

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 8 SEPTEMBER 2009
7.00 PM

Bourges and Viersen Rooms
Town Hall
Peterborough

AGENDA

Page No

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

At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the meeting held on 14 July 2009** 1 - 4
4. **Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.
5. **The Future of Hyperbaric Services at Peterborough and Stamford Hospitals NHS Foundation Trust** 5 - 6
6. **Safe Sharps Disposal Pilot Project** 7 - 8
7. **Finance Report of NHS Peterborough April to July 2009** 9 - 20
8. **Green Paper on Funding Adult Social Care - "Shaping the Future of Care Together"** 21 - 28
9. **Forward Plan of Key Decisions** 29 - 44

10. Work Programme

45 - 48

11. Date of Next Meeting

Tuesday, 10 November 2009 in the Bourges and Viersen Rooms



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Lindsay Tomlinson on 01733 452238 as soon as possible.

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In the event of the fire alarm sounding you should leave the building by the nearest escape route and go 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), M Burton (Vice-Chairman), D Fower, Y Lowndes, P Nash, J Peach and K Sharp

Substitutes: Councillors: D Harrington, W Trueman and R Dobbs

Further information about this meeting can be obtained from Lindsay Tomlinson on telephone 01733 452238 or by email – lindsay.tomlinson@peterborough.gov.uk

Minutes of a meeting of the Scrutiny Commission for Health Issues held at the
on 14 July 2009

MEMBERS PRESENT:

Councillors B Rush (Chairman), D Harrington, P Nash, J Peach, Y Lowndes and N Sandford

OFFICERS PRESENT:

Denise Radley	Executive Director – Adult Social and Performance
Chris Wilkinson	Director of Nursing, Peterborough and Stamford Hospitals
Lesley Crosby	Assistant Director – Patient and Public Experience, Peterborough and Stamford Hospitals
Jane Pigg	Company Secretary, Peterborough and Stamford Hospitals
Jacqui Collins	Head of Contracts NHS Peterborough
Jane Freeman	Dental Project Lead, NHS Peterborough
Michelle Abbott	Lawyer
Martin Whelan	Senior governance Officer

1. Apologies for Absence

The commission noted apologies for absence from Cllr Fower, Cllr Sharp and Cllr M Burton. Cllrs Sandford, Harrington and Lowndes attended as substitutes.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of the Meeting Held on 31 March 2009

The minutes of the meeting held on 31st March 2009 were approved as a true and accurate record of the meeting.

4. New Dental Initiatives

The commission received a report from NHS Peterborough on Dental initiatives. The report covered specific initiatives designed to raise the numbers of patients accessing dental services in the area.

The commission raised the following points and comments.

- Are there any specific programmes for drug addicts? *The Head of Contracts (NHS Peterborough) confirmed that were currently no specific programmes of support offered to drug addicts in relation to dentistry.*
- Should the aim be 100% coverage rather than 70%? *The Head of Contracts and the Senior Contracts Manager accepted that 100% should be the goal, however with the funding available and the projected uptake 70% would remain.*

- Clarification was sought on what efforts were being made to attract the highest possible quality of dental care providers to the city? *The Senior Contracts Manager outlined the clinical elements of the procurement process, and how these sought to increase the quality of the services being procured.*
- The difference between the standard of treatment provided by the NHS and private providers was raised, and it was asked why certain treatments such as implants were not available on the NHS? *The Dental Project Lead outlined the standard differences between the quality of products offered by the NHS vis a vis the private sector. In respect of implants, the commission was informed that in many instances they were not most cost effective solution.*
- The stability of the funding arrangements was questioned, and assurances were sought. *The Senior Contracts Manager confirmed that the funding was ring-fenced, and there was a commitment to maintain all committed funding for the next 3/5 years.*
- The location of new Bretton centre was requested, and clarification on what happened to the Children's Dentist previously provided in the area. *The Senior Contract Manager confirmed that the new service would be provided at Bretton Medical Centre, and that the Children's Dental Services had been re-located to Midgate House.*
- Members highlighted the importance of engaging with Children Centres. *It was confirmed that Children Centres were an integral part of the strategy.*
- The location of the Minor Oral Surgery centre was requested. *The Dental Project Lead advised that the specification included different options including providing a new facility or using existing facilities such as Paston Health Centre.*
- An explanation of the services offered by the proposed Minor Oral Care Centre was requested. *The Dental Project Lead advised that the treatments would include things like complicated extractions, complex root treatments and similar types of treatments.*

5. Hospital Complaints Process

Lesley Crosby presented a report to the commission on the hospital complaints process. The current performance figures in relation to accolades and complaints within the hospital trust.

The commission raised the following issues;

- The definition of corporate – *The Assistant Director confirmed that corporate included communications, HR, finance, infection control, postgraduate services and other support services.*
- How are patients and visitors made aware of the complaints process – *The Assistant Director outlined the mechanisms in place to support patients that wished to complain, or have support through that process.*
- Clarification was sought on the design and layout of the standard letters – *The Assistant Director confirmed that complainants would receive personalised letters, but these are produced from standard templates with some standard text.*

- The representative of LINK outlined serious concerns in relation to the length of time it took for complaints to be resolved – *The Assistant Director agreed to liaise with LINK outside of the meeting and resolve the concerns.*
- The commission noted ongoing efforts and initiatives to reduce the level of cancelled appointments.

The commission requested a further update on hospital complaints to see whether the concerns raised were justified or not.

Cllr Peach left the meeting at the end of the item.

6. Swine Flu

The NHS Peterborough Medical Director presented a report updating the committee on the latest position in relation to Swine Flu.

- What is the advice if a member of the family is diagnosed with Swine Flu? *The Medical Director outlined the main transmission methods, and to only keep away from or isolate people with symptoms.*
- Are football matches or other large gatherings going to be allowed to continue unaffected? *The Medical Director confirmed that at this stage there were no plans to restrict large gatherings.*
- Concerns were raised about initiatives to reduce absenteeism could encourage ill people to feel forced to come into work. *The Medical Director acknowledged the concerns and agreed that whilst absence management was important, safety of the wider workforce should take priority. The commission was also advised that if the pandemic reached the next stage, the rules on self certification would be altered to reduce the pressure on General Practice.*
- The commission raised concerns about potential delays in the licensing and availability of the vaccination. *The Medical Director advised the commission of the likely approval timeline for the drugs. It was also confirmed that due to the nature of the drug, that the National Institute Clinical Excellence would not be involved in the approval process, which would significantly expedite the process.*
- Concerns were raised about how individuals without close friends and family would be able to access the collection centres – *The Medical Director advised that whilst it was not recommended that members of the public with symptoms attended the collection centres, there would be facilities in place to isolate them on arrival and reduce the risk of further transmission.*
- Would it be appropriate to distribute “tamiflu” on a wide spread basis? – *The Medical Director advised that this could lead to the development of a resistant strain of the virus.*
- What additional pressures would be put on the health service through the pandemic – *The Medical Director and the Director of Nursing both advised that it may not be possible to offer some routine services if the pandemic escalates. The commission was advised that where possible additional resources such as recently retired medical professionals would be enlisted.*

Cllr Sandford left the meeting at the end of the item.

7. Peterborough Safeguarding Adults Report - February 2009 to May 2009

The Executive Director – Adult Social Care and Performance presented a report on adult safeguarding, and provided an overview of recent activities.

- Clarification was sought on the nature of the training provided as outlined on page 57 of the committee report – *The Executive Director – Adult Social and Performance explained that the safeguarding training was offered to a wide range of organisations and groups. It was noted that the previous Scrutiny Panel had received one of the training courses.*
- A representative of Link sought clarification as to how individuals with Learning Disabilities were involved in the process – *The Executive Director Adult Social and Performance highlighted the work undertaken by the Learning Disability Partnership Board.*

8. Forward Plan of Key Decisions

The commission noted that the Older Peoples Accommodation Strategy would be added to the agenda for September.

9. Work Programme

The commission agreed to add the following items to the work programme;

- Green Paper – Future of funding residential care
- Outcomes of the work being commissioned by the “Creating Opportunities Tackling Inequalities Scrutiny Committee” in relation to disability.

CHAIRMAN
19.00 – 21.15

Scrutiny Commission for Health Issues	Agenda Item No. 5
8 September 2009	Public Report

Report of the Peterborough and Stamford Hospitals NHS Foundation Trust

Report Author – Jane Pigg, Company Secretary
 Cara Charles-Barks, General Manager Emergency and Critical Care

Contact Details – 01733 875424 - jane.pigg@pbh-tr.nhs.uk
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The Future of Hyperbaric Services at Peterborough and Stamford Hospitals NHS Foundation Trust

1. PURPOSE

The purpose of this document is to inform the committee of the planned closure of hyperbaric services at Peterborough and Stamford Hospitals NHS Foundation Trust due to falling demand. The planned closure has Commissioner support.

2. RECOMMENDATIONS

The Committee is asked to

1. consider the report and ask any pertinent questions, and
2. note the closure of the service and the additional capacity being made available in Rugby.

3. BACKGROUND

What is the hyperbaric service?

The hyperbaric service works by providing increased oxygen into a patient's tissues which supports healing. This has been used to treat carbon monoxide poisoning, assist with wound healing and infection. The most common usage of the service has been for radiation injury.

Who accesses the service?

Patients are referred to the service by consultants. This is not a service that is accessed through direct access by GPs. The figures below show the numbers of patients over the last five years and their geographic spread. Referring clinicians have been contacted concerning the proposed closure and current patients also informed of the proposals; all current patients will complete their course of treatment. There have been no issues raised.

Area	2009/10 (part year)	2008/09	2007/08	2006/07	2005/06
Peterborough		2	5	5	6
Leicestershire	4	15	11	10	7
Northamptonshire		4	5	3	4
Lincolnshire	1	4	2	7	1
Cambridgeshire	1		5	4	3
Norfolk			1	2	2
Suffolk		1			
Shropshire	1				
Worcestershire				1	
Private/MoD		1	1		
Total	7	27	30	32	26

Why have numbers declined?

The cause for the reduction will be due to a number of reasons. These include:

- The opening of a new hyperbaric service at the Hospital of St Cross in Rugby. This hospital is part of the University Hospitals Coventry and Warwickshire and also includes diving chamber facilities.
- Commissioner concerns over the clinical evidence base for hyperbaric therapy.

Who funds the service?

The service is funded by individual Primary Care Trusts on a per patient basis. Each patient needs to go through a prior approvals process for consideration by each PCT. All the relevant PCTs have been contacted and support the cessation of the service.

The charges per patient do not cover the running costs of the service, and this currently runs at a loss.

Who staffs the service?

The service is supported by a Consultant Anaesthetist and a nursing staff. All staff can be redeployed. Specialist nursing support is required to provide the service safely. At times this is covered by staff from other areas of the Trust such as ITU or recovery as it is difficult to support staff permanently in the area because of the uncertainty of activity. There are current concerns about the level of patient and staff risk due to staffing levels.

4. CONSULTATION

As noted above the Trust's commissioners (PCTs) who fund the service and the clinicians who refer patients into the service have been contacted regarding the future of the service. Support has been given for the closure due to falling demand, lack of clinical evidence for the service and the difficulty of maintaining a safe service with the small number of patients being seen. Patients have also been consulted.

Formal consultation is only required on major service changes. Given the number of patients affected and the replacement service being offered in Rugby, this is not considered a major change. However the closure has been brought to the attention of the Committee, the Trust's Board of Governors and the Local Involvement Network through the provision of this paper.

5. BACKGROUND DOCUMENTS

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

None

6. APPENDICES

None

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
8 September 2009	Public Report

Report of the Executive Director of Operations

Report Author – Karen Kibblewhite, Community Safety & Substance Misuse Manager
Contact Details – 01733 864122

SAFE SHARPS DISPOSAL PILOT PROJECT

1. PURPOSE

This report updates on the progress of the Safe Sharps Disposal Pilot.

2. RECOMMENDATIONS

The Panel are asked to

1. offer ideas for improvement and to develop appropriate feedback of the impact of the scheme and
2. accept the update and the actions described which will be taken to complete the project.

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

The Sustainable Community Strategy and the Local Area Agreement aim to deliver a bigger and better Peterborough, through improving the quality of life for all. Drug-related litter and the unsafe disposal of sharp implements impacts on the safety of our communities through the increased risk of injury and transmission of blood borne viruses, and therefore by addressing it we contribute directly to the outcome of 'Making Peterborough Safer'.

4. BACKGROUND

The Safe Sharps Disposal Pilot will place special bins for injecting equipment and other sharp implements in public places to reduce the risk of injury and potential transmission of blood borne viruses to members of the public.

At its meeting in November 2008, members of this Scrutiny Panel were advised that the project had been brought to the attention of Karen Kibblewhite, Community Safety & Substance Misuse Manager, as it had not been completed following the original decision in February 2007.

The Panel were also advised that a review of the pilot had been undertaken and that a number of actions were underway, including: updated data collection to identify potential sites; discussions with manufacturers regarding efficacy of the bins; and funding identified for the bins. In addition, work had been started with Peterborough Drugs Service to ensure a more proactive stance from the needle exchanges and drugs services regarding drug-related litter.

5. KEY ISSUES

The project has not then progressed as swiftly as officers would have hoped due to a number of issues including changes to neighbourhood management, through which consultation for the sites of the bins was due to be undertaken.

The following progress has been made:

- the bins have been purchased, manufactured to order and delivered ready for installation;
- an agreement is in place with City Services for the installation, maintenance and emptying of the bins;
- revised hotspots based on up-to-date data of drug-related litter have been identified;
- appropriate locations for the actual installation of the bins within the hotspots have been identified and landowners contacted.

In order to ensure that the project is complete, it will now be led by the relevant new Neighbourhood Manager. The Neighbourhood Manager will ensure that all appropriate stakeholders are consulted prior to installation of the bins and the bins installed as quickly as possible following consultation. The Community Safety & Substance Misuse Manager will ensure that drug services and needle exchanges make drug users aware of the location of the bins and are encouraged to use them. The SaferPeterborough Performance & Information Officer will work with City Services to monitor the use of the bins and their impact on levels of drug-related litter. Feedback on installation and then the impact of the bins will be reported to this Scrutiny Panel.

6. IMPLICATIONS

Funding for the bins was identified and the bins purchased. There are no further financial implications.

The implications of the pilot project are city-wide.

7. CONSULTATION

Extensive consultation took place to develop and agree the Adult Drug Treatment Plan for 2009/10, in which the project is described.

Initial consultation with key stakeholders was undertaken at the project's inception. Further consultation with stakeholders in respect of the specific bin locations will be undertaken by the Neighbourhood Manager.

8. EXPECTED OUTCOMES

The Panel are asked to accept the revised proposal for completion of the project and it is anticipated that Members will offer ideas for improvement and to develop appropriate feedback of the impact of the scheme.

9. NEXT STEPS

Following discussions at the Scrutiny Panel, any comments and recommendations will be taken back to the Neighbourhood Manager leading on the project and to the Joint Commissioning Group for Drugs, which will monitor progress.

It is anticipated that updates of the uptake and impact of the project will be reported back to the Scrutiny Panel as requested.

10. BACKGROUND DOCUMENTS

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

None.

11. APPENDICES

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
8 September 2009	Public Report

Report of the NHS Peterborough Director of Finance

Report Author – David Bacon Director of Finance

Contact Details – 01733 758494, david.bacon@peterboroughpct.nhs.uk

FINANCE REPORT OF NHS PETERBOROUGH FOR THE FOUR MONTHS TO 31ST July 2009

1. PURPOSE

The attached report was presented to the NHS Peterborough Public Board meeting on 2nd September 2009. It is presented to the Health Scrutiny Commission to inform them of the NHS Peterborough's financial position

2. RECOMMENDATIONS

The Health Scrutiny Commission are asked to comment on and consider the report and its contents, to ask questions and make any appropriate recommendations

3. BACKGROUND

NHS Peterborough receives a total of £303m (including circa £40m from the city council re Adult Social Care) to commission health and adult social care for the residents of Peterborough. This report gives details on how that money is being invested, what financial pressures are being experienced and how they are being dealt with.

Overall NHS Peterborough is reporting an overspend to date of £1.9m but is forecasting a breakeven position for the financial year to 31ST March 2010. Actions are in place to address the overspend to date and manage the delivery of demand management and disinvestments schemes to achieve the breakeven position for the year as a whole.

4. CONSULTATION

Presented to the NHS Peterborough Board 2nd September 2009

5. BACKGROUND DOCUMENTS

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

The Operating Framework for the NHS in England 2009/10 (nhs Peterborough Board 7th January 2009)

NHS Peterborough Operational Plan (NHS Peterborough Board 4th March 2009)

NHS Peterborough Financial Plan (NHS Peterborough Board 25th March 2009)

6. APPENDICES

NHS Peterborough Finance Report for the four months to 31st July 2009

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PETERBOROUGH PRIMARY CARE TRUST

(Working in partnership with Peterborough City Council)

SUBJECT: FINANCE REPORT FOR THE FOUR MONTHS TO 31ST JULY 2009

ACTION REQUIRED: FOR DISCUSSION AND NOTING

MEETING: PCT BOARD

DATE OF MEETING: 2ND SEPTEMBER 2009

REPORT OF: DAVID BACON DIRECTOR OF FINANCE

1 RECOMMENDATION

This report recommends that the Board discuss the PCTs financial position and note:

1.1 The forecast performance for the 2009/10 financial year against key Statutory and Administrative targets as set out in the table below:

Target	Frequency of Measurement	Forecast Performance	Comment
Do not Exceed Revenue Resource Limit (RRL) i.e. Financial Balance	Yearly	Amber	Overall year end forecast outturn is breakeven (Appendices 1 – 4)
Do not Exceed Capital Resource Limit	Yearly	Green	Overall year end forecast at least break even (Appendix 10)
Do not exceed Overall Cash Limit	Yearly	Amber	Year end forecast is that cash will be managed within limits (Appendix 7)
Achieve Full Cost Recovery on Provider Function	Yearly	Green	Year end requirement for Peterborough Community Services is breakeven (Appendix 12)
Achieve 3.5% Return on Capital	Yearly	Green	Low risk, requires relevant calculation of and application of capital charges into financial position
Achieve Better Payment Practice Code	Yearly	Amber	Position, currently not achieving across all 4 measures. (Appendix 8)

1.2 The overall PCT revenue position to date is an overspend of £1,947k and a forecast outturn breakeven broken down as follows:

Business Segment	Variance to Date £000	Previous Variance £000	Forecast Outturn £000
Commissioning External	(2,417)	(754)	(496)
Commissioning Internal	(159)	(245)	0
Total Pooled Budget	(2,576)	(999)	(496)
Non Pooled	630	45	496
Hosted Services	(1)	363	0
PCT Total	(1,947)	(591)	0

The position to date includes the utilisation of £517k of the total £1,553k contingency within the commissioning arm of the PCT.

2 TIMETABLE FOR DECISIONS

2.1 Immediate

3 PREVIOUS DECISIONS RELEVANT TO REPORT

3.1 Financial Report on the two months to 31st May 2009 (PCT Board 1st July 2009)

3.2 PCT Financial Plan 2009/10 (PCT Board 25th March 2009)

3.3 Operational Plan 2009/10 (PCT Board 4th March 2009)

3.4 The Operating Framework for the NHS in England 2009/10 (PCT Board 7th January 2009)

4 RELATES TO PCT PRIORITY AND ANNUAL DELIVERY PLAN TARGET

4.1 The PCT has a statutory duty to break even on its revenue and capital resources and administrative duties for other aspects of financial performance as set out in the table in 1.1 above.

4.2 The PCTs Operational Plan approves certain investments in health care. This report provides financial information covering the expenditure position of those investments.

5 FINANCIAL POSITION

5.1 Revenue Summary (Appendix 1)

Appendix 1 provides a summary of the PCTs revenue position at the end of July 2009. This is reported as an overspend against profiled budgets of £1,947k and splits between the various business segments of the PCT as follows:

Business Segment	Variance to Date £000	Previous Variance £000	Forecast Outturn £000
Commissioning External	(2,417)	(754)	(496)
Commissioning Internal	(159)	(245)	0
Total Pooled Budget	(2,576)	(999)	(496)
Non Pooled	630	45	496
Hosted Services	(1)	363	0
PCT Total	(1,947)	(591)	0

The Sections 5.2 through to 5.4 give further detail on the different elements of the PCTs activities that are driving this position.

5.2 Revenue Resource Summary (Appendix 2 and 5)

Appendix 2 shows the PCTs overall resource (income) position. Since the last report received by the Board on 1st July 2009 covering the two months to 31st May 2009 the following changes to revenue resource assumptions have been recognised in the plan:

Changes to Resource Assumptions	Plan Adjustments £000
Revenue Allocation Primary Care Commissioning (Hosted Service) Income via allocation rather than invoiced as Hosted Income £539k	539
Peterborough City Council	0
Other Income Grant income from Peterborough City Council	559
Hosted Income Reduction in invoiced Income substituted by Revenue Allocation (above) £(539)k Reduction in invoiced Income assumptions £(191)k	-730
Non Discretionary Allocations	0
Total	368

To date there are no further variances against income expectations for the PCT and forecast outturn is indicating no income variances.

Appendix 5 shows that all anticipated allocation adjustments have been actioned by the Department of Health and there are currently no expected/anticipated allocations outstanding.

5.3 Pooled Revenue Expenditure Summary (Appendix 3, 11 and 12)

Appendix 3 shows the summary expenditure position for the Pooled Fund. Appendix 11 provides detailed analysis for the Peterborough and Stamford Hospitals NHS Foundation Trust contract and Appendix 12 provides a breakdown of the Peterborough Community Services Service Level Agreement across the main service heading areas.

The Plan adjustment column reflects in the main the 'tidying' up that has taken place between Board Approval of the Financial Plan on 25th March 2009 and the conclusion of final negotiations etc re 2009/10 agreements. Also, additional lines have been added within the report to highlight the disinvestments to be achieved in both acute and non-acute commissioning in order to deliver the PCT's overall financial plan and an extra line has been added within the Corporate Services section to identify the City Care Centre.

Overall the **Acute commissioning** expenditure is over performing against plan with an overspend to date of £867k. The main driver for this overspending position is at Peterborough and Stamford Hospitals NHS Foundation Trust (see Appendix 11) where an overspend to date of £760k has been incurred. Whilst this is an increase from the month 2 position it does show signs of levelling off.

- **Elective care** has incurred a financial overspend across Day Cases and Inpatients of £213k, activity in this area is 11 cases above plan in total but there appear to be more inpatients than planned (8.6% above plan) and less day cases than planned (2.8% below plan) Which has contributed to the financial overspend
- **Non Elective care** has incurred a financial overspend of £409k with activity over plan by 6.5%
- **Outpatients** has incurred a financial overspend of £84k across new and follow up outpatients with an underspend of £271k on new (activity 12.4% below plan) offsetting an overspend of £187k (activity 9.8% over plan)
- **Accident and Emergency** has incurred a small overspend of £39k
- **Non Mandatory** areas of the contract are underspending by £62k

- Included within the PSHFT line is £245k of financial pressure arising from 2008/09 activity which was under accrued at the year end.

Other NHS Commissioning is over performing against plan with an overspend to date of £160k. Pressure has been encountered in the Specialist Commissioning area and the year end forecast in this area has given cause for concern. The Specialist Commissioning Group has during August been asked to provide and implement an action plan to address the pressure to date and bring the activity and associated costs back to plan. In the absence of that plan at the time of writing a forecast overspend of £500k is assumed. There has been an overperformance in the East of England Ambulance Trust SLA of £97k (which is consistent with the A & E and Non Elective over performance position at PSHFT).

Non NHS Commissioning expenditure is currently overspent to date by £132k. An improvement on the month 2 position

Continuing Care is overspending by £672k at month 4. Work is underway to review the basis of assessment and subsequent procurement of packages of care for continuing care patients to reduce the rate of overspend, however an end of year pressure is still anticipated.

Corporate Services expenditure has been split in this report with City Care Centre costs being reported on a separate line.

- **Core corporate** costs are showing an overspend to date of £231k This overspend is primarily due to incurring costs for temporary staff on projects such as World Class Commissioning, Equitable Access, IFRS Conversion and NPfIT in the first months of the year over and above the amount provided for. It is expected that these overspends can be addressed in the remaining months of the year.
- **City Care Centre** costs are showing an overspend to date of £1,075k further work in this area is continuing to clarify those elements that will be eligible for transitional support funding from the SHA (circa £400k), those costs that can be set against the PCTs capital programme (circa £100k) and to clarify the financial consequence to the PCT of lost rental income due to delays in occupation/operational services commencing. This latter element is unlikely to be recoverable during 2009/10 and represents the bulk of the forecast overspend in this area.

Peterborough Community Services (PCS) is reporting an overspend to date of £159k. This overall position is detailed in Appendix 12. There is a marked difference in the financial position of PCS in its Community Health Services (£1,005k underspend to date) and Adult Social Care Services (£1,164 overspend to date) which combine to give the overall position.

The Adult Social Care services are facing considerable financial pressure particularly in Independent Sector Placements for Learning Disabilities (£602k over spend to date) and Sensory and Physically Impaired (£663k overspend to date).

Whilst Appendix 12 suggests that the forecast outturn for PCS is a deficit of £1,907k (of which £2,420k is attributable to Adult Social Care Services) PCS is required to break even within the resources made available to it. There is an extensive programme of cost reduction and support is being received from the Peterborough City Council Business Transformation Team in some areas of work.

It is unclear at this stage how much of the cost reduction work will deliver recurrent savings (and therefore on going benefit) and how much will be non recurrent (with the consequential pressure on all funding partners in 2010/11 to increase resources to ensure services are maintained).

The PCT is facing some significant challenges if it is to meet its statutory obligation of breaking even for 2009/10. The Chief Executive is leading the Quality, Innovation, Productivity and Prevention Group in its review of the PCTs expenditure and service base and the implementation of actions/schemes over the coming weeks. It will however require full engagement by all parts of the PCT in the process of disinvestment, demand management, contract management and expenditure control to achieve the statutory duty.

5.4 Non Pooled Revenue Expenditure Summary (Appendix 4)

Appendix 4 shows the summary expenditure position for the Non Pooled Revenue Expenditure.

The Plan adjustment column reflects in the main the relatively minor 'tidying' up that has taken place between Board Approval of the Financial Plan on 25th March 2009 and the conclusion of final negotiations etc re 2009/10 agreements.

Overall the Non Pooled Revenue Expenditure is reporting an underspend to date of £630k. The forecast year end position is an underspend of £496k

5.5 Demand Management and Cost Improvement Programme (Appendix 6)

Appendix 6 reports on progress on the delivery of disinvestment, demand management and cost improvement schemes. Where schemes have been built into contracts etc this is reflected in the schedule. Board members will note that as Disinvestment schemes were originally profiled to commence from October of this year there is no year to date position to report.

5.6 Cashflow (Appendix 7)

The Cashflow statement at Appendix 7 shows that for the four months to 31st July 2009 the PCT has drawn down £753k less than had been planned against its cash limit and received £8,840k more from third parties than had been anticipated.

The unanticipated receipts of £8,840k have been received from third parties settling their debtor liabilities with the PCT earlier than anticipated and the PCT drawing all monies due from the City Council. This additional cash has been used to offset the cash pressures arising from the revenue deficit to date.

5.7 Public Sector Payment Policy (Appendix 8)

Appendix 8 contains the Public Sector Payment Policy position for the PCT for the four months to 31st July 2009. Performance to date is in line with that achieved throughout 2008/09 and the PCT has not yet achieved the 95% mark for all indicators at a Commissioner, Provider and Combined level at the end of July. In addition, the PCT is now monitoring its performance against the Government's pledge to ensure that small and medium sized enterprises are paid within 10 working days. For the four months to July 2009 the PCT achieved 43.9% by number of invoices and 39.2% by value against this target.

5.8 Balance Sheet (Appendix 9)

Appendix 9 shows the Balance sheet as at 31st July 2009 with comparisons against the opening position for the year.

It should be noted that the reported cash deficit position of £1,542k is a purely technical position that arises due to the interaction of the normal BACS

payment process, the PCTs payment timetable and the end of the calendar month. The cash in transit figure of £1,647k also occurs as the result of these timing issues and the two figures can be considered together when considering the overall cash balance of the PCT.

5.9 Capital Resources and Expenditure (Appendices 5 and 10)

Appendix 5 shows that the capital allocation agreed by the Strategic Health Authority is now £3,365k.

A revised Capital plan was taken to the Capital Implementation Committee meeting on 29th July 2009 and this has now been reflected in Appendix 10.

Appendix 10 reports that spending to date is less than anticipated. The Capital Implementation Committee will continue to receive reports on the Capital Programme.

6 CONSULTATIONS UNDERTAKEN/ TO BE UNDERTAKEN

6.1 Detailed reports are submitted to budget holders. The respective management accountants will be discussing these reports with them in detail.

7 IMPLICATIONS

7.1 Legal and Financial

The PCT has a statutory duty to not exceed its Revenue and Capital Resource Limits and Administrative Duties re not exceeding its cash limit, achieving full cost recovery on its Provider function, achieving a 95% performance on its Public Sector Payment Policy and achieving a 3.5% return on capital employed

7.2 Other

7.2.1 The PCT is accountable to the Strategic Health Authority for the achievement of the national targets and our performance is monitored monthly against this achievement.

7.2.2 The year-end performance rating of the PCT depends on the achievement of all national targets and statutory and administrative duties.

8 DIRECTOR RESPONSIBLE FOR ADVICE:

David Bacon Director of Finance

Name of author: David Bacon
Designation: Director of Finance
Date: **13th August 2009**
Finance Report Month 4 09

**PETERBOROUGH PRIMARY CARE TRUST
CAPITAL STATEMENT
PERIOD ENDED 31ST JULY 09**

Appendix 10

EXPENDITURE	Scheme Start Date	OPENING PLAN £000's	PLAN ADJUSTMENTS £000's	ANNUAL BUDGET £000's	BUDGET TO DATE £000's	EXPEND TO DATE £000's	VARIANCE TO DATE £000's	PREVIOUS VARIANCE £000's	FORECAST OUTTURN £000's
Health Schemes									
Alma Road Primary Care Centre	Apr-09	1,500	(1,500)	-	-	-	-	(198)	-
Backlog Maintenance	Jun-09	100	(100)	-	-	-	-	-	-
Lawn Avenue Clinic	May-09	50	(50)	-	-	-	-	-	-
Orton Dental Equipment	Jun-09	100	(100)	-	-	-	-	-	-
Hampton	Apr-09	200	(200)	-	-	-	-	-	-
Stanground Primary Care Centre	Apr-09	50	(50)	-	-	-	-	-	-
City Centre Primary Care Centre	Apr-09	50	644	694	694	456	238	272	-
Neighbourhood Primary Care Devt	Apr-09	80	(80)	-	-	-	-	-	-
Town Hall Winchester Place	Apr-09	50	(50)	-	-	-	-	-	-
Hampton JSC	Apr-09	2,000	(2,000)	-	-	-	-	-	-
Npfit Programme	Apr-09	116	(116)	-	-	-	-	-	-
Data Warehousing	Sep-09	40	(30)	10	-	-	-	-	-
PC replacement	Apr-09	60	(60)	-	-	-	-	-	-
Ericom replacement	Sep-09	150	(150)	-	-	-	-	-	-
GP Mobile Working Project	Sep-09	30	(24)	6	-	-	-	-	-
Audiology Equipment	Apr-09	100	(100)	-	-	-	-	-	-
Equipment	Apr-09	100	(100)	-	-	-	-	-	-
HMP Harm reduction	Oct-09	-	100	100	-	-	-	-	-
Town Hall Reconfiguration	Dec-09	-	100	100	-	-	-	-	-
Replacement Boilers	Jul-09	-	72	72	-	-	-	-	-
Minor Oral Surgery Service	Oct-09	-	130	130	-	-	-	-	-
Dogsthorpe Medical Centre	Jul-09	-	100	100	-	-	-	-	-
Balance	Apr-09	-	370	370	416	416	-	212	-
					-	-	-	-	-
Capital Grants									
Gp Training	Apr-09	300	(300)	-	-	-	-	-	-
Prison	Aug-09	80	-	80	-	-	-	-	-
Allocations for Primary Care Strategy	Oct-09	-	520	520	-	-	-	-	-
Gp Equipment	Sep-09	200	-	200	-	-	-	-	-
Dental Equipment OPG	Sep-09	300	-	300	-	-	-	-	-
Dental Washer Disinfecter	Apr-09	22	(15)	7	7	-	7	7	-
Westgate to Boots	May-09	85	-	85	85	73	12	46	-
Bretton Dental	Sep-09	220	110	330	-	-	-	-	-
Orton Dental	Sep-09	-	201	201	-	-	-	-	1
DDA	Apr-09	60	-	60	20	-	20	10	-
					-	-	-	-	-
GRAND TOTAL EXPENDITURE		6,043	(2,678)	3,365	1,222	945	277	350	-
ALLOCATIONS ISSUED		6,043	(2,678)	3,365	1,222	945	277	350	-
Capital Schemes Managed by Peterborough PCT on Behalf of Peterborough City Council									
Adult Social Care Schemes and Grants									
Minor works programme									-
Improving information management									-
Aids and adaptations									-
Social exclusion grant (Mental health)									-
Day Care offices refurbishment									-
GRAND TOTAL EXPENDITURE		-	-	-	-	-	-	-	-

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
8 SEPTEMBER 2009	Public Report

Report of the Director of Adult Social Services

Report Author – Denise Radley
Contact Details – 01733 758444

GREEN PAPER ON FUNDING ADULT SOCIAL CARE – “SHAPING THE FUTURE OF CARE TOGETHER”

1. PURPOSE

The purpose of this report is to provide a summary of the adult social care Green Paper to the Scrutiny Commission, to outline proposed local consultation and to invite the Commission’s comments and contributions into the local response.

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

Adult Social Services is a statutory function of the City Council and is reflected in the Sustainable Community Strategy/Corporate Plan through priorities around creating opportunities and tackling inequalities, promoting independence, choice and control and supporting and safeguarding the most vulnerable in our communities. The Local Area Agreement contains a number of targets which support these priorities.

3. SUMMARY OF THE GREEN PAPER

A short summary of the Green Paper is attached.

4. EXPECTED OUTCOMES

The Scrutiny Commission is asked to contribute to “the Big Care Debate” intended to be an inclusive and far reaching public debate on how to fund care costs in the future.

5. NEXT STEPS

5.1 Consultation with other forums in Peterborough will take place over the next two months. This will include:

- The NHS Peterborough Board (November public meeting)
- The NHS Peterborough Annual General Meeting in September
- Partnership Boards and Forums
- Bi-annual carers’ event in September
- Sessions with older people hosted by Age Concern Peterborough

5.2 We are also exploring using the Primary Care Trust and City Council websites to collect views.

10. BACKGROUND DOCUMENTS

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

“Shaping the Future of Care Together”, HM Government, July 2009

Denise Radley - Director of Adult Social Services

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Shaping the Future of Care Together Green Paper

Shaping the Future of Care Together sets out a vision for a new care and support system. The Green Paper highlights the challenges faced by the current care system and the need for radical reform, to develop a National care service that is fair, simple and affordable for everyone.

Within the Green Paper, it sets out a number of consultation questions and asks everyone to provide their views about how they think Government can make this vision a reality and develop a care and support system fit for the 21st century.

The consultation will run from 14th July 2009 to 13th November 2009.

Problems with the current system

The existing social care system is a legacy, not a single bold reform like the creation of the NHS. It is more a series of limited and incremental steps.

Some people qualify for support through disability benefits. Social care is provided by the state only to those who cannot pay for themselves. Those who can pay for themselves are expected to do so with no support from the state, sometimes having to use their life savings and the value of their house, until they have only £23,000 left.

For the large number of people who are expected to make provision for themselves, with no help towards the cost of care and support, this system can seem very unfair. Often, there is also little in the way of advice and support at times when families need it most.

As life expectancy rises and care costs become higher, families face uncertainty about the costs they are likely to incur and how best to plan for them. This Green Paper sets out options for radically different models for funding social care.

Vision for the Future

The Government's vision for the future is a National Care Service in England. In the new National Care Service everyone should be able to get really good care wherever they live.

The Green Paper sets out six fundamental principles of what people should be able to expect:

1. The right support to help you stay independent and well for as long as possible and to stop your care and support needs getting worse. You will receive free support to stay well and as independent as possible. People who are leaving hospital and need care and support for the first time should have the right to the re-ablement help they will benefit from at home, for example for six weeks.

This extra support will help people get back to their normal lives and should save money for the care and support system and the NHS. And depending on funding decisions, this right will be extended to more people.

2. Wherever you are in England, you will have the right to have your care and support needs assessed in the same way. And you will have a right to have the same proportion of your care and support costs paid for wherever you live. You will be able to take your needs assessment with you wherever you go, so wherever you are in England the assessment of your needs will be the same, enabling you to live the life you want wherever you want. Once you are assessed as needing care and support, you will get a proportion of your care and support costs paid for, and this will be the same wherever you are in England.
3. All the services that you need will work together smoothly, particularly when your needs are assessed. Whatever your care and support needs, services will work around you and will be better joined up. You will only need to have one assessment of your needs to gain access to a whole range of care and support services.
4. You can understand and find your way through the care and support system easily. When you need care and support, or are preparing for it, you will find it easy to get information about who can help you, what care you can expect and how quickly you can get it.
5. The services you use will be based on your personal circumstances and need. Your care and support will be designed and delivered around your individual needs. As part of your care and support plan, you will have much greater choice over how and where you receive support, and the possibility of controlling your own budget wherever appropriate.
6. Your money will be spent wisely and everyone who qualifies for care and support from the state will get some help meeting the cost of care and support needs. You will be able to get help with paying for your care and support needs, and your money will be used wisely to fund a care and support system that is fair and sustainable.

Funding Options

Current system – In the current system, people who have the highest needs and lowest means get some help through the social care system, and some people get help through disability benefits.

But many people, including some with high needs, get no help with paying for care at all. Twenty per cent of people will need care that costs less than £1,000 – but 20 per cent will need care that costs more than £50,000. And someone who is in a care home for years could have costs of more than £100,000.

If someone is in a care home and no one is living in their house, they are expected to use their savings and the value of their house to pay for care and accommodation, until they have used up almost all of them.

Proposed Options

1. Pay for Yourself

In this system, everybody would be responsible for paying for their own basic care and support, when they needed it. They could take out insurance to cover some of these costs, or use their income and savings. There would be no support from the state, even for people with the lowest incomes and no savings.

This is ruled out because it would leave many people without the care and support they need, and is fundamentally unfair because people cannot predict what care and support they will need.

2. Partnership

In this system, everyone who qualified for care and support from the state would be entitled to have a set proportion – for example, a quarter or a third – of their basic care and support costs paid for by the state. People who were less well-off would have more care and support paid for – for example, two-thirds – while the least well-off people would continue to get all their care and support for free.

A 65-year-old in England will need care and support that costs on average £30,000 during their retirement, so someone who got the basic offer of a third or a quarter paid for might need to pay around £20,000 or £22,500. Many people would pay much less. And some people who needed high levels of care and support would pay far more than this, and would need to spend their savings and the value of their homes. This system would work for people of all ages.

3. Insurance

In this system, everyone would be entitled to have a share of their care and support costs met, just as in the Partnership model. But this system would go further to help people cover the additional costs of their care and support through insurance, if they wanted to. The state could play different roles to enable this.

It could work more closely with the private insurance market, so that people could receive a certain level of income should they need care and support. Or the state could create its own insurance scheme. If people decided to pay into the scheme, they would get all their basic care and support free if they needed it.

People could pay in several different ways, in instalments or as a lump sum, before or after retirement, or after their death if they preferred. Once people had paid their contribution they would get their care and support free when they needed it.

As an indication of the costs, people might need to pay around £20,000 to £25,000 to be protected under a scheme of this sort, compared with the average cost of care for a 65-year-old which is £30,000. This system would work for people over retirement age.

However people paid, the insurance payment would help people to protect their wealth and the value of their homes. Whether they decided to pay during their working life, during their retirement or after they died, people would know that once they had made their contribution and paid for their accommodation, the costs of their care and support would not prevent the rest of their wealth being passed on to their children.

4. Comprehensive

In this system, everyone over retirement age who had the resources to do so would be required to pay into a state insurance scheme. Everyone who was able to pay would pay their contribution, and then everyone whose needs meant that they qualified for care and support from the state would get all of their basic care and support for free when they needed it.

It would be possible to vary how much people had to pay according to what they could afford. The size of people's contribution could be set according to what savings or assets they had, so that the system was more affordable for people who were less well-off.

Alternatively, if people wanted to be able to know exactly how much they would have to pay, most people other than those with lower levels of savings or assets could be required to pay a single, set figure, so that people knew how much they would have to save for. As an indication of the costs, people might need to pay around £17,000 to £20,000 to be protected under a scheme of this sort compared with the average cost of care for a 65-year-old which is £30,000. The cost would be less for people who were over 65 when the scheme was introduced.

However people paid, the insurance payment would help people to protect their wealth and the value of their homes. Whether they decided to pay during their working life, during their retirement or after they died, people would know that once they had made their contribution and paid for their accommodation, the costs of their care and support would not prevent the rest of their wealth being passed on to their children.

We would also look at having a free care and support system for people of working age alongside this.

5. Tax-funded

In this system, people would pay tax throughout their lives, which would be used to pay for all the people who currently need care. When, in turn, people needed care themselves, they would get all their basic care free. This system would work for people of all ages.

This is ruled out because it places a heavy burden on people of working age.

Consultation Questions:

Question 1

We want to build a National Care Service that is fair, simple and affordable. We think that in this new system there are six things that you should be able to expect:

- prevention services
- national assessment
- a joined-up service
- information and advice
- personalised care and support
- fair funding.

- a) Is there anything missing from this approach?
- b) How should this work?

Question 2

We think that, in order to make the National Care Service work, we will need services that are joined up, give you choice around what kind of care and support you get, and are high quality.

- a) Do you agree?
- b) What would this look like in practice?
- c) What are the barriers to making this happen?

Question 3

The Government is suggesting three ways in which the National Care Service could be funded in the future:

- Partnership – People will be supported by the Government for around a quarter to a third of the cost of their care and support, or more if they have a low income.
- Insurance – As well as providing a quarter to a third of the cost of people's care and support, the Government would also make it easier for people to take out insurance to cover their remaining costs.

- Comprehensive – Everyone gets care free when they need it in return for paying a contribution into a state insurance scheme, if they can afford it, whether or not they need care and support.
- a) Which of these options do you prefer, and why?
- b) Should local government say how much money people get depending on the situation in their area, or should national government decide?

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
8 SEPTEMBER 2009	Public Report

Report of the Chief Executive

Report Author – Lindsay Tomlinson, Senior Governance Officer

Contact Details – 01733 452238 or email lindsay.tomlinson@peterborough.gov.uk

FORWARD PLAN – SEPTEMBER TO DECEMBER 2009

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Issues, outlining the content of the Council's Forward Plan.

2. RECOMMENDATIONS

- 2.1 That the Commission identifies any areas for inclusion within their work programme.

3. BACKGROUND

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

4. CONSULTATION

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

5. EXPECTED OUTCOMES

- 5.1 That the Commission notes the latest version of the Forward Plan, agrees any areas for inclusion within its work programme and submits any observations concerning the Plan to the Executive.

6. BACKGROUND DOCUMENTS

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

None

7. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

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PETERBOROUGH CITY COUNCIL'S FORWARD PLAN

1 SEPTEMBER 2009 TO 31 DECEMBER 2009

APPENDIX 1

FORWARD PLAN OF KEY DECISIONS – 1 SEPTEMBER 2009 TO 31 DECEMBER 2009

During the period from 1 September 2009 to 31 December 2009 Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

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

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

NEW ITEMS THIS MONTH:

- Section 75 Pooled funding arrangements for substance misuse services.
- Budget 2010/11 and Medium Term Financial Plan to 2012/13
- Council Tax Base
- Partnership Agreement between the City Council and the Primary Care Trust for the Provision of Adult Social Care
- Lot 1 : Energy from Waste Facility, Lot 2: Materials Recycling Facility and Lot 3 Operational Services
- Peterborough City Services

SEPTEMBER – KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Section 75 Pooled funding arrangements for substance misuse services. Variation to the existing partnership agreement under the National Health Act 2006 to pool funding from NHS Peterborough and PCC to commission drugs services. The variation takes into account the slight changes to governance and structure of the former Drug and Alcohol Action Team, now part of the Safer Peterborough Partnership, and additional funding made available to NHS Peterborough for integrated drug treatment within HMP Peterborough.</p>	September 2009	Leader of the Council	Commission for Health Issues	Internal stakeholders as appropriate	Karen Kibblewhite Community Safety & Substance Misuse Manager, Tel. 01733 864122 karen.kibblewhite@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made

<p>Arthur Mellows Village College Gym and Innovation Centre Authority to award the contract for the construction of the gym and innovation centre at AMVC</p>	<p>September 2009</p>	<p>Leader of the Council, Councillor Cereste</p>	<p>Creating Opportunities & Tackling Inequalities</p>	<p>Ward councillors and relevant stakeholders</p>	<p>Isabel Clark Planning and Development Manager Tel: 01733 863914 isabel.clark@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
<p>Lot 1 : Energy from Waste Facility, Lot 2: Materials Recycling Facility and Lot 3 Operational Services : To approve the shortlist of bidders in respect of the individual and combined lots to take forward to competitive dialogue; to approve the methodology for further reducing the number of bidders during the competitive dialogue and tender stages, to approve any other matters as these stages develop to ensure smooth running of the procurement process.</p>	<p>September 2009</p>	<p>Deputy Leader of the Council, Councillor Lee</p>	<p>Environment Capital</p>	<p>Consultation will take place with relevant stakeholders, internal departments and other Cabinet Members as appropriate</p>	<p>Margaret Welton Principal Lawyer (Special Projects/Waste 2020 Programme), Tel. 01733 452226 margaret welton@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
<p>Joint Service Centre at Hampton To commence the procurement process for a design and build contract for the provision of new leisure and library facilities at Hampton as part of the joint service centre in partnership with NHS Peterborough.</p>	<p>September 2009</p>	<p>Cabinet Member for Environment Capital and Culture, Councillor Lee</p>	<p>Strong & Supportive Communities</p>	<p>Consultation will take place with the Cabinet Member for Community Services, ward councillors, affected internal divisions within PCC and potential user groups in Hampton.</p>	<p>Fiona O'Mahony Project Director JSC Hampton Tel: 01733 863856 fiona.o'mahony@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>

Peterborough Crematorium – Mercury Abatement – To appoint a contractor for the Works	September 2009	Cabinet Member for Environment Capital and Culture, Councillor Lee	Environment Capital	Internal stakeholders as appropriate	Jon Marsden Service Manager (Bereavement & Sports Services) Tel : 01733 863756 Jon.marsden@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
Extension to Woodston Primary School Authority to award the contract for the construction of an extension to Woodston Primary School	September 2009	Cabinet Member for Education, Skills and University, Councillor Holdich	Creating Opportunities & Tackling Inequalities	Consultation will take place with relevant stakeholders, internal departments and ward councillors as appropriate	Isabel Clark Planning and Development Manager Tel: 01733 863914 isabel.clark@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
Extension to Hampton Hargate School Authority to award the contract for the construction of an extension to Hampton Hargate Primary School	September 2009	Cabinet Member for Education, Skills and University, Councillor Holdich	Creating Opportunities & Tackling Inequalities	Consultation will take place with relevant stakeholders, internal departments and ward councillors as appropriate	Isabel Clark Planning and Development Manager Tel: 01733 863914 isabel.clark@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
Debt Collection To give authority to award the contract for the authority's debt collection	September 2009	Cabinet Member for Resources, Councillor Seaton	Environment Capital	Consultation will be undertaken with relevant departments.	Helen Edwards Solicitor to the Council Tel: 01733 452539 helen.edwards@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made

<p>Midland Highway Alliance - Junction 8 Roundabout Improvements and Welland Road Traffic Mitigation Projects To appoint a contractor for the works</p>	<p>September 2009</p>	<p>Cabinet Member for Neighbourhood, Housing and Community Development, Councillor Hiller</p>	<p>Environment Capital</p>	<p>Internal stakeholders as appropriate</p>	<p>Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
<p>Delivering through Localities To give authority to a new children's services departmental structure which will result in city-wide delivery of integrated services within three localities (North West Rural, Central and East and South) by April 2010 and natural alliances.</p>	<p>September 2009</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities & Tackling Inequalities</p>	<p>Consultation will be carried out with staff, children, families and young people during July.</p>	<p>Maureen Phillips Assistant Director Family and Communities maureen.phillips@peterborough.gov.uk 01733 863702</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>

OCTOBER – KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
Older People’s Accommodation Strategy To agree the next phase of implementation of the Older People’s Accommodation Strategy	October 2009	Cabinet	Commission for Health Issues	Consultation will be undertaken with relevant stakeholders as appropriate	Denise Radley Director of Adult Social Services and Performance Tel: 01733 758444 denise.radley@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
Budget and Financial Strategy Consideration of the Council’s budget and financial strategy, including provisional cash limits for the forthcoming year and its medium term financial plan.	October 2009	Cabinet	Environment Capital	Internal and external stakeholders as appropriate.	Stephen Pilsworth Head of Strategic Finance Tel: 01733 384564	Public Report will be available from the Governance Team one week before the decision is made
Peterborough City Services : To endorse and agree the principles for taking Peterborough City Services forward	October 2009	Cabinet	Sustainable Growth	Consultation will be undertaken with relevant stakeholders as appropriate	Ben Ticehurst, Deputy Chief Executive Tel: 01733 452303 Ben.ticehurst@peterborough.gov.uk	Public Report will be available from the Governance Team one week before the decision is made

<p>Integrated Development Programme To set out priorities for infrastructure provision to facilitate growth and regeneration of the city.</p>	<p>October 2009</p>	<p>Cabinet Member for Strategic Planning, Growth & Human Resources, Councillor Croft</p>	<p>Sustainable Growth</p>	<p>Relevant stakeholders as appropriate</p>	<p>Shahin Ismail Head of Delivery Tel: 01733 452484 shahin.ismail@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made</p>
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<p>Stationery Contract Authorisation to award the contract for stationery to the successful supplier following the procurement exercise</p>	<p>October 2009</p>	<p>Cabinet Member for Resources, Councillor Seaton</p>	<p>Sustainable Growth</p>	<p>Consultation will be undertaken with Heads of Service and other users of the contract</p>	<p>Lisa Osborne Category Manager Tel: 01733 452276 lisa.osborne@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
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<p>Furniture Contract Authorisation to award the contract for furniture to the successful supplier following the procurement exercise</p>	<p>October 2009</p>	<p>Cabinet Member for Resources, Councillor Seaton</p>	<p>Sustainable Growth</p>	<p>Consultation will be undertaken with Heads of Service and other users of the contract</p>	<p>Lisa Osborne Category Manager Tel: 01733 452276 lisa.osborne@peterborough.gov.uk</p>	<p>Public report will be available from the Governance team one week before the decision is made</p>
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NOVEMBER - KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
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There are currently no decisions scheduled for November

DECEMBER – KEY DECISIONS

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Budget 2010/11 and Medium Term Financial Plan to 2012/13 Draft budget for 2010/11 and Medium Term Financial Strategy to 2012/13 to be agreed as a basis for consultation. This will include the Council's Capital Strategy, Asset Management Plan and Draft Annual Accountability Agreement between Peterborough City Council and Peterborough Primary Care Trust.</p>	December 2009	Cabinet	Environment Capital	Report forms the basis of consultation with stakeholders, prior to further consideration by Cabinet in February 2010 and subsequent endorsement at full Council.	Stephen Pilsworth Head of Strategic Finance Tel: 01733 384564	Public report will be available from the Governance Team one week before the decision is made
<p>Council Tax Base To agree the calculation of the council tax base for 2010/11</p>	December 2009	Cabinet	Environment Capital	Internal advice has been received from Finance and Legal Services. No formal consultation will take place regarding proposals	Stephen Pilsworth Head of Strategic Finance Tel: 01733 384564	Public report will be available from the Governance Team one week before the decision is made

<p>Partnership Agreement between the City Council and the Primary Care Trust for the Provision of Adult Social Care To approve the new partnership agreement between the city council and the primary care trust</p>	<p>December 2009</p>	<p>Cabinet</p>	<p>Commission for Health Issues</p>	<p>All relevant stakeholders as appropriate</p>	<p>Denise Radley Director of Adult Social Services and Performance Tel: 01733 758444 denise.radley@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made</p>
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CHIEF EXECUTIVE'S DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1HG

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

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

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

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

Finance
Internal Audit
Information Communications Technology (ICT)
Business Transformation
Strategic Property
Customer Services

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

Family and Communities
Commissioning and Performance
Learning and Skills
Resources

OPERATIONS DEPARTMENT Bridge House, Town Bridge, PE1 1HB

Planning Services

Building Control Services

Environmental and Public Protection

Cultural Services

Transport and Engineering Services

Emergency Planning

Occupational Health

City Centre Services

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**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2009/10**

Meeting Date	Item	Progress
14 July 2009 (Papers to be despatched on 6 July)	New Dental Initiatives To receive a presentation on the new dental initiatives NHS Peterborough are currently undertaking and consultation on the minor oral surgery service. Contact Officer: Sue Stephenson and Diane Siddle, NHS Peterborough and Jane Freeman, NHS Peterborough	Completed
	Update on Adult Protection To consider and comment on the quarterly report and identify any areas of concern. Contact Officer: Denise Radley	Completed
	Hospital Complaints To consider how the hospital deals with any complaints about its services. Contact Officer: Jane Pigg, Peterborough Hospitals	Update report required
	Swine Flu To assess readiness to deal with a outbreak of swine flu in the city Contact Officer: Angela Bailey, NHS Peterborough	Completed
8 September 2009 (Papers to be despatched on 28 August)	Consultation on the Provision of Hyperbaric Services To consider proposals by the Hospitals Trust to close its hyperbaric service. Contact Officer: Jane Pigg, Peterborough and Stamford Hospitals	
	Green Paper on Future of Funding for Adult Social Care To consider and make comments as part of the consultation response Contact Officer: Denise Radley	

Meeting Date	Item	Progress
	<p>Safe Sharps Disposal Bins</p> <p>To consider what the current position is with respect to the implementation of the Executive decision made in February 2007 on the installation of sharps bins.</p> <p>Contact Officer: Karen Kibblewhite</p>	
	<p>Coronary Heart Disease</p> <p>To consider introductory report on coronary heart disease and to identify areas for future scrutiny.</p> <p>Contact Officer: Aidan Fallon/Alison Reid, NHS Peterborough</p>	
	<p>NHS Peterborough Budgetary Monitoring Report</p> <p>To receive a budgetary report for NHS Peterborough</p> <p>Contact Officer: David Bacon, NHS Peterborough</p>	
<p>10 November 2009</p> <p>(Papers to be despatched on 2 Nov)</p>	<p>Older People Accommodation Strategy</p> <p>To scrutinise the proposals prior to a Cabinet decision</p> <p>Contact Officer: Denise Radley</p>	
	<p>NHS Peterborough Strategic Plan</p> <p>To be consulted on the NHS Peterborough Strategic Plan.</p> <p>Contact Officer: Angela Bailey</p>	
	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To receive an update on progress and key achievements on the objectives</p> <p>Contact Officer: Tina Hornsby, NHS Peterborough</p>	

Meeting Date	Item	Progress
	<p>Draft Revised Partnership agreement between the Council and Peterborough PCT in respect of Adult Social Care Services</p> <p>To consider the agreement prior to its submission to Cabinet</p> <p>Contact Officer: Denise Radley</p>	
	<p>NHS Peterborough Budgetary Monitoring Report</p> <p>To receive a budgetary report for NHS Peterborough, including budget proposals to be recommended to Cabinet</p> <p>Contact Officer: David Bacon, NHS Peterborough</p>	
	<p>Update on Adult Protection</p> <p>To consider and comment on the quarterly report and identify any areas of concern.</p> <p>Contact Officer: Denise Radley</p>	
<p>12 January 2010</p> <p>(Papers to be despatched on 4 Jan)</p>	<p>Budget 2010/11</p> <p>To consider and comment on the Executive's proposals for the 2009/10 budget, including the Draft Annual Accountability Agreement.</p> <p>Contact Officer: John Harrison</p>	
	<p>Annual Review of Performance</p> <p>To consider and comment upon the annual review letter on Adult Social Care performance from Commission for Social Care Inspections (CSCI)</p> <p>Contact Officer: Denise Radley</p>	
<p>9 March 2010</p> <p>(Papers to be despatched on 1 March)</p>	<p>Standards for Better Health (Annual Health Check)</p> <p>(i) To endorse the Commission's comments for inclusion with all local NHS Trust submissions to the Healthcare Commission</p> <p>(ii) To consider the declarations of compliancy of all the local NHS Trusts prior</p>	

Meeting Date	Item	Progress
	<p>to their submission to the Healthcare Commission</p> <p>Contact Officer: Lindsay Tomlinson</p>	
	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To receive an update on progress and key achievements on the objectives within the Annual Accountability Agreement 2007/08 and performance against other social care targets</p> <p>Contact Officer: Tina Hornsby, NHS Peterborough</p>	
	<p>NHS Peterborough Budgetary Monitoring Report</p> <p>To receive a budgetary report for NHS Peterborough</p> <p>Contact Officer: David Bacon, NHS Peterborough</p>	
	<p>Update on Adult Protection</p> <p>To consider and comment on the quarterly report and identify any areas of concern.</p> <p>Contact Officer: Denise Radley</p>	

Items to be scheduled:

- Coronary Heart Disease – major item to look at various aspects
- Health Services for people with learning disabilities