will help keep them well, for example diet advice and exercise opportunities.	☐	☐
With a patient's consent, offer a health/care review to identify and address issues at an early stage, for example housing problems or isolation	☐	☐
Increase working with local voluntary organisations to direct patients to services.	☐	☐
Establish community healthcare contact points venues in addition to GP practices e.g.in shopping centres	☐	☐
Use technology such as Skype/Telehealth to provide support for people with long term conditions.	☐	☐
Develop a record system that patients can access, so they can self-manage their care.	☐	☐

7. Thinking about reducing emergency hospital admissions, re-admissions & long stays in hospital, tell us which is the most important to you and which is the least important to you.

Select **one** statement which is most important to you, and **one** which is least important.

	Most important	Least important
Provide improved information to patients to increase understanding of long term conditions, so they can better identify minor changes or serious deterioration and request help accordingly/earlier.	☐	☐
Personal case management by multi-disciplinary team to identify patients at risk of being admitted or readmitted to hospital.	☐	☐
Provide a 24/7 urgent care system that can send a team to the patient to both assess and treat at home, or wherever they have been taken ill, without the need to go to A&E unless necessary.	☐	☐
Develop stronger links between the community services and the hospital, with some community teams based in the hospital supporting care and safe discharge.	☐	☐
Provide rehabilitation services to support people to recover from episodes of ill health. This could include the provision of 'step down' beds in community settings, or a hospital at home services.	☐	☐

8. Thinking about end of life care, tell us which is the most important to you.

Select **one** statement which is most important to you.

	Most important
Provide: • local specialist nurses • 24-hour support for patients and carers	☐
With patient consent, make sure information on a patient's wishes regarding resuscitation is available to all healthcare services, including the ambulance service.	☐
With patient consent, make sure information on a patient's wishes regarding the place where they wish to die is available to all healthcare services, including the ambulance service.	☐
Well-co-ordinated Multi-disciplinary team working around the needs of the patient, as described above.	☐

9. Many thanks for sharing your views. Do you have any final thoughts or comments for Cambridgeshire and Peterborough CCG with regard to older people's services?

Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by MRUK and Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

10. **a) Are you, or any of your close family, users of older people's services provided by the CCG?**

☐ Yes ☐ No ☐ Don't know

b) Are you a carer for anyone who uses older people's services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

c) Are you, or any of your close family, users of adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

d) Are you a carer for anyone who uses adult community health services provided by the CCG?

☐ Yes ☐ No ☐ Don't know

11. **Can you tell us which of the following age bands you belong to?**

☐ 16-29 years ☐ 30-44 years ☐ 45-59 years ☐ 60-74 years ☐ 75+ years

12. **Are you….**

☐ Male ☐ Female

13. **Which of the following best describes your ethnic background?**

White

☐ English, Welsh, Scottish, Northern Irish or British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background

Mixed/multiple ethnic groups

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other mixed/ Multiple ethnic background

Asian/Asian British

☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

Any other Asian background

☐ Black, African, Caribbean, Black British ☐ African ☐ Caribbean ☐ Any other Black, African Caribbean background

Other Ethinic Group

☐ Arab ☐ Any other ethnic group

14. Finally, please could you tell us the first part of your postcode? | | | | |

Thank you for completing this consultation questionnaire. Please detach it from this document by cutting along the dotted line and send it FREEPOST to:

Freepost Plus RSCR-GSGK-XSHK
Cambridgeshire and Peterborough CCG
Lockton House
Clarendon Road
Cambridge
CB2 8FH

The closing date for receipt of feedback is 5pm on Friday 16 June 2014.

Lockton House
Clarendon Road
Cambridge
CB2 8FH

March 2014

For more information about NHS Cambridgeshire and Peterborough Clinical Commissioning Group please:

Visit: www.cambridgeshireandpeterboroughccg.nhs.uk

Call: 01223 725304

Email: engagement@cambridgeshireandpeterboroughccg.nhs.uk.

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Consultation Process Plan

14 March 2014

Have your say on
Improving Older People's Services
across Cambridgeshire and Peterborough

Proposed consultation 17 March to 16 June 2014.

Engagement Team, Cambridgeshire and Peterborough Clinical Commissioning Group
Lockton House, Cambridge, CB2 8FH. 01223 725304.
Engagement@cambridgeshireandpeterboroughccg.nhs.uk

Background

Cambridgeshire and Peterborough CCG (CCG) has been running a procurement process based on an outcomes framework model. Much of the NHS is run on inputs, data is collected on attendances, or units of activity, not necessarily on the results of that activity and the outcome it has for the patient. The CCG wants to change this to an outcomes model, where the effects of treatment are measured, where the outcome that the patient wants is the focus of the treatment or activity.

Through the 'Integrated Older People's Pathway and Adult Community Services procurement' we are looking to find an organisation, or group of organisations that have come together as one, who can deliver a joined-up approach to healthcare services for older people and improved health outcomes.

The procurement process began in July 2013. In September 2013 we announced that there were 10 bidders, made up of a number of both NHS, independent sector and social enterprise organisations competing for the contract.
A series of workshops and discussions were then held with the bidders between October and December 2013.
In January 2014 five of the 10 bidders put forward their initial proposals known as Outline Solutions for improving older people's healthcare.
A period of evaluation and moderation then took place from which a shortlist of Outline Solutions was drawn up in February 2014.

Why are we consulting now?

We have been conducting engagement events and meetings throughout this procurement. We have held events with the voluntary and charities sectors as well as patient representative and stakeholder meetings. We have visited many groups of older people across the whole CCG area. This engagement work will continue throughout this programme of work.

The procurement process that we are following is based on an Outcomes Framework which is designed to encourage innovation in the delivery of services for older people.

Bidders are required to put forward proposals (Solutions) in order to meet the outcomes that we, the CCG want to see as a result of this tendering process. This means we needed a shortlist of 'Outline Solutions' from the bidders before we had something meaningful for people to give feedback on.

The CCG will take into account the response to consultation, produce a report setting out any changes which are necessary, and require bidders to build these into their final submissions.

Process

Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Prepare a summary of this consultation document for people who are not able, or do not want, to read the full consultation document
- Translate the summary consultation documents into key community languages, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Engage an external market research company to devise a questionnaire to accompany the full and summary consultation documents.
- Translate this questionnaire into key community languages, to accompany translated documents.
- Ensure that drafts of the full consultation documents and questions for consultation are shared with the following groups:
    - Bidders
    - Older People's programme board
    - Strategic Projects Team
    - Patient Reference Group
    - CCG Governing Body
    - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
    - The CCG Patient Reference Group (PRG)
    - Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.
- Plan a series of public meetings in accessible venues across the CCG area. There will be a mix of afternoon and evening meetings.
- Publicise these meetings within the consultation documents and on our website
- Share publicity materials with our partners and stakeholders. Will we put adverts in local papers.
- The CCG's meeting requirements form will detail for each meeting who is attending, roles, equipment and any risk assessments.

Consultation

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible. Community languages include:
    - Polish
    - Portuguese
    - Lithuanian
    - Urdu
    - Latvian
    - Russian
    - Other languages on request
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, summary document, and questionnaire (if a separate document) and translations as soon as possible after the start of the consultation.
- Distribute hard copies of the documents to:
    - GP practices
    - Dentists
    - Pharmacies
    - Opticians
    - Sheltered Housing schemes
    - Nursing and residential homes
    - Stakeholder database
    - Councils for Voluntary Services (Peterborough and Cambridgeshire).
    - Libraries
    - Cambridgeshire Community Services NHS Trust – particularly community/district nursing staff and other staff likely to be involved in providing care
    - Cambridge University Hospitals NHS Foundation Trust
    - Cambridgeshire and Peterborough NHS Foundation Trust
    - East of England Ambulance Service MNHS Trust
    - Hinchingbrooke Health Care NHS Trust
    - Peterborough and Stamford Hospitals NHS Foundations Trust (Edith Cavell site)
    - Queen Elizabeth Hospital NHS Trust
    - Unions
    - NHS England Area Team
    - Health Education England (Cambridge office)
    - NHS PropCo (Cambridge office)
    - Police
    - Fire
    - Urgent Care Cambridgeshire
    - Herts Urgent Care (providers of C&P CCG NHS 111 service)
    - Lincolnshire Community Health Services NHS Trust / Peterborough Minor Illness and Injury Unit

    - North Cambridgeshire Hospital, Wisbech
    - Princess of Wales Hospital, Ely
    - Doddington Community Hospital
    - St. Neots Walk-in Centre
    - Brookfields
    - Other NHS organisations (on request)
    - Local Authorities
    - District Councils
    - Parish Councils
    - Housing Associations
    - Cambridgeshire Community Services Staff
    - Health Scrutiny Commissions
    - Health and Wellbeing Boards
    - Local Health Partnerships
    - Older People's Partnership Boards
    - Local Voluntary Sector Organisations
    - Charities
    - CCG Patient Reference Group
    - Practice Patient Groups
    - Healthwatch organisations
    - Mental Health Network
    - NHS England

- Ensure that further copies are distributed throughout the consultation.
- Ensure that translations are made available on request as well as in key community languages.
- Ensure that all translations are available on the CCG website when requested.
- Ensure that all responses received in other languages are translated into English and included in the response reports.
- Log all calls received with regard to the consultation.
- Collate all letters and emails received as part of the consultation and include in the response reports.
- Receive and report on all petitions received during the consultation.
- Ensure that all public meetings held have full meeting notes, recording comments and questions.
- Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
- Collate all meeting notes, briefing notes and minutes and include in the response reports.
- Publish frequently asked questions on our website during the consultation.
- Respond to requests for attendance at meetings to discuss the consultation.
- Attend meetings with the following key stakeholder groups during consultation:
    - Health Scrutiny Committees in Cambridgeshire, Peterborough and Huntingdon.

    - Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
    - Healthwatch organisations in Cambridgeshire and Peterborough. Attend in Northamptonshire and Hertfordshire on request.
    - CCG Patient Reference Group
    - Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
    - Local health Partnerships in Cambridge City, South Cambs, East Cambs, Fenland, Hunts, East Northants.
- Hold public meetings in venues across the region.
- Ensure public meetings are a mix of both afternoon and evening sessions.
- Hold some public meetings or events at the weekend.
- Have interpreters at each community meeting where necessary or requested as well as sign language interpreters on request.
- Attend groups or events on request, if possible.
- Ask to attend events and groups in locations where we haven't been able to hold a public meeting.
- Advertise all public meetings via the website, local papers, and on social media, at least three weeks before the meetings.
- List all public meetings on our website, as well as in the consultation document.
- Plot our events to show that we have had CCG coverage.

Email/letter with link to/copy of consultation and list of public consultation meetings

- Stakeholder database
- CCG staff
- CCG Patient Reference Group
- PPGs (where possible)
- GP Practices
- GP Members
- Healthwatch(s)
- Local Voluntary sector
- Parish Councils
- County and City Councils
- District Councils
- Housing Associations
- NHS organisations as listed
- Unions
- Groups and individuals that we have already engaged with throughout the process

Media

Media briefing pack for journalists – copies to be sent via email at launch or earlier if embargo agreed. To include:

- OPP leaflet
- About the CCG leaflet
- Past press releases relating to OPP
- Link to OPP page on website
- Quotes from named individuals relating to consultation
- Web address for consultation documents
- Public meeting dates

Limited number of hard copies to be available at Public Meetings for attending media.

Media release for distribution at following each Governing Body meeting:

- 4 March - Public consultation on older people's healthcare and adult community services to begin. Possibility of this being a multimedia release with a short (1-minute) video file attached featuring Clinical Lead.
- April
- May
- June
- July

Social Media

Facebook (Only 67 likes for CCG page – age group according to FB insights is 18 to 24 years)

- Media releases flow through automatically
- Post link to consultation on page with details of what it is about and an invitation to share the link to increase audience.
- Post details of each public meeting a week before, the day before, on the day

Twitter

- Tweet press releases
- Tweet link to consultation on page with details of what it is about and an invitation to re-tweet the link to increase audience. Repeat monthly throughout consultation
- Tweet details of each Public Meeting a week before, the day before, on the day.
- Tweet after each meeting thanking those who attended.

Updates

Staff

- Email to staff from Clinical Lead prior to launch - early March
- Email to staff launching consultation with link to consultation documents.
- Fortnightly updates via Connect
- Staff briefings.
- Staff can direct any questions that they may have to the Consultation/ Engagement mailbox?

GPs/practice staff

Email from Clinical Lead via the Membership mailbox prior to launch - early March

- Email launching consultation with link to consultation documents.
- Monthly updates via Members News
- Q&A session at Members' Meeting on 13 May 2014
- Members' mailbox for questions

Stakeholder database

- Update taken from media release following 4 March Governing Body
- Link to consultation on launch day
- Reminders for public meetings a week before
- April stakeholder update
- August stakeholder update

Governing Body Updates

- Date to be agreed – mid consultation

Post Consultation

An Independent report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision on the Older Peoples Programme

Press release on the outcome of the consultation, emphasising the changes made to the procurement following consultation feedback

Communications to be sent via email/letter to stakeholders/and consultation respondents with link to consultation report and outcomes.

Feedback to staff via email, staff briefings and Connect

Feedback to members via, Members news and Members email

Continued communication as procurement process progresses – through full solutions phase and throughout mobilisation (to be agreed.)

Legal requirements

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008.

1. When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

2. Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

3. Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

4. Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

5. The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

6. Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

7. Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations: www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

Section 14Z2 Health and Social Care Act 2012

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").
(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—
(a)in the planning of the commissioning arrangements by the group,
(b)in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
(c)in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
(3) The clinical commissioning group must include in its constitution—
(a)a description of the arrangements made by it under subsection (2), and
(b)a statement of the principles which it will follow in implementing those arrangements.
(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.
(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).
(6) The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.
For more on the Section 14Z2 Health and Social Care Act 2012 see http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted

Lansley Criteria for Significant Service Change
In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Have your say on:

Proposals to improve older people's healthcare and adult community services

The public consultation runs from 9am 17 March 2014 to 5pm 16 June 2014

Public meetings			
Location	**Date**	**Time**	**Venue**
St Neots	7 April	7pm-8.30pm	The Priory Centre, The Priory PE19 2BH
Oundle	11 April	1pm-2.30pm	Queen Victoria Hall, 7 West Street PE8 4EJ
Chatteris	17 April	1pm-2.30pm	King Edward Centre, King Edwards Road PE16 6NG
Cambridge	22 April	7pm-8.30pm	The Meadows Community Centre, 1 St Catharine's Road CB4 3XJ
March	23 April	1pm-2.30pm	Skoulding Suite, March Town Hall PE15 9JF
Peterborough	26 April	10am-12pm	Becket's Chapel, Peterborough Cathedral PE1 1XS
Whittlesey	28 April	1pm-2.30pm	New Vision Fitness, New Vision - Whittlesey, Station Road PE7 1UA
Whittlesey	28 April	7pm-8.30pm	New Vision Fitness, New Vision - Whittlesey, Station Road PE7 1UA
Wisbech	29 April	1pm-2.30pm	Rosmini Centre, 69 Queens Road PE13 2PH
Wisbech	29 April	7pm-8.30pm	Rosmini Centre, 69 Queens Road PE13 2PH
Ely	30 April	1pm-2.30pm	Ely Cathedral Education and Conference Centre, Palace Green CB7 4EW
Ely	30 April	7pm-8.30pm	Ely Cathedral Education and Conference Centre, Palace Green CB7 4EW
St Ives	1 May	1pm-2.30pm	Burgess Hall, One Leisure St Ives, Westwood Road PE27 6WU
Huntingdon	8 May	1pm-2.30pm	Commemoration Hall, 39 High Street PE29 3AQ
Huntingdon	8 May	7pm-8.30pm	Commemoration Hall, 39 High Street PE29 3AQ
Cambridge	12 May	1pm-2.30pm	The Meadows Community Centre, 1 St Catharine's Road CB4 3XJ
Papworth Everard	15 May	1pm-2.30pm	Disability Cambridgeshire, Pendrill Court, Ermine St North CB23 3UY
Royston	16 May	1pm-2.30pm	Methodist Church Hall, Royston Methodist Church, Queens Road SG8 7AU
Little Shelford	30 May	1pm-2.30pm	Little Shelford Memorial Hall, Church Street CB22 5HG
Peterborough	2 June	1pm-2.30pm	The Fleet, Fleet Way, High Street, Fletton PE2 8DL
Peterborough	2 June	7pm-8.30pm	The Fleet, Fleet Way, High Street, Fletton PE2 8DL
Cambridge	7 June	10am-12pm	Central Library, 7 Lion Yard CB2 3QD

Copies of the consultation document and questionnaire are available from 17 March:

online: www.cambridgeshireandpeterboroughccg.nhs.uk or request a copy by:

phone: 01223 725304

post: Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH

email: engagement@cambridgeshireandpeterboroughccg.nhs.uk

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
25 MARCH 2014	Public Report

Report of the Cabinet Member for Adult Social Care

Contact Officer(s) – Jana Burton, Executive Director Adult Social Care, Health & Wellbeing
Contact Details - 01733 452407

ADULT SOCIAL CARE – ONE YEAR ON

1. PURPOSE

1.1 This report provides an overview of the work of the Adult Social Care department two years post transfer back from the NHS, and covers key performance, transformation plans, major commissioning activity and financial management.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission is asked to note and comment upon the progress made over the last twelve months and priorities and challenges facing the department in the coming year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

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

4. BACKGROUND

4.1 Adult Social Care had, until 1 March 2012, been delivered on the City Council's behalf under a Partnership Agreement with NHS Peterborough when responsibility returned to the Council. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. A report to Scrutiny Commission in March 2012 outlined the transfer and the challenges facing the new department.

4.2 In February 2013 Cabinet approved revised eligibility criteria for Adult Social Care, together with additional investment into reablement and transitional support to assist people to enhance skills and build confidence to increase opportunities for independence and less reliance on ongoing statutory support where ever possible. Additional investment was also agreed for prevention to support the direction of travel.

4.3 It was acknowledged that for this to work successfully, in the light of increased demographic pressures and financial challenges that the way in which the Department works needed to be transformed.

4.4 Accordingly in June 2013 a new permanent Executive Director of Adult Social Care was recruited to develop and implement this approach. In November 2013 this remit was extended to cover Public Health and the Directorate was renamed Adult Social Care, Health and Wellbeing

4.5 The Challenges can be summarised as follows:

1) To integrate Adult Social Care back within the council and to build and re-establish sound relationships with health and other partner agencies
2) To address the shortfall in performance, commissioning plans and strategies and the need to modernise services in line with personalisation
3) To transform processes for assessment and care management and commissioned service to support the new approach and position Adult Social Care at the forefront of good practice
4) To ensure that the approach anticipates the new legislative changes estimated in the Care Bill and Better Care Fund
5) To reduce unnecessary bureaucracy and improve quality and outcomes for those we support
6) To meet our statutory responsibilities within agreed resources and to deliver savings and efficiencies as required

4.6 The above forms a planned and phased programme of change for Adult Social Care from 2013-2016 which allows for business as usual during the programme of transformation change.

5. KEY ACHIEVEMENTS & PROGRESS

5.1 ASC Transformation

The Transformation of Adult Social Care working towards a 'personalised' customer pathway and a new operating model for Adult Social Care is underway. Peterborough is developing a model that works for all citizens of Peterborough regardless of age or disability. The next steps will be to validate the new customer pathway by clearly understanding and mapping the current customer experience/journey as it currently exists and understand what changes need to be made to greatly improve and streamline access to Adult Social Care, and provide citizens with Advice and Information to be able to make decisions without the need to involve Adult Social Care. The model should ensure efficiencies and enable the council to capitalize on preventative offers, addressing increased volumetric pressure, managing the anticipated impact and implications of the Care Bill and in doing so address personalisation through shared working practices and target statutory services where they are most needed. As part of the Transformation programme, key social care staff, have been identified to be involved in the project to ensure we use their expertise and knowledge when developing the new pathways. The work is being undertaken with the Council's strategic partner SERCO and will align with broader Peterborough City Council's developing customer and digital strategies.

Work on Dementia

5.2 Dementia Strategy

I am pleased to report some excellent work in this area. A Dementia strategy has been developed and agreed with key partners and stakeholders. Adult Social Care has increased its investment in dementia from £4.9m to £5.2m and has a clear and agreed approach and vision for this area of work.

Dementia Resource Centre

Following a period of consultation around the service specification and design of the centre the City Council went out to competitive tender for a Dementia Resource Centre. The contract was awarded to Alzheimer's Society in November 2013.

The centre will act as a one stop shop for advice, information and support for people with dementia and their loved ones. It will help them to live well with dementia and remain independent for as long as possible.

The city council is spending £500,000 in the redesign and refurbishment of 441 Lincoln Road to create the dementia resource centre. The money will be spent on creating a modern, welcoming space that is fully accessible, offering a relaxed café style space for visitors to access information and advice, access groups and activities and confidential space for assessments and consultations.

Adult Social Care was invited to present its work on the newly commissioned Dementia Resource Centre to the All-Party Parliamentary Group on Dementia (an informal cross-party parliamentary group made up of 80 MPs and peers with an interest in dementia). In January 2014 the DRC's co-located model was identified as a model of best practice and the Chair Baroness Greengross asked that Peterborough city Council return to update the group on progress once the centre opens.

Local Dementia Action Alliance Launch

On Weds 5th February 2014, the City Council hosted the launch of Peterborough's Dementia Action Alliance. The Alliance was formed to bring a range of partners together to create a dementia-friendly Peterborough. Its membership currently includes NHS and voluntary sector partners, homecare providers, as well as Queensgate Shopping Centre, the Rotary Club, Boots and Vivacity. The launch was held to inspire other organisations to join in raising awareness about dementia and getting people to make a pledge of what they will do to help Peterborough become dementia-friendly.

The event was attended by over 120 people and included a range of businesses, organisations and local groups as well as people with dementia and their carers and loved ones who wanted to learn about what being dementia friendly means and how they can contribute to achieving this. The Alliance will meet on a quarterly basis with the first meeting taking place on 11th March 2014.

5.3 **Carers Strategy**

The Carers Strategy for 2013-2015 was completed and signed off by the Council and the Clinical Commissioning Group in November 2013 and provides focus and direction for supporting and working with carers in Peterborough. In summary, key outcomes for the strategy are:

- Carers are respected as expert care partners and are supported to maintain their health and wellbeing
- Carers are enabled to have a family and community life and to fulfil their educational and employment potential
- Children and young people are protected from inappropriate caring roles

The Carers Partnership Board is overseeing the implementation of the strategy. Since November work has been undertaken to review Carer's Assessment processes to simplify them for carers, this has been done in partnership with carers. The Council has also worked with the Clinical Commissioning Group to develop GP Carers Prescriptions, to recruit GP Carers Champions in each practice and to enable people identifying themselves as carers to family doctors to be able to get support. The Adult Social Care Strategic Commissioning team has been working in partnership to re-tender carers support services in Peterborough – this is now underway and will provide integrated, personalised support to both young carers and adults with a caring role.

5.4 **Prevention Strategy**

Following consultation with people using services, carers and providers, the Adult Social Care department has developed a Prevention Strategy that is aligned to and supports the delivery of the strategic outcomes of the ASC Transformation Programme. Work to implement the strategy is ongoing, for example, the development of micro-enterprises and community support through the Asset Based Community Development project and the reshaping and expansion of voluntary sector short-term reablement support. In essence much of this work is about strengthening and supporting initiatives in the community which can support individuals and groups to reduce reliance on the need for statutory support by encouraging active and health lifestyles.

It has been agreed between Adult Social Care, Health and Wellbeing Department, the Communities Department and the Clinical Commissioning Group that the prevention agenda should be developed in a more strategic way. Work is underway to scope prevention across the Council and the health and care economy, pull together strategic documents and commissioning intentions and to develop a high level, over-arching Prevention Strategy that clearly sets out an integrated vision for prevention and how this will be delivered. A stakeholders task and finish group has been agreed and will completing this work in April 2014.

5.5 **Expansion of Reablement**

Throughout 2013/14 the outcomes for people completing a period of reablement continue to be good with most requiring no ongoing support. The number of people supported by the reablement service has continued to increase and the target of 800 people having a period of reablement should be achieved. The service is committed to the continued professional development of staff and as a result the service has been able to support people with physical disabilities, sensory impairment, learning disability and mental health issues. The service has also been supporting health initiatives for example 'The Firm' a G.P. led initiative designed to avoid unnecessary admissions to the local acute hospital and to support timely discharges. This has contributed to managing bed capacity in the acute sector. The service has also been able to employ two physiotherapists with winter pressure monies which has enabled the service to support people with more complex rehabilitation needs. The service has supported the Transfer of Care Team to ensure that there continue to be no delayed transfers of care attributable to Adult Social Care for 2013/14.

5.6 **Inspections of Reablement/Shared Lives**

In 2013 the Care Quality Commissioning inspected Shared Lives and the Reablement Service. The first inspection on 14th October 2013 focused on The Shared Lives scheme that provides care and support for vulnerable adults by arranging placements within the family homes of shared lives carers either on a short term, long term respite or emergency basis. The inspection focused on 5 of the essential standards and found that the service met the following standards; respecting and involving people who use services, care and welfare of people who use services and supporting workers. In the other two standards the inspection found that that the service did not meet the following standards; to safeguard people who use services as the scheme did not have a clear system in place that could be accessed by people using the service; assessing and monitoring the quality of service as there was not an effective system in place to regularly monitor the quality of the service that people receive.

On receipt of the findings an immediate action plan was agreed with the Registered

Manager of the Shared Lives Scheme to address the actions required. People who access the service are provided with relevant and appropriate information in relation to safeguarding and how to raise a concern and there are now regular audits, spot checks and feedback questionnaires provided to all people who access the service to ensure there are systems in place to monitor the quality. The Care Quality Commission were satisfied with the actions agreed by the service to ensure all standards were met.

The second inspection on 16th and 17th December 2013 focused on the Reablement service. The inspection focused on 5 of the essential standards of care and the outcome of the inspection was that the service met all of the standards as detailed below;

Consent to care and treatment; CQC found that the service had effective systems in place to involve people in planning their support and obtaining consent for this to be provided; **Care and welfare of people who use services;** CQC found that people experienced support that met their needs and protected their rights; **People should be protected from abuse and staff should respect their human rights;** CQC found that people who used the service were protected from the risk of abuse because the service had taken reasonable steps to identify the possibility of abuse and prevent abuse and that staff had been appropriately trained and undertaken a safeguarding assessment of learning; **Staff should be properly trained and supervised and have the chance to develop and improve their skills;** CQC found that people were helped by staff who were supported to deliver the service safely and to an appropriate standard, staff were competent to meet the needs of people who used the service;

The Service should have quality checking systems to manage risks and assure health, welfare and safety of people who receive care; CQC found that the service had an effective system to regularly assess and monitor the quality of service that people receive identifying, assessing and managing risks to the health, safety and welfare of people using the service and others.

During the inspection CQC interviewed five people who had used the service and three relatives to seek their views. The inspector also spoke to two reablement support workers, an occupational therapist, two assistant managers and the registered manager to get a comprehensive over view of the quality of care and support provided. The Team Manager of Reablement Linda Mottram was also congratulated by the inspector for how well the service was organised.

5.7 **Employees of the Month**

Adult Social Care has now joined the Councils scheme and is pleased to have been able to nominate both individuals and teams for some excellent work

5.8 **Safeguarding**

The Safeguarding Adults Board (SAB) continues to develop and strengthen its role. Safeguarding performance can now be more closely scrutinised as the SAB receive a quarterly dashboard of performance information. Each member is asked to produce a quarterly report of their safeguarding activity and this provides a greater picture of multi-agency engagement.

The Adult Safeguarding Multi-Agency Policy and Procedures reviewed and adopted at the end of 2012/13 and following on from this the SAB set up a group to develop practice guidance to support the procedures. Two new practice guidance documents were developed in the last year and another two are about to be published. The Safeguarding leaflets and posters inherited from the NHS have been replaced and issued across

Peterborough and are available in G.P. and dentist practices as well as care homes. A SAB newsletter has also been developed as is being circulated to all key partner agencies and providers. It is considered to be of high quality.

There has been a slight increase in the number of requests for authorisation of Deprivation of Liberty Safeguards (DoLS). Work has been done to increase awareness of DoLS and Mental Capacity Assessments (MCA) and the appointment of an MCA/DOLS lead will continue to take this forward.

Additional safeguarding training, including Leading Large scale investigations and Roles and Responsibilities of Provider Managers in Safeguarding, have been commissioned and were well received.

6 Home Care Procurement

During the Financial Year ending March 31st 2014, the Home Care Service has been re tendered. The previous ILSS Framework introduced in 2009 by NHS Peterborough expired in October 2013. The new Contract Framework has been developed by the Eastern Region of Association of Directors of Adult Social Care and has moved away from being task orientated to focusing on outcomes relating to service user aspirations. As well as this inherent "reabling" emphasis of the new Framework, specialist services have been commissioned to ensure that people who need more intensive support will be catered for.

44 Bids were received and 28 successful Providers are now on the New Framework, 7 of which are new to Peterborough and are in the process of registering local offices with the Care Quality Commission. The configuration of the new Framework means that the top 10 providers that scored highest on price and quality are offered new work first which has helped drive the possibility of efficiency savings. In addition more robust rules regarding the use of Electronic Call Monitoring systems will ensure that the Council can ascertain where services that are required are actually being delivered and providers held to account for missed calls or not delivering the required quantity of care. Overall the procurement expects to save £266k for this year 2013/14 and circa £1.5 million for 2014/15.

A Provider event has been organised for 5th March 2014 where the Council can launch the new Framework and build new and lasting relationships with providers to drive up the standard of service delivered to the people of Peterborough. We will continue to monitor progress and use this experience to further develop and inform future procurement practice.

7 Public Health Responsibilities

The Public Health functions for Peterborough were successfully transferred to the Council in April 2013, and following the Senior Management Review were transferred to the Department in November 2013. An interim Director of Public Health was appointed for 2014 and other key roles are currently in the process of recruitment.

Although it is not long since the transfer, we have delivered a successful piece of developmental work around the Children and Young Peoples JSNA in partnership with Green Ventures and are preparing for a LGA Peer Review this month. A Memorandum of Agreement for delivery of support to the Clinical Commissioning Group is being finalised, and we commenced reporting progress to on the Public Health Outcomes Framework to Scrutiny Commission from Quarter 2.

7.1 **Performance**

The Department has developed its performance management framework over the course of the year with the introduction of service level performance reporting. We have focussed specifically on quality improvement within our safeguarding investigation processes, introducing regular case audits by senior managers and a new dashboard for the Safeguarding Adults Board. We have delivered improved performance in the initiation of investigations and in the feedback to referrers. The priority for Adult Social Care has been to improve the quality of investigations and our case audits evidence tangible improvements. Our case audits evidence an improvement in the quality of investigations, and the number of inconclusive outcomes has reduced as a result. The intention is to now focus on the timescales for completion and improve performance in this area.

Another focus for performance improvement during the year has been around scheduled reviews. Analysis of review activity showed that we were completing a high percentage of unplanned reviews initiated by change in service user's circumstances, and this was impacting on capacity to undertake scheduled reviews. Improved reporting has allowed us to better target resources to pressure areas and the number of scheduled reviews has as a result increased during the year. Our performance around reablement continues to be excellent with over 700 people receiving the service in the first three quarters, 67% of whom completed the course of reablement requiring reduced or no support

7.2 **CMDN's**

A total of 14 CMDNs for Adult Social Care, Health and Wellbeing were submitted during the period March 2013 to March 2014.

7.3 **Consultation on Adults under 65**

Cabinet agreed to an Adult Social Consultation on Transforming Service for Adults under 65. The outcome of consultation and plans for implementation are due to be received and considered by Cabinet this March.

8. Budget Savings

8.1 The service reported a favourable financial position at the end of 2012-13, which enabled the transfer of reserve funding of £324k to support Transformation activities in 2013-14. In terms of the current financial year, Adult Social Care is projected to be within budget, in spite of increased demographic pressures and pressures arising from a significant shortfall in savings targeted on Contracts. This has been covered by a programme approach to savings which has delivered increased savings in some areas to make up for under-achievement in others.
The Finance team has continued to develop reporting as part of the Budget Management suite of reports, which has been essential to effective financial control. A number of staff in the Revenues and Payments and Care Placement team were transferred to Serco during the year as part of the wider Business Support transfer, which delivered savings for the Council.

9. Future Priorities

- Implementation of Better Care Fund and assessment of financial implications
- Financial modelling of the impact of the Care Bill
- Transfer of budgets to other directorates as part of the senior Management restructure
- Implementation of new national finance reporting regime to aid Transformation.

10. IMPLICATIONS

10.1 Adult Social Care and Public Health is relevant across all wards of the city

11 CONSULTATION

11.1 No applicable

12. NEXT STEPS

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

13. BACKGROUND DOCUMENTS

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

13.1 None

14. APPENDICES

14.1 None.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
25 MARCH 2014	Public Report

Report of the Executive Director of Adult Social Care, Health and Wellbeing

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

ADULT SOCIAL CARE AND PUBLIC HEALTH - QUARTER 3 PERFORMANCE REPORT

1. PURPOSE

1.1 The report provides a summary of performance delivery against the Adult Social Care Outcomes Framework (ASCOF) and the Public Health Outcomes Framework (PHOF). It provides an overview of progress against key projects to achieve the outcomes and performance information to illustrate the current position as at the end of December 2013 (Quarter 3).

2. RECOMMENDATIONS

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

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

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

4. BACKGROUND

4.1 The report contains an overview of delivery of outcomes in the first three quarters of the year 2013/14. Appendix one provides a one page summary for each ASCOF outcome area, and Appendix two provides a one page summary for each PHOF outcome area. This is the second time that Scrutiny Commission have received this format of reporting, but the first time ASCOF and PHOF have been covered within the same report.

For each outcome there is a summary of the following:

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

5. KEY ISSUES

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

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

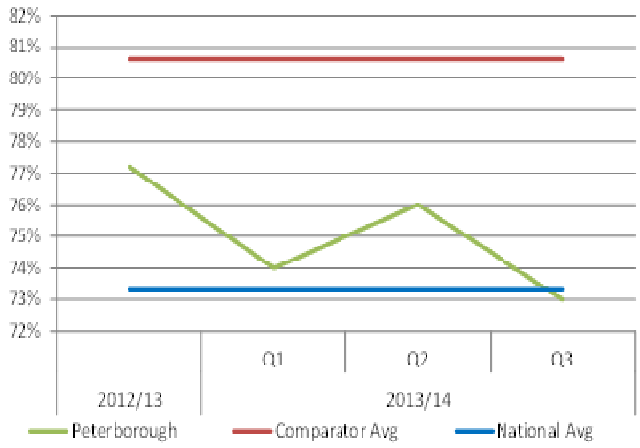
5.1.1 The Key projects in this area are the strands of the department's Transformation Programme around Personalisation and Transforming Day Opportunities for Younger of Adults, both of

which have been previously presented to Scrutiny Commission. Key headlines for these projects in Quarter three are:

- The time line for finalisation of a new operating model has been extended, to ensure engagement of staff and detailed analysis of impact can be completed. An Intermediate Business Case (IBC) was written to bridge the gap between the Outline and Detail Business Cases. This document sets out how the service journey and detail process work, which will be undertaken from March – May, would test and validate the new target operating model (TOM). The IBC also sets out the plan to deliver the DBC in May-14 and commence the implementation of the TOM from Jul-14 onwards.

- Day opportunities for younger adults, public consultation has now completed. A report on the consultation will be presented to Cabinet in March

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

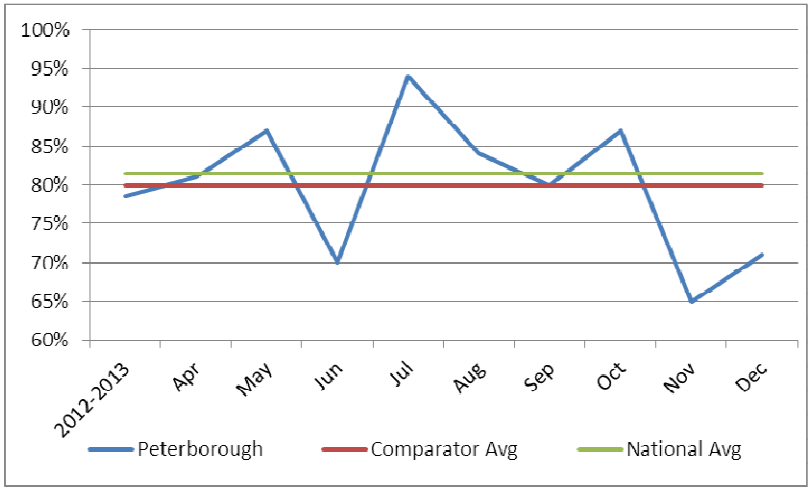
Title: **Proportion of adults with a learning disability who live in their own home or with their family**	Current Position:	Improvement Plan:
Domain: Enhancing Quality of life for people with care and support needs	- We currently have 451 total service users known to the learning disability teams, receiving a care package. - 109 are in residential care, an increase of 1 in the quarter compared to a decrease of 2 in the previous quarter. - There are plans in place to help 40 adults with learning disabilities to live in the community rather than in residential care over the next five years. - Although we do not perform well compared to similar local authorities we are in line with the national average.	- Commissioning self-contained flats - Tight control of residential admissions and expansion of non-residential housing options will improve the position by 2015
Selection Reason: Local performance on this target remains below the average of our comparator group of Councils. This is due to the continuing numbers in residential care and a decrease in numbers supported overall.		
		

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

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

- Dementia Resource Centre tender completed and enhanced support available from 3rd February 2014
- Dementia Strategy consultation complete and strategy due to be published in April 2014.
- The Reablement service received excellent feedback from the Care Quality Commission following their regulatory inspection in December 2013.

5.2.2 Two priority metrics are rated green (on target) and one is Amber. Details around the amber rated metric are presented below

Title: **The proportion of older people who were still at home 91 days after discharge from hospital into rehab / reablement services.**	Current Position:	Improvement Plan:
	- The annual average is 80% for the year - With the expansion of community reablement and rehabilitation capacity the residential service may be taking a higher percentage of complex cases.	- Increased integrated working in the community reablement service is planned in the Better Care Fund programme. - Plans to introduce monitoring of 91 day outcomes for reablement from 1 April 2014.

5.2.3 There have been some delays in the home care re-tender, however the contracts have now been let and mobilisation is underway. 44 Bids were received and 28 successful Providers are now on the New Framework, 7 of which are new to Peterborough and are in the process of registering local offices with the Care Quality Commission

5.2.3 There has been an extension to the period of time set aside for improvements to the new dementia resource centre as a result of enhancements to the design. The City Council is spending £500,000 in the redesign and refurbishment of 441 Lincoln Road to create the dementia resource centre. The money will be spent on creating a modern, welcoming space that is fully accessible, offering a relaxed café style space for visitors to access information and advice, access groups and activities and confidential space for assessments and consultations. Although co-location of services is delayed until July 2014, there will be close working of the memory clinic and Altzhiemers Society in place from April 2014

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

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

- A formalised procedure has been developed (Notification of Concerns) to collate and report on concerns about care providers and to monitor progress against action plans.
- A paper directory has been commissioned to compliment the online care directory following feedback from staff and service users.
- Case audits have been expanded and some case work has been evaluated as excellent at recent audits.

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

5.4.1 Results from the reablement survey dipped in quarter 3. The service has responded to this dip in the following ways:

- Occupational Therapy to emphasise to the client at initial visit that we wish to support them in identifying their own goals and ensure that they are able to contribute

- Occupational Therapy to check whether the client does feel involved in planning their support and if not, to discuss support plans again

- Some resistance is being faced from clients who would prefer to keep care packages rather than engage with reablement. Team will carry out weekly informal reviews during visits to identify whether anything further can be done to help client manage everyday activities

- All clients are supplied with compliments and complaints leaflet at the start of the service and this is also explained to them on their first visit. Team will be advised to go through the leaflet again with the client at an appropriate time depending on their duration of their reablement package

5.4.2 Our performance around access to and outcomes of reablement continues to be excellent with over 700 people receiving the service in the first three quarters, 67% of whom completed the course of reablement requiring reduced or no support

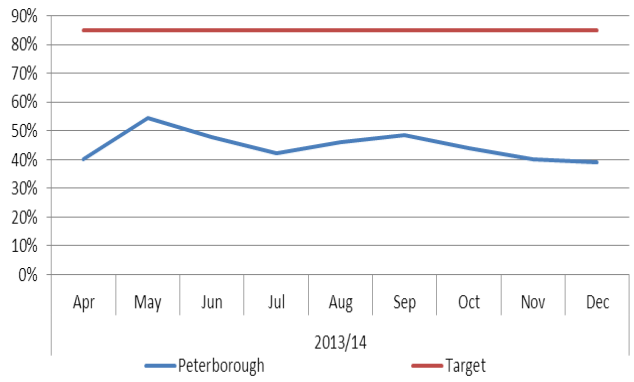
5.4.3 There have been continued issues with the functionality of the online Care Directory and these are being escalated in order to gain resolution.

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

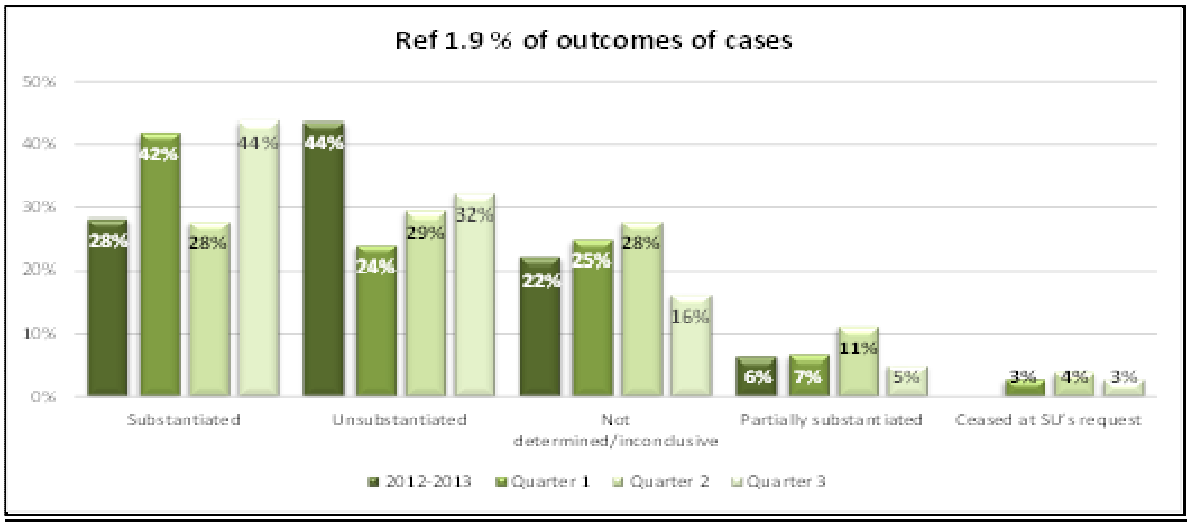
5.5.1 Our key project for this outcome is Raising The Bar for Adult Safeguarding. Priority headlines are as follows:

- In-depth practice training was provided for Adult Social Care staff from the Council and the Community Mental Health Trust (C.P.F.T) and key provider managers.
- Weekly case audits are undertaken by the department's senior management team with operational managers invited.
- Soft concerns and large scale investigations procedures have been implemented

5.5.2 One performance metric is rated red – the information below provides details.

Title: **Percentage of safeguarding investigations completed within 20 working days**	Current Position	Improvement Plan
Domain: Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm	- We are currently seeing a high percentage of investigations taking longer than 20 working days to complete. - A number of delays are unavoidable due to criminal investigations - Other delays in completion have been as a result of our robust quality checks where cases have been returned to workers for further analysis - We have seen a marked improvement in outcomes with a significant drop in inconclusive investigations.	- Detailed exception reporting on reasons for all delays are monitored by the monthly raising the bar meetings - Safeguarding Adults Board to receive an in-depth analysis of quality improvements in investigations. - Improved recording process and forms were introduced on 1 November 2013, these have enabled us to better track outcomes alongside timescales. - Further work on streamlining timescales for investigations will be considered within the transformation programme.
Selection Reason: Below target		
		

5.5.3 We have focussed specifically on quality improvement within our safeguarding investigation processes, introducing regular case audits by senior managers and a new dashboard for the Safeguarding Adults Board. We have delivered improved performance in the initiation of investigations and in the feedback to referrers. Our case audits evidence an improvement in the quality of investigations, and the number of inconclusive outcomes has reduced as a result.



5.6 PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework (PHOF) differs from the Adult Social Care Outcomes Framework (ASCOF) in that many of the measures are collected centrally rather than locally and published for our local use by the Department of Health. In publishing the PHOF measures the Department of Health also assigns a RAG rating.

Significantly better performance than the national average = green
Similar performance to the national average = amber
Significantly worse than the national average = red

Not all measures are updated on an annual basis and the dashboard reflects some of the major work areas and priority indicators.

5.6.1 **Improving the Wider Determinants of Health**
This is the widest ranging of the outcome areas and a whole systems focus is needed to drive forward change. The Health and Wellbeing Board have recognised the need to focus on the basic quality of life and health determinants if we are to make an impact on some of the City's long standing health inequalities. A Change For Life Plan has been developed and will be presented to Scrutiny at a future meeting.

5.6.2 **Health Improvement**
Latest published data on smoking shows that Peterborough's reduction in smoking prevalence has now brought the City down to a level similar to England. This is a significant achievement as Peterborough had historically far higher prevalence of smoking than the national average. A key factor in achieving this has been a change from focussing solely on smoking cessation, to taking a stronger focus on tobacco control.

5.6.3 **Health Protection**
The key activity in the third quarter of the year has been the re-tender of sexual health and contraceptive services. This is part of a national drive to bring together treatment services for sexually transmitted diseases with contraceptive services to make both more accessible and improve prevention of re-infections. The contract will be awarded in quarter 4.

5.6.4 **Healthcare, public health and preventing premature mortality**
The work on reducing inequalities in coronary heart disease, led by the CCG and supported by Public Health, is gathering pace. The following work-streams are key areas of focus.

- NHS Health Checks programme, rolling out the health checks to younger people and targeting practices where take up is low.
- Prevention in primary care, analysis of practice profiles.
- Smoking cessation and tobacco control
- Cardiac rehabilitiation.

6. IMPLICATIONS

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

7. CONSULTATION

7.1 None.

8. NEXT STEPS

8.1 A final report for 2013/14 will be presented in the first quarter of 2014/15.

9. BACKGROUND DOCUMENTS

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

9.1 None.

10. APPENDICES

10.1 Appendix One – Quarter 3 ASCOF Performance Summary

10.2 Appendix Two – Quarter 3 PHOF Performance Summary

Performance Report 2013-14 (Quarter 3: October – December 2013) Appendix 1

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

Priority overview:

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

Key projects to support this priority:

- Personalisation
- Transforming opportunities for younger adults

The key objectives of these projects are to:

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

Priority headlines:

Consultation on the review of day opportunities has commenced

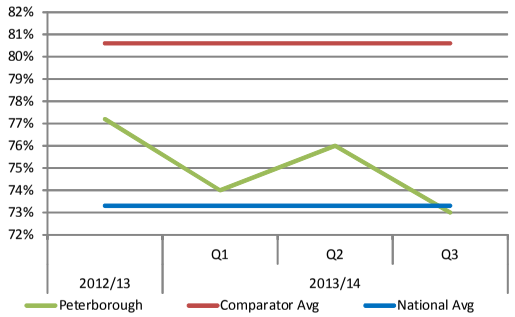
Further progress has been made on developing the target operating model although agreement on a detailed business case has been delayed.

Key priority metrics:

The proportion of people using social care who receive self-directed support via a direct payment		
↔	Comparator Av. 14.6%	19% - Green
This has increased in the year but is still an area for focus		

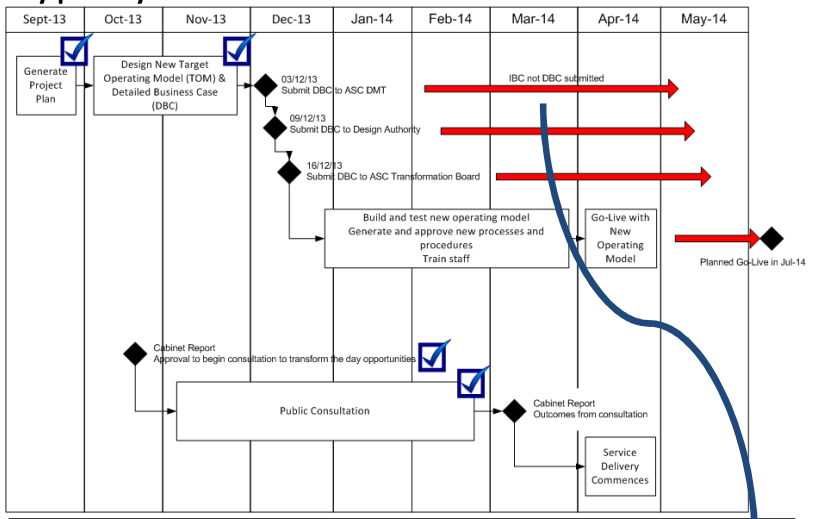
The proportion of adults with a learning disability in paid employment		
↑	Comparator Av. 6.3%	8.4% - Green
Those in paid employment at minimum wage or more		

The proportion of adults with a learning disability who live in those own home or with their family		
↓	Comparator Av. 80.6%	73% - Amber
See exception report – previous quarter = 76%		



Current	• Decreasing number,451 service users with a care package. • 109 are in residential care • increase of 1 in the quarter • do not perform well compared to similar local authorities but in line with the national average
Plan	• plans to support 40 people from residential placements into community based support over 5 years • commissioning self-contained flats • one new residential placement made in Q3 • Tight control of residential admissions and expansion of non-residential housing options will improve the position by2015

Key priority milestone:



An Intermediate Business Case (IBC) was written to bridge the gap between the Outline and Detail Business Cases. This document set out how the service journey and detail process work, which will be undertaken from March – May, would test and validate the new TOM. The IBC also set out the plan to deliver the DBC in May-14 and the implement the TOM from Jul-14 onwards.

Key:

↔ - remaining static
↑ - improving
↓ - deteriorating

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

Performance Report 2013-14 (Quarter 3: October – December 2013)
Priority 2: Delaying and reducing the need for care and support

Priority overview:

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

Key projects to support this priority:

- Developing Reablement Services
- Dementia Strategy and Dementia Resource Centre

The key objectives of these projects are to:

- deliver reablement services as part of the prevention strategy
- provide reablement services at the beginning of the service
- ensure that reablement is delivered at
- deliver a dementia strategy which will set out the Council's aims and objectives in relation to improving dementia services.

Priority headlines:

Dementia Resource Centre tender completed and enhanced support available as of 3rd Feb

Dementia Strategy 2014-19 due to be published April 2014

Re-ablement received an "excellent" from the Care Quality Commission during a December audit

We continue to regularly review the 12 transferred residents from Greenwood and Welland House

Key priority metrics:

Delayed transfer of care from hospital attributable to adult social care		
↑	Comparator Av. 4	1 - Green
One delay from hospital for social care reasons		

The proportion of older people who were still at home 91 days after discharge from hospital into rehab / reablement services.		
↓	Comparator Av. 80.2%	74% - Amber
Outcomes have fallen in Quarter 3		

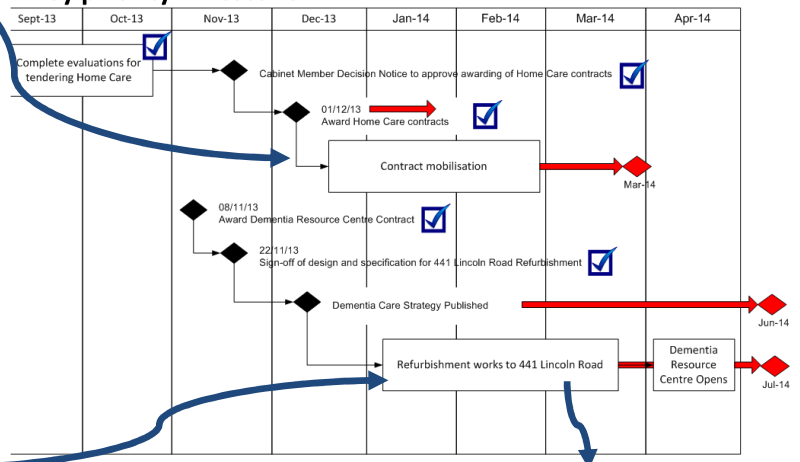
Permanent admissions to residential care homes for older people per 100,000 of the population		
↑	Comparator Av. 617.2	506.48 - Green
Numbers remain low		

Current	Retender of Homecare contracts – **Milestone Delayed**
Plan	New contracts awarded 21st January 2014 Working closely with current and new providers to increase capacity and complete improvement plans. Contracts set w/c 3 Mar-14 and mobilisation complete by 31 Mar-14.

Current	Fall in the number of people still at home 91 days after discharge from Hospital
Plan	Plans to monitor the outcomes from rehabilitation offered by the expanding reablement services from April 2014. Currently this metric only monitors residential rehabilitaton.

Current	A more rigorous design phase and Open tender process have led to delays in beginning the building works at 441 Lincoln Road – **Milestone Delayed**
Plan	Working with Building contractors to ensure no further slippage. Planned completion date is 11 Jul-14

Key priority milestone:



Timetable of support and activities available from community locations from Mar-14. Refurbishment work on the centre starts 24th March. Work includes introducing dementia friendly design features to maximise customer experience. Close working between memory clinic and Alzheimer's Society starts from April in preparation for co-location in Jul-14.

Key:

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↓ - deteriorating

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G - on target and / or at or better than comparator average

Performance Report 2013-14 (Quarter 3: October – December 2013)
Priority 3: Ensuring People have a positive experience of care and support

Priority overview:

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

Key projects to support this priority:

- Care Directory
- Quality Framework

The key objectives of these projects are to:

- provide a universal information and advice service to the Council's customers. Including the ability for self-service where this is the customer preference
- establish quality assurance mechanisms that support quality improvements and identify areas for focus.

Priority headlines:

A formalised procedure has been developed (Notification of Concerns) – see priority 4 also

An agreement was reached to produce a paper Community Care Directory to compliment the online care directory

Case audits have been expanded and some case work have been evaluated as excellent at recent audits.

Key priority metrics:

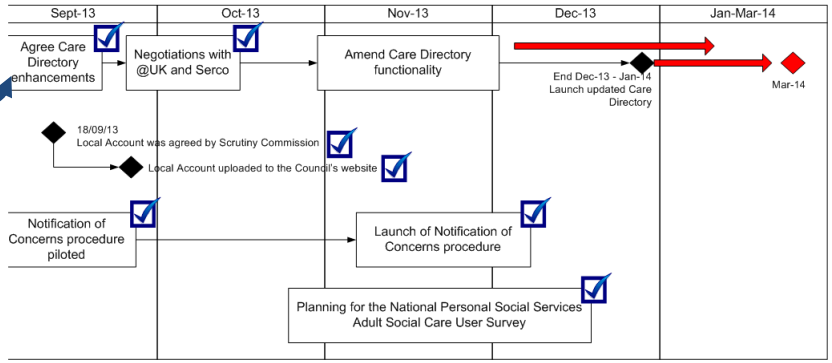
The percentage of complaints responded to within timescales		
↓	Target 75%	**73.3% - Amber**
11 out of 15 complaints investigated and responded to within best practice timescales		

Did you feel you had enough information about the reablement services prior to you being seen by them?		
↓	Baseline year	**60%**
		Q2: 76%

By working towards your re-ablement goals, do you feel better able to manage your everyday activities?		
↓	Baseline year	**67%**
		Q2: 76%

Current	Care Directory Improvements – **Milestone Delayed** • review of care directory in Aug-13 identified many fundamental issues • negotiations undertaken with Serco and supplier (@UK) to determine requirements and plan to improve the directory • test version of updated care directory provided Feb-14, but still many issues including new issues to be addressed
Plan	• updated care directory planned to go live in March/April 2014 • Issues to be explored by project board meeting in March, in order to drive resolution forward.

Key priority milestone:



Key:

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G - on target and / or at or better than comparator average

Performance Report 2013-14 (Quarter 3: October – December 2013)

Priority 4: Safeguarding Adults whose circumstances make them vulnerable and protecting them from harm

Priority overview:

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

Key projects to support this priority:

- Raising the Bar for safeguarding

The key objectives of these projects are to:

- deliver robust performance and quality oversight and management for safeguarding investigations
- undertake a programme of awareness raising for vulnerable people to lessen the likelihood of isolation through fear of crime and harm through experience of crime

Priority headlines:

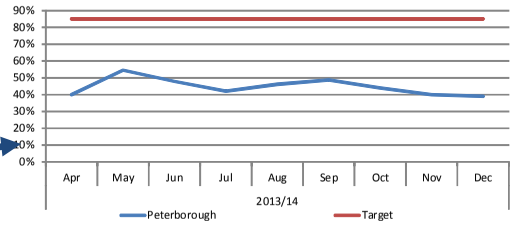
In depth practice training commissioned and started in October for ASC/CPFT staff and key provider managers

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

Soft concerns and large scale investigations procedures were implemented in Quarter 3

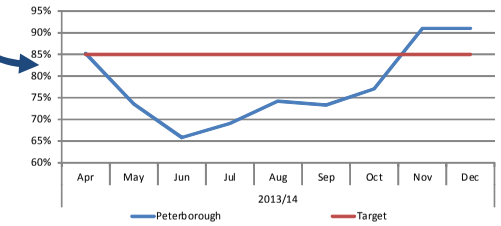
Key priority metrics:

The percentage of safeguarding investigations completed within 20 working days		
↓	Target is 80%	41% - Red
See detailed exception report – high is good		



- delays due to recording issues, criminal investigations and quality improvement work.
- improved reporting and recording processes

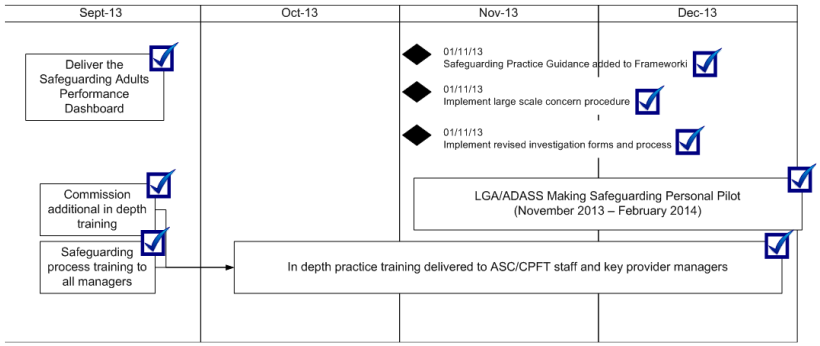
The percentage of strategy meetings and discussions held within 5 working days		
↑	Target is 85%	86% - Green
Continued improvement this year		



- Greatly improved picture for strategy meetings held within 5 working days of alert.

The percentage of re-referrals for safeguarding investigation		
↔	Baseline year – 12% (2012-13)	26%
Q2:26.4%. Comparator 13%		

Key priority milestone:



Implementation of large scale concern procedure – **Milestone Delayed**
- agree to slip go live to allow the more robust recording system to be introduced into procedure
- Will go live alongside new recording procedure and forms 1 Nov-13

Implementation of revised investigation forms and process – **Milestone Delayed**
- Some amendments identified as being required via training
- continued weekly audits to oversee current quality and address issues identified
- 1 November full go live for new process and forms

Key:

↔ - remaining static
↑ - improving
↓ - deteriorating

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

Performance Report 2013-14 — Appendix 2

Programme: Improving the Wider Determinants of Health

Programme Overview:

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

Programme Objective:

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

Programme Outcomes:

- Improved performance across the 32 Wider Determinant indicators identified within the national Public Health Outcomes Framework
  Note: number of indicators has been expanded nationally from 19 since last report was submitted

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf

Key Milestone:

Develop and implement a Healthy Workplaces programme including implementation of the national Public Health Responsibility Deal to support indicators:

- Sickness absence – the number of employees who had at least one day off in the previous week
- Sickness absence – the percentage of working days lost due to sickness absence

The government's strategy for public health includes a focus on the working age population, helping people with a health condition stay in or return to work.

Key Milestone Progress:

Sickness Absence	Approval in principle has been given for Peterborough City Council to commit to the Public Health Responsibility Deal.
	Healthy Workplace programme has been established to support local businesses with a number of large employers already engaged.
	Tailored support and accredited programmes for workplaces expanded by Public Health.

Sickness Absence – the number of employees who had at least one day off in the previous week		
↔	England average 2.2%	Peterborough average 2.3%
Sickness Absence – the percentage of working days lost due to sickness absence		
↔	England average 1.5%	Peterborough average 1.6%

Additional Programme Key Metrics:

The percentage of the population affected by noise – Number of complaints about noise		
↑	England average affected by noise (7.5 per 1000)	Peterborough average affected by noise (5.5 per 1000)
There are a number of direct and indirect links between exposure to noise and health and wellbeing.		

Statutory homelessness – homelessness acceptances		
↓	England average homelessness acceptances (2.3 per 1000)	Peterborough average homelessness acceptances (3.7 per 1000)
Homelessness is associated with severe poverty and is a social determinant of health.		

Programme Headlines:

Information provided in the report is intended to give a snapshot of the 32 separate indicators.

Peterborough ranking across these 32 indicators against the England average is shown below.

Better	Similar	Worse	No Compared nationally
4	6	10	12

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

Performance Report 2013-14
Programme: Health Improvement

Programme Overview:

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

Programme Objective:

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

Programme Outcomes:

- Improved performance across the 33 Health Improvement indicators identified within the national Public Health Outcomes Framework

  Note: number of indicators has been expanded nationally from 24 since last report was submitted

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf

Key Milestones:

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

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

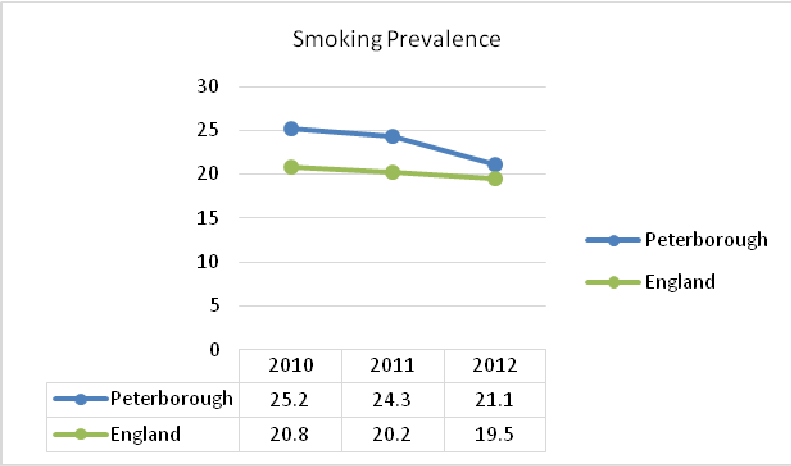
Most recent data has demonstrated a reduction in smoking prevalence locally by over 4% in recent years.

Smoking prevalence in Peterborough is also reducing at a faster rate than the England average, with prevalence in Peterborough now similar to the national average rather than being significantly higher.

At 34.3% smoking prevalence among routine and manual workers is also reducing at a faster rate than the England average, however prevalence among this group remains higher than the England average.

Prevalence of smoking at time of delivery has increased and as such further focused delivery activity is being undertaken.

Key Milestone Progress:



	2010	2011	2012
Peterborough	25.2	24.3	21.1
England	20.8	20.2	19.5

Additional Programme Key Metrics:

Breastfeeding – Prevalence at 6-8 weeks after birth

↓	England prevalence at 6-8 weeks is 47.2%	England prevalence at 6-8 weeks is 41.4%

Breastfeeding initiation is very similar to England average at 73.6% but this level of performance is not sustained as demonstrated by red rating for 6-8 weeks prevalence.

Excess Weight (4-5 year olds)

↔	England excess weight rates among 4-5 year olds (22.2%)	Peterborough excess weight rates among 4-5 year olds (23.4%)

Excess weight in children (also measured at 10-11 years) is not significantly different to national levels

Cancer Screening Coverage – Breast Cancer

↔	England % of eligible women screened adequately within previous 3 years (76.3%)	Peterborough % of eligible women screened adequately within previous 3 years (76.0%)

Breast cancer screening is very similar but cervical cancer screening is significantly worse than England average.

Programme Headlines:

Information provided in the report is intended to give a snapshot of the 33 separate indicators. Peterborough ranking across these 33 indicators against the England average is shown below.

Better	Similar	Worse	No Compared nationally
1	18	13	1

Key:

↔ - remaining static
↑ - improving
↓ - deteriorating

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

Performance Report 2013-14
Programme: Health Protection

Programme Overview:

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

Programme Objective:

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

Programme Outcomes:

- Improved performance across the 25 Health Protection indicators identified within the national Public Health Outcomes Framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf

Key Milestones:

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

Key Milestone Progress:

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

Programme Key Metrics:

Chlamydia diagnoses (15-24 year olds)

↔	England 1979 diagnoses per 100,000 young people	Peterborough 2446 diagnoses per 100,000 young people

The DH recommends local areas achieve an annual chlamydia diagnosis rate of **at least** 2,446 per 100,000 15-24 year old resident population. Peterborough is on track to achieve this level through good screening coverage.

Population vaccination coverage

↔	England MMR (dose 1) 92.3%	Peterborough MMR (dose 1) 92.6%

Ongoing national and local campaign for MMR catch-up immunisation

Treatment completion for tuberculosis (TB)

↔	England treatment completion rate 82.8%	Peterborough treatment completion 86.5%

Peterborough has higher incidence rate of TB (28.9/100,000) than England (15.1/100,000) and the challenge is to maintain performance on case detection and treatment completion

Programme Headlines:

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 25 separate indicators. Peterborough ranking across these 25 indicators against the England average is shown below.

Better	Similar	Worse	No Data
3	13	4	5

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

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

Performance Report 2013-14

Programme: Healthcare public health and preventing premature mortality

Programme Overview:

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

Programme Objective:

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

Programme Outcomes:

- Improved performance across the 49 Healthcare indicators identified within the national Public Health Outcomes Framework

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216160/Improving-outcomes-and-supporting-transparency-part-1A.pdf

Key Milestones:

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

Key Milestone Progress:

Reducing inequalities in CHD	NHS Health Checks programme established
	Smoking cessation on target
	Working with GP practices to strengthen management of CHD risk factors
Cancer mortality	Smoking cessation on target
	"Be Clear on Cancer" campaign for raising awareness
	Cancer screening rates on target
Infant mortality	Reduce smoking in pregnancy
	Reduce teenage pregnancy
	Ensuring high immunisation coverage

Programme Key Metrics:

Under 75 mortality rate from all cardiovascular diseases		
↓	England 81.1/100,000	Peterborough 103.8/100,000
Rates are reducing but still worse than England average		

Under 75 mortality rate from cancer		
↓	England 146.5/100,000	Peterborough 143.2/100,000
Rates are reducing and similar to England average		

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

Programme Headlines:

Information provided in the report is intended to give a snapshot of activity undertaken that relates to 49 separate indicators.

Peterborough ranking across these 49 indicators against the England average is shown below.

Better	Similar	Worse	No Data
1	32	13	3

Key:

↔ - remaining static
↑ - improving
↓ - deteriorating

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

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
25 MARCH 2014	Public Report

Report of the Director of Governance

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 Commission 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 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 4 April 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

PUBLISHED: 7 MARCH 2014

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 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 Gemma George, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039), or e-mail to 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. 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 4 APRIL 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)
Assistive Technology Charging Policy - KEY/04APR14/01 To amend the Council's charging policy.	**Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care**	**April 2014**	**N/A**	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mark Gedney Financial Systems Manager Tel: 01733 452335 Mark.gedney@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Housing Related Support Agreements 2014/15 - KEY/04APR14/02 To authorise the award of specific grant agreements for the provision of housing related support funded through the Housing Related Support (formerly Supporting People) Programme.	**Councillor David Seaton Cabinet Member for Resources**	**April 2014**	**N/A**	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders.	Sharon Malia Housing Programmes Manager Tel: 01733 863764 sharon.malia@peterborough.gov.uk	It is not anticipated that there will be any further documents.

PREVIOUSLY ADVERTISED DECISIONS							
Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/11 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park.	**Councillor David Seaton Cabinet Member for Resources**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Care and Repair Framework Agreement - KEY/18DEC12/01 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.	**Councillor Nigel North Cabinet Member for Environment Capital and Neighbourhoods**	**Between 2 Nov 2013 and 30 May 2014**	**N/A**	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.

City College Extension Project - KEY/20SEP13/03 Using Education Funding Agency grant to create a dedicated, customised space for students aged 16-19 with learning difficulties and disabilities.	**Councillor John Holdich OBE Cabinet Member for Education, Skills and University**	**March 2014**	**N/A**	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.
Amendments to the Affordable Housing Capital Funding Policy - KEY/04OCT13/02 To agree the amendments to the Affordable Housing Capital Funding Policy.	**Cabinet**	**28 Apr 2014**	**Yes**	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.
Strategy for People with Dementia and their Carers - KEY/04OCT13/05 To approve the Dementia Strategy.	**Councillor Wayne Fitzgerald Cabinet**	**30 Jun 2014**	**N/A**	Health Issues	Service users, relevant departments and Scrutiny Commission for Health Issues.	Rob Henchy Commissioning Manager Tel: 01733 452429 rob.henchy@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Long Causeway Public Realm Improvements - KEY/15NOV13/01 To award the contract to undertake engineering works as part of the Long Causeway Public Realm Improvement works.	**Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Mullins Project Engineer/Development Engineer Tel: 01733 453548 simon.mullins@peterborough.gov.uk	It is not anticipated that there will be any further documents.
S256 Agreement between the Council and Cambridgeshire and Peterborough CCG - KEY/15NOV13/03 To agree the transfer of funding for social care.	**Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care**	**March 2014**	**N/A**	Health Issues	Relevant internal and external stakeholders.	Paul Stevenson Interim Head of Finance Tel: 01733 452306 paul.stevenson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
To Award a Contract for the Insttallation of a District Heating Scheme System - KEY/29NOV13/02 To award a contract for the installation of a district heating system.	**Councillor David Seaton Cabinet Member for Resources**	**June 2014**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Morris Client Property Manager Tel: 01733 384657 steven.morris@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Integrated Community Sexual Health Service - KEY/27DEC13/01 To award a contract for the Integrated Community Sexual Health Service.	**Councillor Irene Walsh Cabinet Member for Community Cohesion, Safety and Public Health**	**Between 1 Feb 2014 and 31 Mar 2014**	**N/A**	Health Issues	Relevant internal and external stakeholders.	Jo Melvin Children's Services Strategy and Planning Officer Tel: 01733 863954 joanne.melvin@peterborough.gov.uk	It is not anticipated that there will be any further documents
Older People's Day Service Review - KEY/10JAN14/05 To consult users and carers/ family members on proposals to develop a dementia specific day service.	**Cabinet**	**30 Jun 2014**	**Yes**	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Local Transport Plan Programme of Works 2014/15 - KEY/24JAN14/01 To approve the Local Transport Plan Programme of Works 2014/15.	**Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement**	**April 2014**	**N/A**	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Integrated Community Equipment Service Contract Award - KEY/24JAN14/02 To seek approval for the award of contract to provide an Integrated Community Equipment Service.	**Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care**	**March 2014**	**N/A**	Scrutiny Commission for Health Issues.	Relevant internal and external stakeholders.	Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Approval of Community Asset Transfer of Gladstone Park Community Centre - KEY/24JAN14/03 Approval for the Council to enter into a full repairing lease with the recommended provider under the terms of the Community Asset Transfer Strategy.	**Councillor David Seaton Cabinet Member for Resources**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital Scrutiny Committee	Relevant internal and external stakeholders.	Emma Everitt Project Support Officer Tel: 01733 863660 emma.everitt@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Community Based Supported Living Service (KEY/07FEB14/01) 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.	**Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care**	**March 2014**	**N/A**	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Section 75 Agreement with the Clinical Commissioning Group (CCG) for the Provision of a Joint Child Health and Wellbeing Commissioning Unit - KEY/21FEB14/01 Authorisation for the entry into a statutory Section 75 Agreement, for an initial two year period, with the CCG for the provision of a borderline and Peterborough joint child health and wellbeing commissioning unit.	**Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care**	**March 2014**	**N/A**	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Award of Contract for the Extension of Discovery Primary School - KEY/21MAR/01 Award of contract for the extension of the Discovery Primary School to accommodate increased pupil numbers.	**Councillor John Holdich Cabinet Member for Education, Skills and University**	**June 2014**	**N/A**	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.
Sale of Greenwood House - KEY/21MAR/02 Delivery of the Council's Capital Receipt Programme through the sale of Greenwood House, South Parade.	**Councillor David Seaton Cabinet Member for Resources**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Simon Webber Capital Receipts Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Sale of the Herlington Centre - KEY/21MAR/03 Delivery of the Council's capital receipts programme through the sale of the Herlington Centre, Orton Malborne.	**Councillor David Seaton Cabinet Member for Resources**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Howard Bright Growth Delivery Manager Tel: 452619 howard.bright@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Financial System Services - KEY/21MAR/04 To award the contract for the provision of a financial system.	**Councillor David Seaton Cabinet Member for Resources**	**March 2014**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Transforming Day Opportunities for Adults Under 65 - KEY/21MAR/05 To provide an update on consultation and to seek approval to implement the recommendations contained within the report.	**Cabinet**	**24 Mar 2014**	**Yes**	Scrutiny Commission for Health Issues	Relevant internal and external stakeholders.	Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk	It is not anticipated that there will be any further documents
Peterborough City Council Customer Strategy 2014 - KEY/21MAR/06 To approve the Customer Strategy. The vision is to provide a range of high-quality services whilst maximising customer satisfaction and delivering these services through different channels at the lowest reasonable cost, whilst also reducing or diverting demand.	**Cabinet**	**28 Apr 2014**	**Yes**	Strong and Supportive Scrutiny Committee	Relevant internal and external stakeholders.	Ricky Fuller Head of Strategic Commissioning Tel: 01733 452482 ricky.fuller@peterborough.gov.uk	It is not anticipated that there will be any further documents.

RESOURCES DEPARTMENT Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
Strategic Finance
Internal Audit
Schools Infrastructure (Assets and School Place Planning)
Corporate Property
Waste and Energy
Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

CHILDREN'S SERVICES DEPARTMENT Executive Director's Office at Bayard Place, Broadway, PE1 1FB
Safeguarding Family and Communities
Education
School Improvement
Special Educational Needs / Inclusion and the Pupil Referral Service

ADULT SOCIAL CARE Executive Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
Care Services Delivery (Assessment and Care Management and Integrated Learning Disability Services)
Mental Health
Public Health (including Health Performance Management)

COMMUNITIES DEPARTMENT Director's Office at Bayard Place, Broadway, PE1 1FB
Strategic Commissioning
Safer Peterborough, Cohesion, Social Inclusion and Neighbourhood Management

GOVERNANCE DEPARTMENT Director's Office at Town Hall, Bridge Street, Peterborough, PE1 1HG
Communications
Legal and Governance Services
HR Business Relations (Training and Development, Occupational Health and Reward and Policy)
Strategic Regulatory Services
Performance Management

GROWTH AND REGENERATION DEPARTMENT Director's Office Stuart House, St Johns Street, Peterborough, PE1 5DD
Strategic Growth and Development Services
Strategic Housing
Planning Transport and Engineering (Development Management, Construction and Compliance, Infrastructure Planning and Delivery, Network Management and Passenger Transport)
Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets and Commercial Trading and Tourism)

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 10
25 MARCH 2014	Public Report

Report of the Director of Governance

Contact Officer(s) – Paulina Ford – Senior Governance Officer
Contact Details - 01733 452508

WORK PROGAMME 2014-2015

1. PURPOSE

1.1 The purpose of this report is to provide the Commission with a list of possible items to be included in the Commissions 2014-2015 work programme.

2. RECOMMENDATIONS

2.1 It is recommended that the Commission note the items listed at point 4 below for the 2014-2015 work programme and discuss in further detail at the next Group Representatives meeting where the work programme can be expanded further.

3. BACKGROUND

3.1 The work programme for the Commission is aimed at maintaining a strategic and coordinated work programme based on major areas of work from the various service areas within the Council and partner organisations that are covered within the remit of this commission. The review topics should take account of what is likely to be timely and relevant and to add value. The programme should incorporate the routine on-going work of the commission and the completion of any reviews that may be undertaken.

The work programme will necessarily be subject to continual refinement and updating throughout the year.

4. KEY ISSUES

4.1 The items listed below have been provided by the Adult Social Care Health and Wellbeing and Communities Directorates and are provided as a starting point for discussion.

Adult Social Care Health and Wellbeing

- Adult Social Care Transformation
- Better Care Fund
- Quarterly Performance Update
- Transformation of Day Opportunities for Adults Under 65
- Dementia Strategy
- Outcome of the LCA Peer Review – Health and Wellbeing Board
- Health and Wellbeing Strategy Refresh

Communities

- Drugs and Alcohol
- Healthy Lifestyles – Smoking Obesity
- Emotional Health and Wellbeing of Children, Including Children and Adults Mental Health
- Sexual Health

- School Nursing
- Healthy Child Programme
- Change for Life Strategy / Plan
- Health and Wellbeing Board Delivery Plan / Performance Framework

The Commission may also wish to add additional items from the Cambridgeshire and Peterborough Clinical Commissioning Group and Peterborough and Stamford Hospital NHS Foundation Trust and other relevant external partners.

5. NEXT STEPS

5.1 The Commission to note the report and agreed to discuss the draft 2014-2015 work programme in further detail at a meeting before the next municipal year to ensure a focused work programme is in place for agreement at the first meeting of the year.