

## SCRUTINY COMMISSION FOR HEALTH ISSUES

MONDAY 13 SEPTEMBER 2010

7.00 PM

Bourges/Viersen Room - Town Hall

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Monday 8 November 2010 at 7pm



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### **Committee Members:**

**Councillors: B Rush (Chairman), Y Lowndes (Vice-Chairman), Arculus, P Nash, J Stokes, D Fower and N Khan**

**Substitutes: Councillors: R Dobbs, A Shaheed and Z Hussain**

**Further information about this meeting can be obtained from Louise Tyers on telephone 01733 452284 or by email – [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)**

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD IN THE BOURGES & VIERSSEN ROOMS, TOWN HALL, PETERBOROUGH  
ON 19 JULY 2010**

**Present:** Councillors Rush (Chairman), Nash MBE, Stokes, Peach, Khan, Sandford

**Also present** Annette Beeton LINK Representative  
Councillor Jamil Ward Councillor  
Councillor Sharp Ward Councillor

**Officers in Attendance:** Denise Radley Executive Director of Adult Social Services  
Caroline Hall Deputy Director of Finance, PCT  
Paul Whiteside Director for Strategic Change, PCT  
Paulina Ford Performance Scrutiny and Research Officer  
Michelle Abbott Lawyer

**1. Apologies**

Apologies had been received from Councillors Lowndes, Arculus, and Fower and Councillors Peach and Sandford were in attendance as substitutes. Apologies had also been received from Diana Millard, LINK representative.

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

There were no declarations of interest.

**3. Minutes of the Meeting held on 14 June 2010**

The minutes of the meeting held on 14 June 2010 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. Draft Protocol Between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK)**

The Scrutiny Officer reported to the Commission on the proposed protocol and working arrangements between the Scrutiny Commission for Health Issues and the Peterborough Local Involvement Network (LINK). The Protocol set out an agreed process for dealing with referrals between the Peterborough LINK and the Scrutiny Commission, and clearly set out each body's commitment to working together to promote the general health and wellbeing of the residents of Peterborough. The draft protocol had been considered by the LINK and had been approved. The Commission were asked to consider the protocol and formally approve the agreement.

Councillor Khan requested confirmation of the Commissions terms of reference with regard to Call-In requests and decisions made by the PCT. The Scrutiny Officer advised that the Commission had the right to call-In decisions made by the Executive of the Council but not to call-in decisions made by the PCT.

The Commission approved the draft Protocol.

## **ACTION AGREED**

That the Commission approve the draft Protocol.

### **6. NHS Peterborough Budgetary Monitoring - 2009/10 Outturn**

The Executive Director of Adult Social Services presented the report in the absence of the Interim Director of Finance of the Primary Care Trust (PCT). The report provided the Commission with the 2009/2010 audited financial outturn of the PCT. The bottom line figure showed an overspend of £12.832M in 2009/10 and how this occurred. The Executive Director of Adult Social Services advised that the PCT had a turnaround plan in place and this sought to make around £24M savings in this year.

Observations and questions were raised and discussed including:

- Members noted that the Corporate Services and Management structure budget figure was £13M but the actual figure was £14.5M. How did this compare with the administration costs of other Primary Care Trusts in this part of the country and how much of that figure was involved with employing external consultants – not medical consultants. Members were advised that the £14M was not all staff costs and some was for the running costs of premises. Peterborough's costs are high although it is difficult to compare as the PCT covers adult social care as well, which other PCTs do not. A strong focus of the turnaround plan was to look at reducing management costs. No information was available at the meeting on costs of consultants but the officer offered to provide this at a later date.
- Members wanted to know why the PCT had under spent against capital resources. Members were advised that capital funds had to be bid for 4 or 5 months before the start of the financial year. At that time it was anticipated that they would develop a permanent infrastructure for primary care. Plans had changed and the full amount was not now required.
- How would the new government's initiatives affect the PCT? Members were informed that a white paper on the National Health Service had been published within the last week and it outlined significant changes to services. There were still a number of detailed documents to be received giving the detail of these changes. The Commission would receive a report on this at its September meeting.
- Why was the budget overspend not being monitored through 2009/2010 and appropriate action taken? The Commission were advised that there were a number of factors for the overspend, one being the budget setting process. There was reporting to the PCT Board and other bodies but some of the concerns were not spotted early enough and plans to mitigate those issues did not have an impact early enough. Governance was now more robust and a Finance and Performance Committee had been set up. It was being taken extremely seriously and was being monitored very closely. The Board met monthly and the reports were published on the website for public viewing.
- Members confirmed the continued need to receive very regular reports on the turnaround plan and to be kept informed of any changes as early as possible. The Commission would receive a further update in November.

## **ACTION AGREED**

- (i) That NHS Peterborough continues to report regularly to the Commission on the progress of the NHS Peterborough Turnaround Plan. The Commission requests that any significant changes should be reported to the Commission as soon as they happen.
- (ii) That the Deputy Director of Finance provides the Commission with the number of non medical external consultants that are being employed by the PCT.
- (iii) That the Executive Director of Adult Social Services presents a report to the Commission in September on the Government White Paper "Equity and Excellence:

Liberating the NHS [National Health Service],” and the impact of the proposed changes.

## **7. Peterborough Safeguarding Adults - Quarterly Report**

The Executive Director of Adult Social Services presented the regular quarterly report on work regarding Safeguarding of Adults. Since the last report there had been improvement and changes to data recording. National reporting requirements had changed and it was now reported from a single client data base which allowed reporting on more areas. There was now more information on outcomes and better quality of information. Allegations were now either categorised as substantiated, not substantiated or partly substantiated and cases were closed on that basis. Further work was required to investigate some cases that were taking longer than expected to close. The average levels of referrals were 22 to 25 a month for Peterborough with the highest proportion of referrals coming under the physical disability or frailty category as it covered all age groups. The Adult Safeguarding Board which oversees the action plan agreed at its meeting in April that the action plan would be refreshed and separated out into an improvement plan and a further work programme.

Questions and observations raised by Members

- Were there any checks in place to make sure vulnerable people were getting all the information they needed. Members were informed that there was a lot of work happening around increasing awareness in these groups and additional work around raising public awareness.
- Were people who needed safeguarding services fully involved in and in control of the safeguarding processes? Members were advised that on an individual basis people were fully involved in the decision making processes around the services they received; however more work needed to be done by the Safeguarding Board as it was a sensitive topic. A face to face interview survey had taken place but this had produced limited responses however the results were being used to improve services. A carer had also been invited to join the Board to bring in their views.
- Did the Board have the resources to deliver the improvement plan? Members were advised that the Council had invested an additional £1/2million into adult safeguarding work to provide the necessary level of investment. One of the key areas that the money had been used for was to put in place a completely redesigned team. Job adverts were about to go out for highly specialised roles which required extensive experience in this area. The Safeguarding Board also had excellent partner engagement and sign up to the Board across a wide range of organisations.
- Did all the staff still receive the appropriate training? Members were advised that all staff received appropriate training and that a programme was agreed every year by the Board and was adjusted to changing legislation and needs. There was basic awareness training for everyone which Members could also receive.

### **ACTION AGREED**

The Committee noted the report.

## **8. Walk-in Services**

The Director for Strategic Change for NHS Peterborough introduced a report informing the Commission of NHS Peterborough's proposed consultation on the future provision of services at the Alma Road surgery with the PCT's recommended option being to close the service. A review of all services had been undertaken and in particular urgent care services and the walk-in centre which had opened in Alma Road in April 2009 was part of these services. The conclusion had been reached to close the Alma Road service based primarily on the fact that there were duplicative and similar services close by. Services for patients and choice for patients would be maintained whilst closing Alma Road. Alma Road offered

services to registered patients for primary care and a walk-in service for registered and unregistered patients. There were currently 11 other GP practices within one mile of Alma Road who offered registered services in the area, 10 of which had open lists and offered extended hours but not from 7.00am to 10.00pm. The City Care walk-in service, which was nurse led, offered a similar service and was just over one mile away from Alma Road. There would be a consultation period of 8 weeks and 2 public consultation meetings during August.

The Director for Strategic Change had been advised by the providers of the services at Alma Road prior to the meeting that there were more up to date statistics available since the report had been written. The current figures showed an increase in registered patients since April 2010 from 400 to 610 on 12 July. The current monthly rate of attendance at the walk in centre was closer to 500 per week than the stated figure. The consultation paper would be amended to reflect this new information.

#### Questions and observations raised by Members

- Local ward councillors advised that they had not been informed on the proposal.
- Alma Road was opened in April 2009 and was gaining patients daily. If the target of 2000 patients was to be reached would the consultation be stopped and no further action taken. The area in which the practice sits was an area of growing population.
- If this was a genuine consultation why had the doctors been given notice to close before the consultation had started?
- At a recent event at the Town Hall where several GP practices were represented including the Alma Road practice, they were offering services to people who were currently registered with the Sergeant Street surgery which was due to close. Why was Alma Road Surgery represented at this event when it was being considered for closure?
- Even though the Alma Road practice was only set up 18 months ago the report indicated that there was over provision in the area. Why therefore did ward Councillors receive complaints from people saying that they found it hard to get appointments and had to wait so long at their own doctor's surgery?
- Members felt that in general the financial management and strategic direction of the PCT would continue to be poor. With regard to the closure of Alma Road it would be better to look at the other surgeries that were in older buildings with inappropriate facilities to close rather than a brand new building such as Alma Road.
- How many more services were going to be closed?
- Alma Road was opened in response to the report by Lord Darzi regarding availability of GP services. The centre gave access to GP services 7 days a week from 7.00am to 10.00pm.
- The report stated that Alma Road offered a duplication of services. The City Care Centre was not a comparable service as it only offered a Nurse Practitioner service when Alma Road offered a GP service. The other GP practices listed did not offer extended hours from 7.00am to 10pm. The service at Alma Road was open to all people across Peterborough.
- The Alma Road service was originally commissioned on the basis that it would provide services for 2000 registered patients and 350 on a walk in basis. The primary reason for Alma Road was to offer an extended walk in service for anyone who wanted to use it outside of normal GP hours. If the current walk in figures were over 350 then they were reaching their target.
- The report mentioned options 1 and 2 and talked about the benefits of Option 1 but did not talk about the negative aspects. The consultation document stated that the service was underperforming and yet the PCT say that the closure was not about performance. The current figures showed that the service was over performing. Both sides of the argument should be listed in the consultation paper along with accurate statistics. Statistics should also be given on the other GP practices listed.
- The distance of 1.12miles to the City Care Centre did not seem accurate. How had it been measured?

- Had the PCT considered the future of all the surgeries listed in the consultation paper?
- What other services had been looked at? Was this proposal based on saving costs rather than provision of services?
- The impact assessment showed that all groups would be impacted by this closure and it did not take into account the impact of closing this service, whether it was positive or negative.
- How serious or sincere were the PCT about this consultation as the service providers had already been given notice to quit and the consultation only promoted the closure of the practice. No case had been made for the benefits of retaining the Alma Road service.
- The Consultation, Communication and Engagement Strategy stated that Dr Michael Caskey (GP at the Park Medical Centre) was NHS Peterborough's Clinical Change lead clinician. Was this a possible conflict of interest as he would have the potential to gain from the closure of Alma Road?
- When the consultation had been completed and if it showed that the people did not want it to close what would happen next?
- If Alma Road did close would the City Care Centre be able to cope with the extra number of people that would have used Alma Road?
- This consultation document did not provide a fair and unbiased consultation as it appeared to be skewed towards one option. The document was an argument towards a particular outcome and not a consultation.
- There was concern that as this was a major closure of services the interim Chief Executive chose not to attend the meeting.

#### Questions and observations raised by members of the Audience

- Cllr Sharp who had previously sat on committee that had initially looked at the Alma Road project when it had first opened addressed the Commission. He advised that the needs of the area at the time the facility had opened had included a requirement for services for vulnerable groups, ethnic minorities and extended out of hour's services. It had been established to take the pressure off A & E and doctors in the area.
- Cllr Jamil commented that no one had talked about the patients. There had been a need for the centre 18 months ago and this need had not changed. As the population was continuing to grow there would continue to be a demand for the centre. At the Centre patients were able to get to see a doctor when needed and this was what people wanted. The consultation document did not bring this out.
- Rob Longhurst, part of the Management Team at the Alma Road Care centre, addressed the Commission to advise that they worked in partnership with the PCT to deliver services. There were currently 650 patients registered against a first year target of 1000. Over 100 patients were registering each month and with the Sergeant Street surgery closing the number was rising. The current run rate was 3660 consultations a year which equated to £32.62 per patient visit. Patients had advised that they used Alma Road because they could not get appointments at their normal practice, came to the Centre on foot, or because many were transient residents who were not registered anywhere. Some residents from other countries did not understand the concept of registering with a practice and were used to walk in type services in their own countries. Many came out of hours at weekends and in the evening. The availability of the walk in facility at the City Care Centre needed to be clarified as there was a rumour that it would also be closing in the future. If the Alma Road services were not available and if one third of the Alma Road patients went to A & E then there would not be a cost saving as A & E cost £89 per patient visit.
- A local resident made a statement saying that the consultation document was badly written and the two public consultation dates had been scheduled for the middle of the summer holidays when people would be away. He was concerned as to how people would get to the City Care Centre when the buses had stopped running in the evening. Where had the Government funding gone that had been put aside to run Alma Road?

- The Chair of the Peterborough Pensioners Association commented that the Peterborough District Hospital site would soon be demolished and houses built on it which meant that even more people would be using the City Care Centre.
- A local resident made a statement and asked why the PCT wanted to close a thriving centre as people of all nationalities attended Alma Road. She asked if the PCT were going to pull the Centre down and sell the land for development.

The Director for Strategic Change responded:

- Whilst reviewing all the services and before consulting with anyone a recommendation had been reached. Now that a recommendation had been made the consultation could start and the Scrutiny Commission was the start of that consultation process.
- It was unlikely that the target number of 2000 registered patients would be reached going on the numbers who had registered over the past 18 months.
- Contractual notice had been given to the current provider as legal advice had been taken which stated that the PCT would be able to give notice to the current provider without prejudicing the consultation. The consultation was on whether or not the public agreed with the recommendation to close the service and the provider of that service was a separate matter. It was an open consultation to see what ideas people came up with. If people felt that the decision was correct to close the service then the PCT would not have wasted time by having to give notice to the providers at that point.
- There had been a review of all the urgent care services and there was a need to make rapid changes to the whole health economy. The PCT were moving as quickly as was reasonably possible whilst following due process and procedure. There was no pre judgement on what would be done with Alma Road.
- If there were specific complaints about not being able to get appointments and length of waiting times then the primary care team would be happy to look into those.
- The Director's job was to make the best use of the money available in the current financial position. He had to look at all of the services and this proposal seemed rational when taking into consideration all of the services available within the area.
- The main reason why the recommendation was being made was due to the duplication of similar services in the area and was not a question of performance. However not enough people had registered at Alma Road and when the paper was being written the most up to date figures had been used. It was only today that the service provider had advised that more up to date figures were available and these would be included in the consultation paper. Further information was also available on the other GP practices which could be included.
- The distance provided for Alma Road to the City Care Centre was as the crow flies.
- The current situation at all of the other surgeries in the area had been taken into account and the PCT had no further knowledge or information that would impact on the argument that had been put forward.
- The PCT were under a duty to do the best with the money that was available regardless of the financial situation. The previous Government's policy was to provide a flexible GP service but the government and financial context had changed and it was now necessary to make decisions within the current context. Duplication of services and tax payers' money was relevant to the recommendation made.
- Part of the rationale for closing Alma Road was that there were similar local services that all groups could access and there was a high concentration of GP practices in the area.
- The PCT were serious about the consultation and had not prejudged the outcome.
- With regard to the involvement of Dr Caskey, he was a respected clinical leader and adviser to the PCT on a wide range of clinical issues. The potential conflict of interest was very small and any conflicts of interest would have been declared. Dr Caskey was one member of a large number of GP's in the locality who may or may not benefit in a small way from this proposal.
- If the outcome of the consultation was not to close Alma Road then the PCT would need to keep reviewing the position and develop other options.



- The City Care Centre should be able to cope with the extra numbers of patients if Alma Road was closed as it was not being fully used at the moment. There were experienced nurses at the City Care Centre dealing with lots of people with urgent care needs and they would refer them on if necessary. The PCT did not believe it would put extra pressure on other services if Alma Road was to close. The consultation was based on similar services being offered for patients.

## **RECOMMENDATIONS**

That having considered the Walk-in Services report and consultation document, the Scrutiny Commission believe that the 'The Right Care at the Right Time' consultation document is not fit for purpose for the following reasons:

- Statistical information with regard to the number of walk in patients and the number of registered patients for GP services at the Alma Road Primary Care Centre requires updating.
- The consultation document appears to be steering consultees to one particular option and does not provide a fair and balanced view.
- The document does not give detailed information on alternative options.
- The consultation document did not include details of the actual distances from the Alma Road Primary Care Centre to the other GP surgeries mentioned in the document and the City Care Walk In Centre;

Due to these concerns the Scrutiny Commission is unable to make a view on the proposals at this time.

The Commission therefore recommend to the Chief Executive and Chairman of NHS Peterborough that:

- (i) The consultation document is revised to incorporate the additional information highlighted by the Scrutiny Commission and to reflect their comments.
- (ii) That the revised consultation document be submitted to members of the Commission before being sent out for further consultation within two weeks of the date of the meeting.

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

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

### **ACTION AGREED**

The Committee noted the Forward Plan and agreed that there were no items to bring to the Committee.

## **10. Work Programme**

Members considered the Commissions Work Programme for 2010/2011 and discussed possible items for inclusion.

### **ACTION AGREED**

To confirm the work programme for 2010/11.

**11. Date of Next Meeting**

Monday 13 September 2010 at 7pm

CHAIRMAN  
7.00 - 10.10 pm

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES  
HELD AT THE COUNCIL CHAMBER - TOWN HALL ON 3 AUGUST 2010**

**Present:** Councillors B Rush (Chairman), Y Lowndes (Vice-Chairman), P Nash, J Stokes, J Peach, N Khan and N Sandford

**Also Present:** Councillor C Burton  
Councillor D Harrington  
Councillor M Jamil (for part)  
Paul Whitehead, Interim Director of Change, NHS Peterborough  
Dr Mistry, NHS Peterborough

**Officers Present:** Denise Radley, Executive Director of Adult Social Services  
Michelle Abbott, Lawyer  
Louise Tyers, Scrutiny Manager  
Michelle Abbott, Lawyer  
Denise Radley, Executive Director of Adult Social Services & Performance

**1. Apologies for Absence**

Apologies for absence were received from Councillors Arculus and Fower. Councillors Peach and Sandford were in attendance as substitutes.

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

Councillor Burton declared a personal interest as he was a registered patient at the Alma Road Practice.

Councillor Sandford asked whether Dr Mistry had any financial interests in the process as he was a doctor at a surgery in the local area who could benefit if the Alma Road Primary Care Centre closed. Dr Mistry responded by saying that he had no direct financial interest in any decision made to close Alma Road as patients could register with any GP practice in the City. He was in attendance this evening as the lead advisor to NHS Peterborough on this issue.

**3. Future of the Alma Road Primary Care Centre**

Further to the last meeting, the report presented an updated consultation document on the future of the Alma Road Primary Care Centre.

The Chairman made a statement reminding members that whilst the issue was very contentious the role of the Commission was to offer effective scrutiny and challenge to the consultation document. Members needed to confine themselves to questions of fact and explanation as to how services could be delivered in the future in a way which was both constructive and courteous to all attending the meeting.

Paul Whiteside, Interim Director of Strategic Change at NHS Peterborough, advised that the consultation document had been changed to take on board the views made by the Commission at the last meeting. It particularly made more clear the benefits and disbenefits of the Alma Road Centre and also updated the figures in relation to the number of users of the Centre; however it needed to be remembered that the other surgeries in the area had over 50,000 registered patients. A review had taken place on the premises of other GP

practices in the area and it was found that there was a varied mix in the condition of the premises. NHS Peterborough now proposed to extend the consultation process so the Commission could consider this issue again at the meeting on 13 September.

Questions and observations were made around the following issues:

- Councillor Peach advised that he was concerned at the events which had followed the Commission's last meeting, particularly as the PCT did not want to meet with the Commission again following that meeting. *The Scrutiny Manager informed the Commission that the PCT had not tried to avoid attending another meeting but due to the logistics of trying to arrange another meeting within the consultation timescale it had been proposed to send the revised consultation document to Commission members outside of the meeting, however now the consultation period was due to be extended it had now been possible to hold another meeting.*
- Why was the information requested on the other surgeries not provided as there was concern that the document still contained inaccuracies? *Mr Whitehouse asked for clarification as to what inaccuracies remained in the document. The distances of the other surgeries to the City Care Centre had now been included and had been calculated on an NHS system which measured as the crow flies.*
- What were the costs per patient of the Alma Road Centre? *The Alma Road contract was let under a different system and could not be compared with other GP practices.*
- The consultation document stated that all of the practices which were close to Alma Road were PMS practices which would be very difficult to terminate without cause, did that mean that Alma Road would be easier to close so that was why that option had been put forward? *The rationale for the proposal was that there was already sufficient GP provision close to the Centre which provided a very large number of similar services. The consultation was about seeing whether other options could be suggested. PMS contracts were long and unless there was performance issues the PCT could not take action. If a GP retired then it was usual for the practice to appoint another practitioner. In most cases the patients were loyal to the practice and not a specific GP. The rationale for the proposal was multi-factorial.*
- There was some concern at the restrictive practices of other GPs, including only taking patients from certain areas. The unique point of Alma Road was that anyone who lived, worked or visited the City could access its services. This uniqueness had not been publicised well.
- The City Care Centre was only a nurse led facility where Alma Road was GP led. *The City Care Centre was nurse led but the out of hours service was based there so a doctor input was available during those times.*
- Part of the case to close Alma Road was that there was a duplication of services, which GPs were duplicating the hours of Alma Road? *Many practices had now extended their hours but it was accepted not to the same level as provided at Alma Road. The City Care Centre worked the same hours as Alma Road and GPs were available during out of hours so the hours services were available were similar to Alma Road.*
- What happened to the patients who used the walk in service at Alma Road, were they fully dealt with at the Centre, referred to A&E or referred to their own GP? *If they could the clinicians at Alma Road would deal with the case. Sometimes the patient would be referred to their own GP if it was a chronic condition or if they needed medication changes. Any acute medical emergencies would be referred to A&E.*
- What was the number of patients using the out of hours service? *The out of hours service was seeing around 1500 patients a month.*
- The document stated that Alma Road was originally commissioned to have 2000 registered patients at the end of its second year but the Centre was currently treating over 500 walk-in patients so was already over its target for that element of the service. At the current speed of registration it was conceivable that it would reach the target of 2000 at the end of year two. *It was accepted that the Centre could achieve*

*2000 patients but that number of patients would be small for a GP practice. There were a multitude of factors as to why the Centre could be closed.*

- *The number of patients was continually increasing, how many other GPs had increased their registrations by 50% in three months? In the first 12 months of the Centre there were only 400 registrations, only since the issue of the future of the Centre had arisen had the numbers increased. The Millfield and Thistle Moor practices had increased their patient numbers.*
- *How would the outcome of the consultation be evaluated? The PCT was not in a position to judge the outcome. There was no specific threshold for making decisions on such matters. A feedback document would be developed and a recommendation would then be taken to the PCT Board which would take into account all of the issues in the round.*
- *If Alma Road was closed, how would this help to reduce the number of patients visiting A&E? The PCT was addressing the appropriate use of A&E. If Alma Road did not close then the expected savings would have to be found from somewhere else.*
- *Was it true that Alma Road had not been encouraged to build up its registered patients list? The Centre had been commissioned to have 2000 registered patients by the end of year two and the PCT was not aware of any directions to discourage registration of patients.*
- *The facilities of some of the other practices in the area were not in a good condition. Was there the possibility of some of the practices merging or sharing the facilities at Alma Road? GPs were individual contractors so it was the responsibility of individual surgeries to negotiate whether to merge but some practices were actively looking to find alternative premises. Alma Road did not work as it currently stood and the PCT was open to any proposals other people come up with.*
- *The proposal to close Alma Road was depriving other surgeries of the chance to move into new facilities, would the Sergeant Street surgery be willing to move into Alma Road? People were not signing up at Alma Road because of the uncertainty of its future. The patients at Sergeant Street were mainly registering at Westgate Surgery. The services at Alma Road were currently being provided in portakabins.*
- *The suggestion for other surgeries to be approached about sharing facilities at Alma Road should be actively facilitated by the PCT. The PCT was open to any ideas. The closure of Alma Road was an option if no other options come through the consultation process.*
- *There was concern that if Alma Road was closed people would go to A&E which could incur additional costs for the PCT. There were various pathways available to deal with specific conditions and the City Care Centre was led by highly trained nurses. The PCT was already looking at the most appropriate use of all services.*
- *Due to the mix of population in the area there was concern that people would not know where the City Care Centre was and so would go to A&E instead. Was there a guarantee that the City Care Centre would remain open? There were currently no plans to close the walk in facility at the City Care Centre.*

With the permission of the Chairman other councillors and the public gave their views.

- *A lot of money was being spent on old infrastructure so Councillor Khan's suggestion of sharing premises should be looked at.*
- *Councillor Burton declared that he was a patient at Alma Road. The document made use of statistics but it was important to look at trends rather than at one point in time. 14 languages were spoken at the Centre and would other practices be able to support those languages? The growth of patient numbers at Alma Road would be greater if the Centre was not under the threat of closure. How would the consultation be publicised? An Engagement Strategy had been developed and seen by the Commission at the last meeting. A range of fora would be used including holding a*

*number of public meetings and the PCT was looking to engage with as many people as possible.*

- Had any surveys been undertaken with patients to see whether they preferred to see a GP or nurse? *Systems were now in place for people to see the most appropriate clinician as it was not effective for a GP to see every patient.*
- What finances would be set aside for patients to attend the City Care Centre, for example, public transport in the evening as it would be difficult to find transport home especially at weekends. *No specific transport arrangements had been put in place but the City Care Centre was in a sensible location.*
- The Manager of the Pavilions Care Home explained that a number of GPs would not come out to residents at the Home as it was not in their area but Alma Road provided them with an excellent service. If a resident had to go the City Care Centre then that would mean that a member of staff would have to accompany them and would not be available at the Home. Alma Road was a key element of the local community but had not been advertised well throughout the City.
- Closing Alma Road would cost the PCT more as people would go to A&E instead. Alma Road was important to an area where there were significant differences in health equalities compared to other areas of the City and this would only increase with the closure of the Centre. The suggestion of Councillor Khan around the sharing of premises needed to be supported. *The PCT was already looking to address the number of A&E attendances. The area was already well covered for primary care with a number of other practices close by.*
- A local resident gave her personal perspective of how Alma Road was supporting her and her daughter who had severe diabetes. She believed that the closure of Alma Road would put her daughter in danger and reduce her quality of life.

## **RECOMMENDATIONS**

The Chief Executive and the Chairman of NHS Peterborough are recommended:

- (i) that the consultation on the future of services at the Alma Road Primary Care Centre does not go ahead at this time and that NHS Peterborough return to the Scrutiny Commission in September with detailed information on the other GP practices in the area including patient numbers, services provided and the condition of the estate; and
- (ii) that NHS Peterborough facilitates discussion amongst the other GP practices to see if arrangements and savings could be made by possibly sharing accommodation with the Alma Road Primary Care Centre.

CHAIRMAN  
7.00 - 9.35 pm

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 5</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

## Report of NHS Peterborough

Contact Officer(s) –  
Contact Details -

## Report of the NHS Peterborough Interim Director of Strategic Change

Report Author – Paul Whiteside  
Contact Details – 01733 758452

### 1. PURPOSE

- 1.1 Discuss and update the Scrutiny Commission on NHS Peterborough's consultation on the future provision of services at the Alma Road Primary Care Centre.

### 2. RECOMMENDATIONS

- 2.1 Members of the Scrutiny Commission to **NOTE** -

The 'Consultation, Communication and Engagement Strategy'.  
The options presented and NHS Peterborough's preferred option.  
The consultation document, 'The Right Care at the Right Time'  
The consultation process which has commenced and is due to be completed on the 29.10.10

### 3. BACKGROUND

- 3.1 Alma Road Primary Care Centre currently provides a walk-in service for non-registered patients and for registered patients. The service opened in April 2009 as part of a national directive from the Department of Health arising from the Interim report of Lord Ara Darzi. This facility is open from 7am until 10pm each day.
- 3.2 Our aim is to rationalise current provision so that patients have access to high quality services, in an integrated manner and in a way that delivers high quality and efficient healthcare. In line with this aim, NHS Peterborough is currently running a public consultation on the future of Alma Road. As part of this process, NHS Peterborough has attended previous Health Scrutiny meetings and presented the proposed consultation documents. A number of recommendations made by the Scrutiny committee have all been implemented.

### 4. KEY ISSUES

- 4.1
- The number of registered and walk in patients current accessing the service.
  - Other services and developments in Peterborough.
  - Capacity within a close proximity for the re- provision of the existing service.
  - The consultation process on the future of Alma Road which ends on the 29<sup>th</sup> October 2010.

### 5. IMPLICATIONS

- 5.1 The re -provision of services with a specific impact on Central, Park and North wards. Simplified pathways for patients to access care and no duplication of walk in services. Financial implications of retaining the current services in the context of the PCT's financial turnaround programme.

## **6. CONSULTATION**

- 6.1 Involvement and Engagement Strategy 'Equitable Access to Primary Medical Care Services' January 2008 to February 2009.

PCT financial turnaround plan including stakeholder engagement agreed at board meeting of 19/05/2010 .

NHS Peterborough's consultation on the future provision of services at the Alma Road Primary Care Centre which is currently underway and due for completion on the 29<sup>th</sup> October 2010.

## **7. NEXT STEPS**

- 7.1 As outlined in the 'Consultation, Communication and Engagement Strategy'

## **8. BACKGROUND DOCUMENTS**

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

- 8.1 NHS Peterborough Turnaround plan May 2010 (available on request)

## **9. APPENDICES**

- 9.1 Consultation Document, 'The Right Care at the Right Time' - FINAL  
Equality Impact Assessment - FINAL





## **‘The Right Care at the Right Time’**

### **Improving Unscheduled and Urgent Primary Care Services**

#### **The future of services currently provided at Alma Road Primary Care Centre**

#### **Consultation Document**

## Why are we consulting you?

NHS Peterborough is in the process of reviewing all of the elements of its urgent care services. These services provide treatment for less serious illnesses and injuries which require immediate care, but which do not require the full services of an accident and emergency department.

What is needed is efficient, high-quality, cost effective services. When people need urgent care they do not want or need to have to negotiate a complex system of services. We need a simple system that allows people to access the right care at the right time.

There is a need to improve access to timely and appropriate urgent care for patients, and provide information and advice so that patients can make an informed choice about which service they use and when.

The current configuration of urgent care services could be improved to better meet patient needs. There is an element of duplication and lack of efficiency in the current system which could be changed. This should result in more streamlined services, and ones which will also contribute to improving NHS Peterborough's financial position as part of its turnaround programme.

We are asking for your views, along with a number of other stakeholders, so that they can be reflected in the decision making process.

### Right care, at the right time

The variety of services available can sometimes be confusing - NHS Direct, pharmacies, GP services, Walk-in Centres and A&E. Many people attend their local A&E department because they need urgent or immediate treatment – but many patients attend A&E because they feel it is the easiest place to get the care they need. These patients could easily be seen by their own GP or at the City Care Centre Walk-in Centre.

Many ailments and queries can also be dealt with by a pharmacist who is the expert in medicine management and offering a quick and safe remedy. These are in a number of locations across the city. Going direct to hospital or dialling 999 should only be for serious illness or injuries considered to be critical or life threatening.

To help Peterborough residents seek the right treatment, in the right place, at the right time, NHS Peterborough launched a new campaign this winter encouraging people to 'Choose Well'. The Choose Well campaign aims are to tell people what local services are available and provide them with guidance to ensure they can make the right choice according to the symptoms they have.

## What are we consulting on?

The current services which provide urgent care in Peterborough are:

- Accident and Emergency Services
- The City Care Centre Walk-in Centre

- Primary care access for patients needing urgent care
- The Alma Road Primary Care Centre
- Primary Care Out-of-Hours service.

We are consulting you on the Alma Road Primary Care Centre and how this fits into the wider system of urgent care services.

### Alma Road PCC

Alma Road Primary Care Centre currently provides a walk-in service for non-registered patients and for registered patients. Alma Road is housed in temporary accommodation. The service opened in April 2009 as part of a national directive from the Department of Health, arising from the Interim Report of Lord Ara Darzi.

The Alma Road Primary Care Centre was originally commissioned on the basis that it would provide services for 1500 registered patients by the end of its first year and 2000 registered patients by the end of its second year, while treating 350 walk-in patients per week.

The facility is open from 7am until 10pm each day, and has seen an average of 300 walk-in patients per week since it opened (although this has grown to between 500 600 per week in June and July). Latest figures ( 3 August 2010) show there are currently 736 patients registered with Alma Road Primary Care Centre for GP services.

## **Consideration**

NHS Peterborough has assessed the service according to the extent to which it is providing the same as similar nearby services, how these services could alternatively be provided and whether the money it costs could be better utilised.

### *Primary care services*

Alma Road is providing primary care to 736 registered patients (3 August figures). This is problematic for a number of reasons:

- It is below the patient list size of 1500 -2000 that was anticipated for years 1 & 2, although it is seeing a good number of walk-in patients.
- That such a small list size is not sustainable as a stand-alone primary care entity.
- There is already ample primary care provision in that there are 11 other GP practices within 1 mile of the centre which are open for new patients (see Annex for list of practices). Peterborough already has a higher proportion of GPs per person compared to the national average, and this ratio is even higher in this area of the city.

### *Primary care walk-in services*

The walk-in element of Alma Road Primary Care Centre is similar to the nearby, walk-in services offered at the City Care Centre and at other local GP practices.

- The City Care Centre walk in service is also open 7 days a week from 7am – 10pm. It provides a similar service which is nurse-led, but it works closely with on-site GPs during cross over times (evenings and early mornings) with the co-located medical Out of Hours Service. It is 1.1 miles distance from Alma Road “as the crow flies” (based on the NHS Choices web-site), with the actual travelling distance by road measured as roughly 1.7 miles.
- The nearby 11 GP practices also offer a walk-in service to their patients (as part of their standard contract). Some of these practices also offer extended hours, so further giving choice for patients outside core hours. One practice which is across the road from Alma road is the Millfield Medical Centre. This is a well established practice with a growing and diverse list. They share their building with the Co-op pharmacy which fronts the main road (Lincoln Road). This practice also provides a range of services for the newly arrived population in Peterborough and they have employed additional multi-lingual staff to support this work.

#### *Other factors*

NHS Peterborough has also considered the following:

- That the number of registered patients at Alma Road is relatively low and could easily be accommodated through the 11 close-by GP practices. These other practices already provide services for over 50,000 patients. They all have open lists and collectively they could more than accommodate all the 736 patients currently registered at Alma Road. These practices work from a variety of types of facilities, including new build facilities, refurbished and extended terraced and residential houses. They have the same standard primary care equipment offered at Alma Road, and they offer a full range of primary care services.
- There is further information on all these practices in the attachment to this document. In addition, the PCT will run an event during the consultation at which patients and the public can learn more about all the GP practices in this area and the services they offer.
- NB One small, single-handed practice (Millfield Surgery in Serjeant Street) close to Alma Road closed at the end of July. The information available to the PCT shows that not many Millfield patients chose to register at Alma road. This practice is not included within the list of 11 nearby practices.
- The PCT could support the process of enabling patients to choose and then register at the other practices. NHS Peterborough has a well tested process whereby it would contact all the affected registered patients to ensure they were aware of and offered alternatives, and depending on patient choice, NHS Peterborough would support the transfer (e.g. ensuring patient notes were moved). This would therefore be a managed process to ensure minimum inconvenience for patients.
- The City Care based Walk in Centre provides a similar service and it can be backed up by a much larger range of co- located services (on-site diagnostics (x-ray and ultrasound), in-patient beds, regular specialists on site for OP consultations, therapies, on-site pharmacy, minor procedure rooms etc).
- Initial soundings from GP leaders in Peterborough support the PCT's recommendations (see below) based on the fact the current service is not being

fully utilised, and clinical services available elsewhere have the capacity to treat those that are using the service. We are planning consultation with the wider group of GPs during the consultation.

- The other GP practices close to Alma Road have “GMS/ PMS” practice contracts which are very difficult to terminate without cause. None of the practices concerned have any performance or contractual issues which would allow the PCT to take such action. NB One practice has a different contract which it would be possible to terminate, but that practice has an established and stable list size.

NHS Peterborough is also looking at ways it can improve other elements of the urgent care system. It would like to build up primary care presence in the City Care Centre, and to reconfigure the current walk-in services. It will also be working with GPs to ensure they provide services for patients with urgent care needs

### Costs

The Alma Road centre costs the people of Peterborough roughly £1m per annum (staff and rental). If the centre was closed and patients accessed alternative providers, we judge that a significant element of this cost could be saved. Although there would be some initial termination costs to close the service, the costs of providing the services from other sites should be considerably less. While it is difficult to determine alternative costs exactly, our best estimate is that we could save 80% of the current running costs. The alternative costs should be less because:

- The walk-in service costs would be contained primarily through patients accessing the nearby Walk-in Centre or Out of Hours service, which are paid a one-off fixed charge each year, irrespective of how many patients are seen, and to a lesser extent through patients visiting local GPs, for which there is effectively no additional charge for this element of service.
- The patients registering with other GPs would cost similar or less as they would represent marginal additional costs to practices which are already established, and for which the PCT would only pay a small amount to reflect the higher list size of those practices over time.

The above represents our best assessment of the likely flows of patients. However, there is always the possibility that patients will seek other routes of access, eg to A&E, if they cannot access the Walk-in Services they require, and these might be equally or more costly. We assess this risk as relatively small. Most urgent care patients can be seen and treated by nearby practices during working hours, and they have access to the Out of Hours services otherwise. They also have the City Care Centre Walk-in Centre. It seems more likely that they will use these services rather than the more costly A&E services.

The saving of £0.8m per annum (full year effect) would otherwise need to be found through finding savings in other services. To give a sense of the scale of other service costs, this saving would equate to cutting other services by e.g. reducing A&E attendances by 9,000 patients.

# The Options

## Option 1

To close the services at Alma Rd.

To facilitate patients in choosing to register at one of the nearby GP practices and to support them to ensure they move to their new practices with the minimum of hassle.

To undertake communications through the existing Choose Well and other processes, to ensure that patients are aware of the alternative similar walk-in services at the City Care Centre and GP practices.

## Option 2

To retain the existing Alma Road facility and services and to find roughly £0.8m of savings through alternative means.

NHS Peterborough has identified Option 1 as its preferred option on the basis that it retains patient choice and access and that it is significantly more efficient for the health care system overall.

Although, it is consulting on this option as a recommended course of action, it is also keen to hear of other views and comments, and to see if other options develop as part of this consultation.

## Benefits of Recommendation

The recommended course of action would have the following benefits:

- The rationalisation of the urgent care services will simplify the route of access.
- Walk in service provision will no longer be offered in competing locations in Peterborough.
- Through the continued promotion of other primary care services, there will be good care provision available to all patients – including vulnerable and excluded groups.

It would make a significant contribution to NHS Peterborough's financial turnaround plan while making the least difference to the quality and range of urgent care services available to local people.

## Negatives of Recommendation

- The disruption of having to register at a new GP practice and to build relationships with a new GP and other practice staff. In particular this will be a second change for the small number of patients who have recently registered at Alma Road following the Millfield Road closure.
- Some patients may find accessing walk in services similar to those offered by Alma Road difficult due to the extra distance to the City Care Centre, although all but one of the practices closest to Alma Road offer extended access.

## How to have your say

This public consultation runs until 29<sup>th</sup> October 2010.

1. Do you agree or disagree that we need to simplify urgent care treatment in the city to ensure you know where to get the right care at the right time?
2. Do you agree or disagree with our recommended option?
3. If you disagree, what other options or proposals would you put forward to achieve the needed improvements?
4. Is there anything else you think we should consider?

There are a number of ways you can contribute, either by:

- Writing to us at:

**Freepost NAT 12255  
Alma Road Consultation  
Peterborough Primary Care Trust  
2<sup>nd</sup> Floor  
Town Hall  
Peterborough  
PE1 1BR**

- Calling us on **01733 758500**
- Emailing us at [involvement@peterboroughpct.nhs.uk](mailto:involvement@peterboroughpct.nhs.uk)
- Attending the public meetings:

24 August 2010 between 1 – 3pm at the Conference Room, City Care Centre

21 September 2010 between 10am – 12noon at the Reception Room, Town Hall

Once we have received your and other stakeholders' views, we will summarise these as part of the decision-making process. The final decision will take these into account, and we propose that this should be made at a Board meeting in November. If the Board approves this recommendation, then a change could occur anytime in the following 3 months, only once we were sure we had put in place arrangements to support the smooth transfer of services.

## Need more information?

This consultation can be found on our website [www.peterborough.nhs.uk](http://www.peterborough.nhs.uk).

Alternatively you can contact us by phone, letter or email at the addresses given above. We will be visiting organisations and groups during the consultation. If you would like a member of our team to come and talk to your organisation or group, please contact us to arrange an appropriate time.

If you or someone you know needs help with this document in another language or format, please contact us using the details given above.



## **GP Practices within one mile of Alma Road<sup>1</sup> (with open lists for patients to register)**

**Millfield Medical Centre, St Martins Street, Peterborough, Cambs PE13BF  
0.06 miles**

**Opening times:** Monday-Thursday 8.45-20.00, Friday 8.45 – 18:30, Saturday 9.00-13.00

**Accommodation:** Shop front surgery which has been recently refurbished. Patient parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Vascular checks, Extended hours.

Number of GPs = 6

**Minster Medical Practice, Thomas Walker Medical Centre, Princes Street,  
Peterborough, Cambridgeshire PE12QP  
0.26 miles**

**Opening times:** Monday-Friday 8.15-18.00

**Accommodation:** Modern building with patient parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Alcohol related risk reduction, Vascular checks.

Number of GPs = 1

**Huntly Grove Practice Thomas Walker Medical Centre, Princes Street,  
Peterborough, Cambridgeshire PE12QP  
0.26 miles**

**Opening times:** Monday, Wednesday, Thursday and Friday 8.30-18.00, Tuesday 8.30-19.40

**Accommodation:** Modern building with patient parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Vascular checks, Extended hours.

Number of GPs = 1

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<sup>1</sup> Distances from Alma Road taken from NHS Choices website using 'Google Maps'

**The Thomas Walker Surgery, The Thomas Walker Medical Centre, Princes Street, Peterborough, Cambridgeshire PE12QP**  
**0.26 miles**

**Opening times:** Monday-Thursday 8.30-18.00, Friday 7.00-18.00

**Accommodation:** Modern building with patient parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 4

**94 Burghley Road, 94 Burghley Road, Peterborough, Cambridgeshire, PE12QE**  
**0.44 miles**

**Opening times:** Monday-Friday 8.00-18:30

**Accommodation:** Converted terraced property in residential area which has been recently refurbished. On street parking.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 5

**Park Medical Centre, 164 Park Road, Peterborough, Cambs PE12UF**  
**0.45 miles**

**Opening times:** Monday, Friday 8.00-18.30, Tuesday, Wednesday 8.00-19.30, Thursday 8.00-21.00

**Accommodation:** Modern building with patient parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 6

**63 Lincoln Road Surgery, 63 Lincoln Road, Peterborough, Cambs PE12SF**  
**0.62 miles**

**Opening times:** Monday 8.15-12.15/13.00-20.00, Tuesday-Friday 8.15-12.15/13.00-18.00

**Accommodation:** Converted terraced property in residential area, with on street parking

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Vascular checks.

Number of GPs = 7

**Church Walk Surgery, 14 Church Walk, Peterborough, PE12TP**  
**0.63 miles**

**Opening times:** Monday, Tuesday, Thursday 8.30-18.30, Wednesday, Friday 8.30-13.00

**Accommodation:** Converted semi-detached property in residential area, with on street parking.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 3

**Thistle Moor Road, 6 Thistle Moor Road, Peterborough, Cambridgeshire**  
**PE13HP**  
**0.71 miles**

**Opening times:** Monday-Wednesday, Friday 9.00-18.30, Thursday 9.00-12.00, Saturday 9-11.30m

**Accommodation:** Converted and extended property in residential area, some parking available.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 7

**North Street Medical Practice, 1 North Street, Peterborough, Cambs PE12RA  
0.75 miles**

**Opening times:** Monday-Friday 8.15-18.30, Saturday 8.30-12.30

**Accommodation:** Converted corner property town centre with on street parking.

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 9

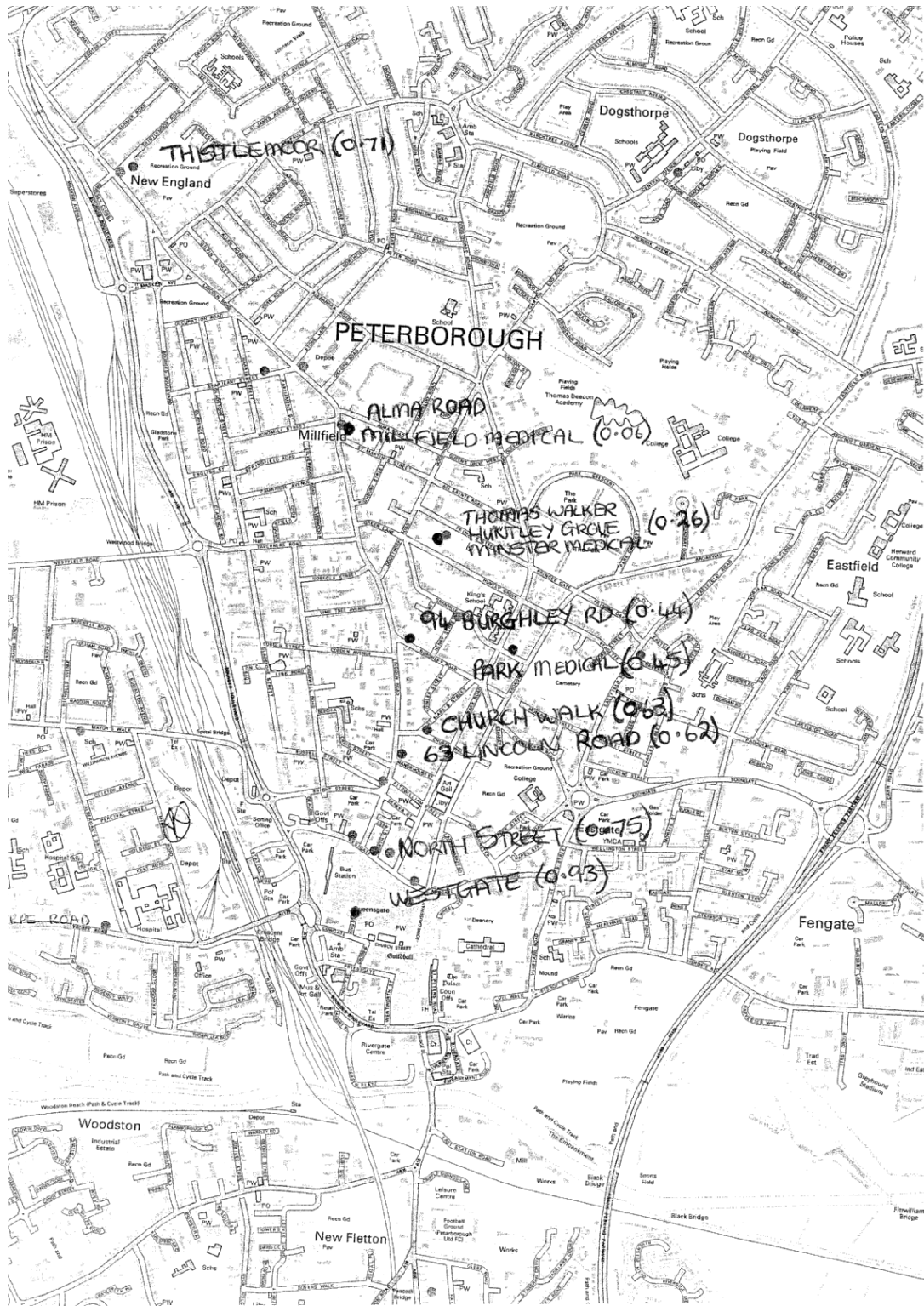
**Westgate Surgery, Queensgate Centre, Peterborough, Cambs PE11NW  
0.93 miles**

**Opening times:** Monday-Wednesday, Friday 8.30-18.30, Thursday 8.30-19.30, Saturday 8.30-12.00

**Accommodation:** New premises within Boots the Chemist in Queensgate. Parking in Queensgate Centre

**Services offered:** Cervical Screening, Contraceptive Services, Vaccinations and Immunisations, Child Health Surveillance, Maternity Medical Services, Minor Surgery, Childhood Vaccinations and Immunisations, Enhanced MMR, Minor Surgery, Contraception (IUD and Implanon fittings/removal), Influenza and Pneumococcal vaccinations, Childhood Immunisations, DVT Service, Learning Disabilities Health Checks, Ethnicity & First Language recording, Osteoporosis Screening, Extended hours, Alcohol related risk reduction, Vascular checks.

Number of GPs = 4



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## 1. Introduction

- 1.1 An Equality Impact Assessment (EIA) is a careful examination of a proposed policy, strategy, initiative, service or function to see if it could affect some groups unfavourably, especially minority groups who may experience inequality, discrimination, social exclusion or disadvantage. It applies equally to internal and external policies, procedures, services and functions. We are required to undertake EIA for each workstream/initiative within the Turnaround Plan.
- 1.2 The equality duties provide a framework to ensure that unlawful discrimination is eliminated and equality of opportunity promoted. Currently the law requires Equality Impact Assessments to be undertaken in relation to race, disability and gender duties. However the Equality Bill has now completed its journey through Parliament and confirms in law best practice that Equality Impact Assessments cover all aspects of equality. Peterborough PCT's Equalities Schemes require regular Equality Impact Assessments to be undertaken and has always covered all areas of equalities, including race, disability and gender but also covering age, sexual orientation, religious and cultural beliefs
- 1.3 This guidance is to assist staff in undertaking Equality Impact Assessments when developing or reviewing policies/plans, procedures or guidelines, development and delivery of services and functions. Impact Assessments are required to be undertaken on policies, strategies, services and functions, when these are being developed or reviewed.

## 2. Purpose and Scope of this Policy

- 2.1 The purpose of the Equality Impact Assessment is to examine the extent to which a policy, strategy, service or function may impact, either negatively or positively, on any groups of the community and, where appropriate, recommend alternative measures to ensure equal access.
- 2.2 Equality Impact Assessments will be carried out:
- When developing new policies/plans, procedures, services and functions.
  - When reviewing existing policies, strategies, services and functions.

## 3. Definitions

- 3.1 Peterborough Primary Care Trust has defined a policy as:  
*A policy is a statement which guides decision making based on the organisation's mission, objectives and strategies. It sets out the general aim of the organisation in a specified area and includes objectives, responsibilities and arrangements for implementation and monitoring.*
- 3.2 The Commission for Racial Equality defines a policy as:  
*Policies are sets of principles or criteria that define the different ways in which an organisation carries out its role or functions and meets its duties.*
- 3.2 The CRE goes on to state that policies can be formal or informal, written or 'custom and practice', so this can include procedures and guidelines.

The best guidance is to always undertake an Initial Screening Equality Impact Assessment if you are unsure.

- 3.3 Peterborough Primary Care Trust has defined a service as:  
*A department or branch of the organisation that provides specified care.*
- 3.4 Peterborough Primary Care Trust has defined a function as:  
*The actions and activities assigned to, or required/expected of, a person, group or organisation.*

#### 4. Undertaking the Equality Impact Assessment

##### 4.1 Step 1 *Initial Screening*

Identify the purpose/aim of the policy, strategy, service and function.

Gather information and data that is already available

Measuring the effectiveness of the impact assessment

An assessment of the impact or effects on different communities

##### 4.2 Step 2 *Gathering Information*

Talk to the Performance Team to see if there is any local data already in place that gives a breakdown by Ethnicity, disability, age, gender. Check whether any clinical audits have been undertaken. Look to see if there is any national data available.

The evidence gathered should give enable you to make a judgement on whether the policy, service, function is likely to have an adverse impact on any particular group. If the answer is **yes** then a full **Equality Impact Assessment** must be undertaken.

If the answer is **no** then the Initial Screening Form must be passed to the Chief Executives Office (Commissioning) or the Information Governance and Policy Manager (Provision) for publication.



**Appendix 1 – Step 1 Initial Screening Form – Equality Impact Assessment**

<p>What are the aims and objectives or purpose of the workstream/initiative?</p>	<p>Decommission Equitable Access to Primary Care Service (Alma Road).</p>
<p>Who will benefit from the policy, strategy, service or function?</p>	<p>All registered and un-registered patients living in Peterborough.</p>
<p>Who are the main stakeholders?</p>	<p>PCT, 3-Well, patients currently accessing Alma Road.</p>
<p>What are the desired outcomes?</p>	<ul style="list-style-type: none"> <li>▪ The rationalisation of the urgent care services will simplify the route of access.</li> <li>▪ Walk in service provision will no longer be offered in competing locations in Peterborough.</li> <li>▪ Through the continued promotion of other primary care services, there will be good care provision available to all patients – including vulnerable and excluded groups.</li> <li>▪ Savings made from rationalised services contributing to financial turnaround programme.</li> </ul>
<p>What factors could detract from the desired outcomes?</p>	<ul style="list-style-type: none"> <li>▪ Poor primary care access with GPs not meeting the demand for walk in services.</li> <li>▪ Unregistered population not adequately provided with primary care when needed who may then create demand on other existing services.</li> <li>▪ Health care needs of vulnerable and excluded groups not met by project.</li> <li>▪ The disruption of having to register at a new GP practice and to build relationships with a new GP and other practice staff. In particular this will be a second change for the small number of patients who have recently registered at Alma Road following the Millfield</li> </ul>

	<p>Road closure.</p> <ul style="list-style-type: none"> <li>▪ Some patients may find accessing walk in services similar to those offered by Alma Road difficult due to the extra distance to the City Care Centre</li> </ul>
<p>What factors could contribute to the desired outcomes?</p>	<ul style="list-style-type: none"> <li>▪ Full engagement from GPs to offer a full primary care walk in service to registered and unregistered patients.</li> <li>▪ Support from GP leaders in Peterborough for the PCT's recommendations based on the fact the Alma Road service is not being fully utilised, and clinical services available elsewhere have the capacity to treat those that are using the service.</li> <li>▪ A well planned patient consultation process to engage with patients making clear the PCT's rationale for recommending the closure of Alma Road.</li> <li>▪ A marketing event as part of the wider consultation process to promote the 11 practices close to Alma Road, the patient services they offer and assistance with registering patients at these practices.</li> <li>▪ PCT to use the GP contract more robustly to ensure all GP practices are offering full essential services to registered and unregistered patients.</li> <li>▪ Use of Choose Well material to educate patients regarding the range of urgent care services still available to patients.</li> </ul>
<p>Who is responsible for the policy, strategy, service or function?</p>	<p>Paul Whiteside/Sue Oakman/Kyle Cliff/Diane Siddle/Dr R. Withers/Chris Palmer/Caroline Hall/Richard Mills/Sandra Pryor</p>
<p>Have you consulted on the policy, strategy, service or function? and if so with whom? If not why not?</p>	<p>The consultation process commenced on the 6<sup>th</sup> August 2010 for 12 weeks.</p>

Double click over the boxes to enable them to be checked

Which groups of the population do you think will be affected by this policy, service or function?	Yes	No
Minority ethnic people (this includes Gypsy Traveller)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People in religious/faith groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disabled people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Older people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Children and young people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, bisexual and transgender people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People of low income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless people	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with caring responsibilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People involved in criminal justice system	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What information and evidence do you have about the groups that you have selected above?

Information on the patient groups who may be affected by this proposal has been taken from the PCT Joint Strategic Needs Assessment (Chapter 4 – Population and Chapter 5 – Socioeconomic and Cultural Details)

This is further supplemented by minimum datasets from the current providers of Alma Road which provides some additional information on the patient groups currently accessing these services.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, staff survey reports, stakeholder and public engagement feedback etc

Double click over the boxes to enable them to be checked

What information and evidence do you have about the impact on groups that you have selected above? For example on their access to physical and or mental health services, lifestyle, learning, social or physical environment. Examples may be:

a young person's ability to access young people friendly health services – how do you know that what you are proposing will not impact on this? Vulnerable adults (e.g. rough sleepers or individuals with no fixed abode) unable to register with a GP; services for people with disabilities or older people client centred and easily accessible – how do you know that what you propose will or will not impact – what would be the impact if any? Services respecting religious beliefs – will any changes impact on this...? Information on changes proposed delivered in accessible formats; staff groups not representative of the communities they serve.

The patient groups listed above will not be detrimentally affected due to the proposal as the number of registered patients at Alma Road is relatively low and could easily be accommodated through the large number of close-by GP practices. Patients will be given information about a process of re-registering at these other practices, and NHS Peterborough will facilitate this process.

One local practice (Millfield Medical Centre), provides services specifically for the newly arrived population in Peterborough and have employed additional multi lingual staff to support this work.

Other urgent care services are available to patients. These include the surrounding GP practices as well as the Walk-in Centre at the City Care Centre.

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information.

Summary	
<p>Positive impacts (note the groups affected)</p> <ul style="list-style-type: none"> <li>▪ The rationalisation of the urgent care services will simplify the route of access.</li> <li>▪ Walk in service provision will no longer be offered in competing locations in Peterborough.</li> <li>▪ Through the continued promotion of other primary care services, there will be good care provision available to all patients – including vulnerable and excluded groups.</li> <li>▪ Savings made from rationalised services contributing to financial turnaround programme.</li> </ul>	<p>Negative impacts (note the groups affected)</p> <ul style="list-style-type: none"> <li>▪ The disruption of having to register at a new GP practice and to build relationships with a new GP and other practice staff.</li> <li>▪ Some patients may find accessing walk in services similar to those offered by Alma Road difficult due to the extra distance to the City Care Centre.</li> <li>▪ Unregistered population not adequately provided with primary care when needed who may then create demand on other existing services.</li> </ul>
<p>Additional information and evidence required</p>	
<p>Recommendations</p> <p>It is recommended that the Equitable Access to Primary Medical Care Service (Alma Road) is closed.</p>	

<b>Actions to be taken (include name of person responsible for implementing the actions and timescale)</b>		
<b>To be overseen by steering group and unplanned care programme board.</b>		
Does this Plan need to progress to a Full Equality Impact Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Managers signature</b>	<b>Date</b>	

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 7</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

## Report of NHS Peterborough

Contact Officer – Peter Wightman, Director of Community and Primary Care

Contact Details – (01733) 758500 or email peter.wightman@peterboroughpct.nhs.uk

### LOWER ENDOSCOPY PROCUREMENT SERVICE

#### 1. PURPOSE

- 1.1 The purpose of the report is to inform the Commission that an update on the Lower Endoscopy Procurement Service will be given at the meeting.

#### 2. RECOMMENDATIONS

- 2.1 To consider and comment on the update and make any appropriate recommendations.

#### 3. BACKGROUND

- 3.1 The Community Gastroscopy Service (Upper) was implemented in May 2009 following a successful AWP tendering process. The Service has demonstrated it can provide a high quality, cost efficient service in the Community.
- 3.2 The Community Service was instrumental in reducing waiting times for patients who would have previously been referred to Secondary Care. Consequently the success of the Upper Endoscopy Service has led to the expansion of the service to include Lower Endoscopy. The Lower Endoscopy Service is currently being piloted at Bretton Health Centre, whilst the Any Willing Provider Lower Endoscopy Procurement is being undertaken.
- 3.3 **Overall Goal**
- To provide community based lower endoscopy services, giving patients a choice of provider.
  - Reduce unnecessary Secondary Care attendance.
  - Reduce commissioning service costs by 25% by carrying out lower endoscopy procedures in a community setting and not in a Secondary Care setting.
- 3.4 **Specific Objectives**
- Service provision for patients closer to home.
  - Costs to the commissioners will be reduced circa 75% of tariff.
  - Reduce waiting times for patients to achieve the National Access Targets.
  - Additional capacity within Secondary Care created by the Community Service will assist with the bowel screening programme.
- 3.5 **Method**
- The Any Willing Provider (AWP) Procurement methodology will be used. This model aims to reduce bureaucracy and barriers to entry for potential providers and improve patient choice, access and at the same time deliver value for money.
  - AWP model can be used to develop a register of providers accredited to deliver a range of specified services within a community setting.
  - AWP model reduces procurement timescales and resources as it is a shorter methodology than a full procurement. It is anticipated this will take no longer than 6 months to undertake.

- AWP does not guarantee providers any volume of activity or payment.

**4. BACKGROUND DOCUMENTS**

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

None



<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 8</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

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

**Contact Officer(s) – Sue Mitchell, AD Commissioning for Children, Maternity and Public Health Services**

**Contact Details – email: [sue.mitchell@peterboroughpct.nhs.uk](mailto:sue.mitchell@peterboroughpct.nhs.uk)**

## **Provision of Contraceptive and Sexual Health Services for Young People**

### **1. PURPOSE**

- 1.1 The purpose of the report is to update the Commission on the provision of contraceptive and sexual health services for young people in Peterborough, after concerns over the withdrawal of some pharmacy based sexual health services (free Emergency Hormonal Contraception and Chlamydia Screening tests).

### **2. RECOMMENDATIONS**

- 2.1 The Commission is asked to support the decision to withdraw funding for pharmacy based sexual health programme on the basis that:
- there are sufficient existing sources for both Chlamydia Screening and Emergency Hormonal Contraception (EHC) available to young people under 25 within the Peterborough area
  - the low uptake of EHC and Chlamydia Screening did not make the service cost-effective

### **3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY AND LOCAL AREA AGREEMENT**

- 3.1 The pharmacy based sexual health programme was linked to NI 112: reducing the < 18 conception rate. This is a national and Local Area Agreement Indicator (within the LAA priority area of 'creating opportunities and tackling inequalities').

### **4. BACKGROUND**

- 4.1 The pharmacy based sexual health service was funded initially by the Strategic Health Authority (SHA) in 2008/9 as part of a wider successful bid to test innovative new schemes to increase access to contraceptive service for young people. The main drive behind the funding was to contribute to the Teenage Pregnancy Strategy to reduce < 18 conceptions. The pharmacy-based scheme offered free EHC, Chlamydia Screening and condoms to the < 25 population at a cost of approximately £30k. Funding was provided by the SHA in 2009/10 to continue to support the pilot programme. Over the period of just under 2 years 19 pharmacies signed up to the programme and were trained to deliver the services.

### **5. KEY ISSUES**

- 5.1 The key issue to be considered is that to enable the scheme to continue this year, funding would have to be identified from the PCT's baseline budget. Whilst 19 pharmacies signed up to deliver the programme only 5 provided more than 20 prescriptions in the year 2009/10. Chlamydia Screening up-take was also poor. The condom scheme only registered 43 young people in 2009/10. NHS Peterborough is of the opinion that this scheme did not offer value for money.

- 5.2 Whilst young people access pharmacies regularly, they also regularly use their GP, the Walk in Centre and also the Contraceptive and Sexual Health Service (CaSH) at Rivergate. All of these services offer free EHC, Chlamydia Screening and condoms. It is also important to note that the National Chlamydia Screening programme continues to be an active priority and Chlamydia Screening (and free condoms) can be acquired through numerous routes including, by text, website and local services including the CaSH service, Walk in Centre, GP surgeries, schools (including drop-in clinics known as HYPAS), hospital and youth services.
- 5.3 The drive towards reducing unintended pregnancies is focusing much more on *prevention* and the use of long acting reversible contraception (LARC) as the contraceptive method young people are more likely to choose and continue with. This should reduce the need for EHC and terminations as well as promoting safe and responsible sexual behaviour.
- 5.4 The PCT is in financial turnaround and funding decisions have to be carefully considered. Given the performance of this service and the existing provision available to young people, the decision on whether to continue this service as a pilot, or to mainstream the service was made. It was decided not to develop the pilot scheme into a mainstream service at this time (although other local pilot projects that received SHA funding have been mainstreamed - these include for example the targeted contraceptive work with young mothers and those young women who have had a termination).

## **6. IMPLICATIONS**

- 6.1 In terms of implications for young people, participating pharmacies have received up to date information on where to signpost young people seeking the service. We have also encouraged participating pharmacists to continue to promote Chlamydia Screening and the C-Card scheme wherever possible. Implications for our other service providers are minimal due to the low uptake of the pharmacy scheme.

## **7. CONSULTATION**

- 7.1 As this was a pilot scheme with limited funding, the scheme ended. This was discussed with pharmacists involved in the scheme and other service providers. The decision not to allocate mainstream funding to the scheme was an executive decision made following due consideration of the application submitted to them.

## **8. BACKGROUND DOCUMENTS**

- 8.1 Letter from LPC and reply from the Chief Executive.

## **9. APPENDICES**

- 9.1 There are no appendices.

<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 9</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

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

**Contact Officer – Denise Radley, Executive Director of Adult Social Services**

**Contact Details – (01733) 758444 or email [denise.radley@peterboroughpct.nhs.uk](mailto:denise.radley@peterboroughpct.nhs.uk)**

### **HEALTH WHITE PAPER – EQUITY AND EXCELLENCE: LIBERATING THE NHS**

#### **1. PURPOSE**

- 1.1 The purpose of the report is to inform the Commission that a presentation will be given on the Health White Paper – Equity and Excellence: Liberating the NHS in order to provide the Commission with an overview of the consultation on proposals and to receive any comments which the Commission may wish to feed into the City Council’s response to the White Paper consultation.

#### **2. RECOMMENDATIONS**

- 2.1 To consider the presentation and to provide comments for inclusion in the City Council’s response to the White Paper consultation where necessary.

#### **3. BACKGROUND**

- 3.1 The Government published its Health White Paper – Equity and Excellence: Liberating the NHS on 12 July 2010.
- 3.2 The White Paper sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay.
- 3.3 It sets out how the Government will:
- put patients at the heart of everything the NHS does;
  - focus on continuously improving those things that really matter to patients - the outcome of their healthcare; and
  - empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

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

- 4.1 The Liberating the NHS: Local Democratic Legitimacy in Health executive summary is attached at Appendix 1 for information.

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

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

- 5.1 None

#### **6. APPENDICES**

- 6.1 Appendix 1 – Liberating the NHS: Local Democratic Legitimacy in Health executive summary.

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# LIBERATING THE NHS: LOCAL DEMOCRATIC LEGITIMACY IN HEALTH

## A consultation on proposals Executive summary

### Introduction

1. The White Paper *Equity and Excellence: Liberating the NHS* set out the Government's strategy for the NHS. Our intention is to create an NHS that is much more responsive to patients, and achieves better outcomes, with increased autonomy and clear accountability at every level.
2. This consultation sets out how an enhanced role for local government will increase local democratic accountability and invites views on these proposals. It has been produced jointly by the Department of Health and the Department for Communities and Local Government.

### Strengthening public and patient involvement

3. Localism is one of the defining principles of this Government: pushing power away from Whitehall out to those who know what will work best in their communities. A strong local voice for patients through local democratic representation is critical to creating a more responsive NHS. Individuals should have a greater say in decisions that affect their health and care and have a clear route to influence the services they receive.
4. We will develop a more powerful and stable local infrastructure in the form of local HealthWatch, which will act as local consumer champions across health and care. Local Involvement Networks (LINKs) will become the local HealthWatch. Like LINKs, their services will continue to be contracted by local authorities and they will promote patient and public involvement and seek views on local health and social care services. We propose that local HealthWatch be given additional functions and funding, so that they become more like a "citizen's advice bureau" for health and social care - the local consumer champion. The consultation invites views on these issues.

### Improving integrated working

5. We are consulting on how best to implement these changes and draw your attention to the full version of the White Paper and to related consultation documents, available on the Department of Health website at [www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs). People want services that feel joined up, and it can be a source of great frustration when that does not happen. Integration means different things to different people but at its heart is building services around individuals, not institutions. Through this consultation we are seeking views

on how to simplify and extend the use of powers that enable joint working between the NHS and local authorities.

6. One of the central features of the proposals in the White Paper is to devolve commissioning responsibilities and budgets as far as possible to those who are best placed to act as patients' advocates and support them in their healthcare choices. In the future, most commissioning decisions will be made by consortia of GP practices, free from top-down managerial control and supported and held to account for the outcomes they achieve by the NHS Commissioning Board. This will ensure that commissioning decisions are underpinned by clinical insight and knowledge of local healthcare needs. *Liberating the NHS: Commissioning for patients* gives further detail of how GP commissioning consortia and the NHS Commissioning Board will work.
7. Building on the power of the local authority to promote local wellbeing, we will establish new statutory arrangements to strengthen the role of local authorities. Local authorities will have greater responsibility in four areas:
  - leading joint strategic needs assessments to ensure coherent and co-ordinated commissioning strategies;
  - supporting local voice, and the exercise of patient choice
  - promoting joined up commissioning of local NHS services, social care and health improvement; and
  - leading on local health improvement and prevention activity.
8. Through elected councillors, local authorities will bring greater local democratic legitimacy to these roles. These arrangements will give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to public health and social care.
9. With the local authority taking a convening role, it will provide the opportunity for local areas to further integrate health with adult social care, children's services (including education) and wider services, including disability services, housing, and tackling crime and disorder. This has the potential to meet people's needs more effectively and promote the best use of public resources.
10. We are consulting on whether local authorities should work together with local NHS commissioners to devise their own local arrangements or whether a statutory partnership board, hosted by the local authority, would be a helpful focal point for activity. We are also consulting on what processes need to be in place to ensure there is appropriate oversight of the way in which health and care decisions are made.

## **Local authority leadership for health improvement**

11. In future, local authorities will have a stronger influence on the health outcomes of their local area. When primary care trusts (PCTs) cease to exist, we intend to transfer responsibility and funding for local health improvement activity to local authorities. Funding for health improvement includes that spent on the prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical exercise.
12. Local authority leadership for local health improvement will be complemented by the creation of a National Public Health Service (PHS). The PHS will integrate and streamline health improvement and protection bodies and functions, and will include an increased emphasis on research, analysis and evaluation. It will secure the delivery of public health services that need to be undertaken at a national level.
13. Local Directors of Public Health will be jointly appointed by local authorities and the PHS. Local Directors will have a ring-fenced health improvement budget, allocated by the PHS; and they will be able to deploy these resources to deliver national and local priorities. There will be direct accountability to both the local authority, and, through the PHS, to the Secretary of State. Through being employees of the local authority, local Directors of Public Health will have direct influence over the wider determinants of health, advising elected members and as part of the senior management team of the local authority.

## **Conclusion and summary of consultation questions**

14. The consultation invites comments on these proposals and the best way to deliver local democratic legitimacy in health by 11 October 2011. Subject to legislation, the new functions will transfer to local authorities from 2012. The Government proposes to make the changes through its forthcoming Health Bill, planned for introduction this autumn.

## **Responding to the Consultation**

15. We are consulting on how best to implement the changes outlined in this summary and draw your attention to the full version of this consultation document and to the White Paper and other related consultation documents, available on the Department of Health website at [www.dh.gov.uk/liberatingthenhs](http://www.dh.gov.uk/liberatingthenhs). Responses to the questions in the full consultation document should be sent to [nhswhitepaper@dh.gsi.gov.uk](mailto:nhswhitepaper@dh.gsi.gov.uk) or to the White Paper Team, Room 601, Department of Health, 79 Whitehall, London SW1A 2NS.

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<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 10</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

## **Report of the Solicitor to the Council**

**Contact Officer – Louise Tyers, Scrutiny Manager**

**Contact Details – (01733) 452284 or email [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)**

### **PETERBOROUGH LOCAL INVOLVEMENT NETWORK**

#### **1. PURPOSE**

- 1.1 The purpose of the report is to inform the Commission that a presentation will be given on the Peterborough LINK.

#### **2. RECOMMENDATIONS**

- 2.1 To note the presentation and to consider how the Scrutiny Commission and LINK can work together in the future.

#### **3. BACKGROUND**

- 3.1 The Peterborough Local Involvement Network (LINK) is an independent body of people who promote and support the planning, delivery and review of health and of social care services from the perspectives of patients, service users and the public.

- 3.2 Representatives from the LINK will give a presentation on the role of the LINK. A guide to LINKs is attached for background information.

#### **4. BACKGROUND DOCUMENTS**

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

- 4.1 None

#### **5. APPENDICES**

Appendix 1 – Your Guide to Local Involvement Networks

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A close-up photograph of a woman with dark hair and a pink bow, smiling warmly. She is looking down at a baby who is also smiling and looking towards the left. The baby is wearing a colorful, striped sweater and is holding a tablet computer. The background is a soft, out-of-focus indoor setting.

**Help shape  
your local health  
and social care**

**Your guide to  
Local Involvement  
Networks (LINKs)**

**LINK**  
**MAKE IT  
HAPPEN!**

# What is a LINK?

**As a member of the public, you have a right to be involved in discussions and decisions about your health and social care services. By sharing your experiences and ideas with your Local Involvement Network (LINK), you can influence the way services are run.**

Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services.

The job of each LINK is to find out what people like and dislike about local services. The LINK then feeds this information back to health and social care providers, helping them to plan and deliver better services that reflect the wishes of local people.

The more people that get involved in your LINK, the stronger and more influential it becomes.



# **LINKs and the law:** your rights in action

## **Becoming part of a LINK gives you an opportunity to put your rights into action.**

The NHS Constitution sets out the rights and responsibilities of patients, the public and staff in relation to NHS care. It makes clear what you can expect from the NHS, and how you can play a part in making it even better.

By interacting with your LINK you will be able to help:

- Plan health and social care services
- Develop proposals for changes to services
- Make decisions that may affect how the services operate

LINKs also have certain powers and influence within publicly-funded health and social care services. For example, health and social care organisations have to allow LINKs representatives onto their premises to view services. They are also required to respond to suggestions made by LINKs, and outline what action will be taken.

In this way, LINKs can use their power to make sure that your voice is heard, and to help bring about positive changes.

# Why get involved?

**By working with healthcare providers and sharing your views, you can support their work and help improve your own health and social care, and the care provided for the whole community.**

Your LiNk is relevant to you and your family. Some reasons why you should get involved include:

- To draw attention to neglected issues or ideas
- To influence those who make decisions about new or existing health and social care services
- To help your community speak with a stronger voice
- To help services provide better care

There are different ways to participate and communicate your thoughts, but if you want to ensure that local services meet your need and the needs of their community, you can and should get involved.

# Who can join?

**Anyone can join a LINK. Everyone is welcome, and everyone's opinions matter.**

LINKs are also open to groups such as charities, faith groups, residents' associations, user-led organisations, youth councils, black and minority ethnic organisations and business federations.

And getting involved in your LINK is easy. You can either use the service directory on [www.nhs.uk/links](http://www.nhs.uk/links) or contact the department of your local council that is responsible for social services to find out what's happening in your area.


It's up to you how and when you interact with your LINK. For example, you could:

- take a few minutes to answer a survey,
- attend an occasional meeting on an issue that interests you,
- get involved in an online group, or
- become an authorised representative who visits services to see how they are run.

Whichever route you decide to pursue, remember: your LINK wants to hear about your experiences of health and social care services and your ideas for improvements for changes.

# Further information

For more information about LINks and how you can get involved, go to [www.nhs.uk/links](http://www.nhs.uk/links).



**Our LINK is more than just a talking shop. It has real powers to help make change happen and influence health and social care services for the benefit of the people of Norfolk. It gives them a real voice in the commissioning and development of services while working in partnership with local health and social care providers.**

**Tina Walton, Norfolk LINK**





<b>SCRUTINY COMMISSION FOR HEALTH ISSUES</b>	<b>Agenda Item No. 11</b>
<b>13 SEPTEMBER 2010</b>	<b>Public Report</b>

## **Report of the Solicitor to the Council**

**Report Author** – Louise Tyers, Scrutiny Manager

**Contact Details** – 01733 452284 or email [louise.tyers@peterborough.gov.uk](mailto:louise.tyers@peterborough.gov.uk)

### **FORWARD PLAN – SEPTEMBER TO DECEMBER 2010**

#### **1. PURPOSE**

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

#### **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 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 information in the Forward Plan 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.

#### **4. CONSULTATION**

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

#### **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 Executive Decisions

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**PETERBOROUGH CITY  
COUNCIL'S FORWARD PLAN  
1 SEPTEMBER 2010 TO 31 DECEMBER 2010**

## FORWARD PLAN OF KEY DECISIONS - 1 SEPTEMBER 2010 TO 31 DECEMBER 2010

During the period from 1 September 2010 To 31 December 2010 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 Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483). Alternatively, you can submit your views via e-mail to [alexander.daynes@peterborough.gov.uk](mailto:alexander.daynes@peterborough.gov.uk) or by telephone on 01733 452447.

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](http://www.peterborough.gov.uk). If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Governance Support Officer using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this plan.

### NEW ITEMS THIS MONTH:

- Delivery of the Council's Capital Receipt Programme through the sale of surplus Allotment land off Fletton High Street/Monarch Avenue
- Delivery of the Council's Capital Receipt Programme through the Sale of land adjacent to PRU (former Honeyhill School) Paston Ridings
- Delivery of the Council's Capital Receipt Programme through the Sale of Coneygree Lodge, Coneygree Road
- Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road
- Delivery of the Council's Capital Receipt Programme through the sale of Land at Dickens Street Car Park
- Museum Capital Project
- Novation of Contract: Materials Recycling Facility
- Ormiston Bushfield Academy - Development Agreement
- Peterborough Local Investment Plan
- Review of Charges for Allotments
- Scheme of works at the Triangle, New England - Award of Contract
- Stanground South Primary School – stage 5

## SEPTEMBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>The Future of Peterborough Community Services (the provider arm of the Primary Care Trust)</b> For Cabinet to approve proposals from the Primary Care Trust regarding the future of Peterborough Community Services, including adult social care.</p>	September 2010	<b>Cabinet</b>	Scrutiny Commission for Health Issues	Internal Departments and Relevant Stakeholders as appropriate.	Denise Radley Executive Director of Adult Social Services & 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.
<p><b>Award of Contract - Heltwate School</b> To award the contract for refurbishment of the school</p>	September 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Internal departments as appropriate	Alison Chambers Asset Development Officer  alison.chambers@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Legal Services for the Medium Term Financial Strategy</b> To appoint a legal services partner for the provision of legal advice in relation to the MTFS who have experience of implementing joint ventures, designing financial models for major construction and development projects and providing legal agreements and design work.</p>	September 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal Departments and Relevant Stakeholders as appropriate.	Andrew Cox Senior Category Manager  andy.cox@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Floating Support Contract: Cross Keys Homes Extension of Contract</b> Extension of contract to provide a generic floating support service for clients with housing support needs.</p>	September 2010	<b>Cabinet Member for Housing, Neighbourhoods and Planning</b>	Strong and Supportive Communities	Internal Departments and Relevant Stakeholders as appropriate.	Belinda Child Housing Strategic Manager  belinda.child@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Grant Support to Anglia Ruskin University</b> The approval of a capital grant to support Anglia Ruskin University's purchase and refurbishment of the Guild House.</p>	September 2010	<b>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</b>	Creating Opportunities and Tackling Inequalities	Internal Departments and Relevant Stakeholders as appropriate.	Howard Bright Growth Delivery Manager Tel: 452619 howard.bright@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Stanground South Primary School - stage five</b> A decision is required to determine the 'School Competition' for South Stanground being run in accordance with the legislation relating to the commissioning of a new school for this development. Bids were invited (through the competition process) and one bid was received. The Cabinet Member for Education, Skills and University will decide whether to accept or reject the bid received.</p>	September 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Internal Departments and Relevant Stakeholders as appropriate.	Alison Chambers Asset Development Officer  alison.chambers@peterborough.gov.uk	Public report will be available from the governance team one week before the decision is taken.
<p><b>Passenger Transport Framework Tender</b> Requirements for special educational needs and mainstream school contract.</p>	September 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Internal stakeholders.	Cathy Summers Team Manager - Passenger Transport Contracts and Planning  cathy.summers@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.

<p><b>Ormiston Bushfield Academy - Development Agreement</b> To enter into a Development Agreement with Ormiston Academies Trust for the development of the Ormiston Bushfield Academy.</p>	September 2010	<b>Cabinet Member for Education, Skills and University</b>	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders as appropriate.	Brian Howard PFI Project Manager Tel: 01733 863976 brian.howard@peterborough.gov.uk	Public report will be available from the governance team one week before the decision is taken.
<p><b>Ormiston Bushfield Academy</b> To award a contract to design &amp; build the new Ormiston Bushfield Academy school buildings from the Partnerships for Schools National Framework of Contractors.</p>	September 2010	<b>Chief Executive</b>	Creating Opportunities and Tackling Inequalities	Internal Departments and Relevant Stakeholders as appropriate.	Brian Howard PFI Project Manager Tel: 01733 863976 brian.howard@peterborough.gov.uk	None.
<p><b>Extension of the Banking Services Contract with Barclays Bank</b> Peterborough City Council's contract with Barclays Bank who provide our banking services is due to expire on the 30<sup>th</sup> September 2010 and the contract needs to be extended for a further 2 years.</p>	September 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth	Internal Departments and Relevant Stakeholders as appropriate.	Sian Warren Capital Accounting Manager Tel: 863924 sian.warren@peterborough.gov.uk	Public Report will be available from the governance Team one week before the decision is taken



<p><b>Delivery of the Council's Capital Receipt Programme through the sale of surplus Allotment land off Fletton High Street/Monarch Avenue</b></p> <p>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 surplus land at Fletton High Street/Monarch Avenue.</p>	<p>September 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth Scrutiny Committee</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments and external stakeholders as appropriate.</p>	<p>Executive Director - Strategic Resources</p> <p>John.harrison@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><b>Delivery of the Council's Capital Receipt Programme through the Sale of land adjacent to PRU (former Honeyhill School) Paston Ridings</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of land adjacent to the former Honeyhill School.</p>	September 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth Scrutiny Committee	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Executive Director - Strategic Resources  John.harrison@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Coneygree Lodge, Coneygree Road</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Coneygree Lodge at Coneygree Road.</p>	September 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth Scrutiny Committee	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate	Executive Director - Strategic Resources  John.harrison@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made

<p><b>Review of Charges for Allotments</b> To agree the charges for the use of Allotments for the forthcoming year.</p>	September 2010	<b>Cabinet Member for Resources</b>	Sustainable Growth Scrutiny Committee	Relevant ward members, internal Departments and external stakeholders as appropriate.	Commercial Services Director  Mike.heath@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made
<p><b>Section 75 Pooled funding arrangements for substance misuse services</b> 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 2010	<b>Cabinet Member for Resources</b>	Scrutiny Commission for Health Issues	Internal stakeholders as appropriate	Karen Kibblewhite Community Safety And 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><b>Novation of Contract: Materials Recycling Facility</b> Decision to allow a transfer of the existing contract for the materials recycling facility from Viridor Resource Peterborough Limited to Viridor Waste Management Limited.</p>	September 2010	<b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b>	Environment Capital	Internal and External Stakeholders as appropriate	Margaret Welton Principal Lawyer - Waste 2020 Tel: 01733 452226 margaret.welton@peterborough.gov.uk	Public report will be available from the governance team one week before the decision is taken.
<p><b>Peterborough Local Investment Plan</b> Document for submission to the Homes and Communities Agency, drawn largely from the Integrated Development Programme (Adopted December 2009). The LIP is the first stage towards applying for funding from the HCA for primarily housing-related project aspirations in the City.</p>	September 2010	<b>Leader of the Council</b>	Sustainable Growth	Internal and External stakeholders as appropriate.	Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 384530 andrew.edwards@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.
<p><b>Museum Capital Project</b> To allocate funding to the Museum Redevelopment project to provide match funding for a Heritage Lottery Funding bid.</p>	September 2010	<b>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</b>	Strong and Supportive Communities	Consultation will take place with relevant internal stakeholders as appropriate	Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

## OCTOBER

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p><b>Scheme of works at the Triangle, New England - Award of Contract</b> Award of contract to construct Triangle Safety Scheme through Midlands Highways Alliance (MHA) – Medium Schemes Framework 1 (MSF) contract.</p>	<p>October 2010</p>	<p><b>Cabinet Member for Housing, Neighbourhoods and Planning</b></p>	<p>Environment Capital</p>	<p>Internal and external 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 taken.</p>
<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park</b> To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member Resources, to negotiate and conclude the sale of Dickens Street Car Park.</p>	<p>October 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate.</p>	<p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 384530 andrew.edwards@peterborough.gov.uk</p>	<p>Public report will be available from the Governance Team one week before the decision is made.</p>

<p><b>Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road</b></p> <p>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 Vawser Lodge</p>	<p>October 2010</p>	<p><b>Cabinet Member for Resources</b></p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments &amp; external stakeholders as appropriate</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>
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## NOVEMBER

There are currently no Key Decisions scheduled for November.

## DECEMBER

There are currently no Key Decisions scheduled for December.

**SCRUTINY COMMISSION FOR HEALTH ISSUES**  
**Work Programme 2010-2011**

<b>MEETING DATE</b>	<b>SCRUTINY ITEM</b>	<b>REPORT AUTHOR/S</b>
<b>8 November 2010</b>  (Papers to be despatched on 29 October 2010)	1. Update on Turnaround Plan & NHS Peterborough Budgetary Monitoring Report	Denise Radley, Deputy Chief Executive, NHS Peterborough
	2. Hinchingsbrooke Hospital Franchise	Nik Patten, Chief Executive of PSHT
	3. Service Redesigns – Hospital Paediatric Services	Denise Radley, Director of Adult Social Services
	4. Learning Disability Services	Denise Radley, Director of Adult Social Services
	5. Review of Day Centres – Service Delivery Changes for Efficiency	Jacqueline Hanratty, NHS Peterborough
	6. Teenage Pregnancy	Pam Setterfield, Assistant Head of Children and Families
	7. Mental Health Trust – Inpatient Services	Denise Radley, Director of Adult Social Services
	8. Review of other Mental Health services, including for older people	TBC
	9. Update on Safe Sharp Disposal Bins	Karen Kibblewhite, Community Safety & Substance Misuse Manager
	10. Quarterly Performance Report on Adult Social Care Services in Peterborough	Denise Radley, Director of Adult Social Services
	11. Peterborough Safeguarding Adults – Quarterly Report	Denise Radley, Director of Adult Social Services
	12. PJ Care Home	TBC
	13. Forward Plan of Key Decisions (Standing Item)	Louise Tyers, Scrutiny Manager
<b>17 January 2011</b>  (Papers to be despatched on 7 January 2011)	1. Service Improvements to Learning Disability Services	Denise Radley, Director of Adult Social Services
	2. Forward Plan of Key Decisions (Standing Item)	Louise Tyers, Scrutiny Manager

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**SCRUTINY COMMISSION FOR HEALTH ISSUES**  
**Work Programme 2010-2011**

MEETING DATE	SCRUTINY ITEM	REPORT AUTHOR/S
<b>14 March 2011</b>  (Papers to be despatched on 4 March 2010)	1. Peterborough Safeguarding Adults – Quarterly Report	Denise Radley, Director of Adult Social Services
	2. Quarterly Performance Report on Adult Social Care Services in Peterborough	Denise Radley, Director of Adult Social Services
	3. Forward Plan of Key Decisions (Standing Item)	Louise Tyers, Scrutiny Manager
<b><i>Monday, 16 May 2010 - Mayor Making &amp; Annual Council</i></b>		

**Items to be scheduled**

- Future Plans for Service Delivery in the Central Ward Area (Requested at meeting on 14 June 2010)
- Proposed Changes to Primary Care Delivery across Peterborough (Requested at meeting on 14 June 2010)

**Information only items for inclusion in the Scrutiny Bulletin:**

- Outcomes from the Neonatal Joint Health Scrutiny Committee