PETERBOROUGH CITY COUNCIL

SCRUTINY COMMISSION FOR HEALTH ISSUES

MONDAY 8 NOVEMBER 2010
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

Monday 17 January 2011 at 7pm

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Louise Tyers on 01733 452284 as soon as possible.

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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

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 13 SEPTEMBER 2010

Present: Councillors B Rush (Chairman), Y Lowndes (Vice-Chairman), Arculus, P Nash and J Stokes

Also Present: Councillor C Swift OBE, Leader of the Peterborough Independent Forum
Rita Bali, Cambridgeshire and Peterborough Local Pharmaceutical Committee
Dinah Shaw, Shaw Trust
Angela Burrows, Shaw Trust

NHS Peterborough: Dr Paul Zollinger-Read, Chief Executive
Dr Mike Caskey, Director of Clinical Change
Peter Wightman, Director of Primary and Community Care
Sue Mitchell, Associate Director of Public Health

Officers: Denise Radley, Executive Director of Adult Social Services & Performance
Marie Southgate, Lawyer
Louise Tyers, Scrutiny Manager

1. Apologies

Apologies for absence were received from Councillors Fower, Khan and Shaheed. Councillor Jamil was in attendance as substitute for Councillor Khan.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest.

3. Minutes

The minutes of the meetings held on 19 July and 3 August 2010 were approved as accurate records.

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

There were no requests for call-in to consider.

5. Formal Consultation on NHS Peterborough's Proposals on the Future of the Alma Road Primary Care Centre

We welcomed Dr Zollinger-Read, the new Chief Executive of NHS Peterborough, to the meeting.

Dr Zollinger-Read advised that the consultation on the future of the services at the Alma Road Primary Care Centre had now been stopped. NHS Peterborough had listened to all of the comments that had been made so far and it had been agreed that the future of Alma Road needed to be considered as part of a wider review of all emergency care services across Peterborough. The services provided at Alma Road would continue to be provided as now and the wider review would take approximately two months.

Councillor Swift made a statement explaining that he had had reservations about Alma Road from the beginning as the area was already well served by GP practices and around 80% of the city did not have that type of access to a walk in centre. Rather than providing a new Centre it would have been better to have shared the money between all of the doctors in the area. It was important that a decision was made quickly on the future of Alma Road for all the residents in the City.

Questions and observations were made around the following areas:

- A lot of the other GP practices in the surrounding area were based in buildings which were in poor condition; would other practices be able to share the buildings at Alma Road? *This would be part of the wider review but it was important that decisions were made around the needs of the patients.*
- The Commission were pleased that NHS Peterborough had listened to the comments which had been made and had stopped the consultation at this time.
- Mary Cooke of the Peterborough Pensioners Association stated that the plan had been to create fewer, larger surgeries in the City. *Dr Caskey confirmed that 5-6 years ago that was the initial thinking but it was important to look at what people needed.*

ACTION AGREED

(i) To note that the consultation on the future of services at the Alma Road Primary Care Centre had been stopped.
(ii) That the outcome of the review of emergency care services be brought to a future meeting when completed.

6. Changes to the NHS Estate

Peter Wightman, Director of Primary and Community Care, gave a presentation on the primary care estates.

NHS Peterborough had contracts with 29 independent contractors on a range of contracts and made contract payments to GP practices for their premises. 90% of premises were owned by GP practices and some premises were of poor quality or did not have sufficient capacity to meet future standards. There were a relatively large number of small practices whose locations had been driven by history. The City needed to bear in mind the expected future population growth in areas such as Hampton and Great Haddon.

There were a number of development principles around the estates including:

- NHS Peterborough did not support future isolated practices
- Increased out of hospital care
- Green Shoots – a public sector collaboration
- Premises should support high quality primary care
- Needed to meet future standards
- Needed to balance scale, accessibility and affordability

A number of changes had recently been made to the estate including:

- City Care Centre
- Recent investment in practices – Bretton, Nene Valley Medical Practice, Westgate Surgery moving to the Queensgate Shopping Centre
- Alma Road

NHS Peterborough was currently in Turnaround and this would have an impact on the estates by ensuring that optimum use was made of existing premises including that any premises changes must be cost neutral, premises outside of the development principles decommissioned and longer term if the financial position allowed supporting strategic premises developments.

Questions and observations were made around the following areas:

- What was meant by premises changes must be cost neutral? *Practices were given an allocation for premises within their contracts; if more money was needed NHS Peterborough could not give this extra money.*
- Would premises be closed if they did not meet the required standards? *It would be at our discretion. We took the opportunity when a practice came to the end of its natural life to review the provision.*
- Mary Cooke of Peterborough Pensioners Association stated that patients were now registered with a practice and not a specific GP. *With PMS contracts patients were registered with the practice; however some practices did hold personalised lists. Larger practices gave greater flexibility to the patient compared to single handed practices.*

ACTION AGREED

To note the presentation on the primary care estates.

7. Lower Endoscopy Procurement Service

The report gave an update on the procurement process for Lower Endoscopy services.

The Community Gastroscopy Service (Upper) had been implemented in May 2009 following a successful Any Willing Provider (AWP) tendering process. The Service had demonstrated it could provide a high quality, cost efficient service in the Community and the service had been instrumental in reducing waiting times for patients who would have previously been referred to Secondary Care. The success of the Upper Endoscopy Service had led to the expansion of the service to include Lower Endoscopy. The Lower Endoscopy Service was currently being piloted at Bretton Health Centre whilst the AWP Lower Endoscopy Procurement was being undertaken.

The overall goal of the procurement was 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 Secondary Care

An AWP procurement model was being used as it would reduce bureaucracy and barriers to entry for potential providers and would improve patient choice, access and at the same time deliver value for money. Procurement timescales and resources would be reduced as it was a shorter process than a full procurement and it was anticipated that it would take no longer than six months to undertake. AWP did not guarantee providers with any volume of activity or payment.

Questions and observations were made around the following areas:

- Would any providers be willing to undertake the service if there was no guarantee of volume of activity or payment? *It was believed that providers would be willing as this was a positive, cost neutral way forward.*

- How many patients had taken up Lower Endoscopy services at Bretton? *It was too early to tell as it had only been in place for a few weeks.*
- Annette Beeton of the Peterborough LINk advised that lower endoscopy was more complicated than upper. Practitioners would need to perform the procedure regularly and more after care would be needed to be given to patients, had this been taken into account? *We would look at the standards in the contract but practitioners had to undertake a number of procedures to maintain their competency.*

ACTION AGREED

To note the update on the Lower Endoscopy Procurement Service.

8. Provision of Contraceptive and Sexual Health Services for Young People

The report provided an update on the provision of contraceptive and sexual health services for young people in Peterborough, following concerns over the withdrawal of some pharmacy based sexual health services (free Emergency Hormonal Contraception (EHC) and Chlamydia Screening tests).

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 driver behind the funding was to contribute to the Teenage Pregnancy Strategy aim of reducing under 18 conceptions. The pharmacy-based scheme offered free EHC, Chlamydia Screening and condoms to the under 25 population at a cost of approximately £30k. Funding had also been provided by the SHA in 2009/10 to continue to support the pilot programme. Over the period of just under two years 19 pharmacies had signed up to the programme and had been trained to deliver the services.

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 five had provided more than 20 prescriptions in the year 2009/10 and the Chlamydia Screening up-take had also been poor. The condom scheme had only registered 43 young people in 2009/10 and NHS Peterborough was of the opinion that this scheme did not offer value for money.

Whilst young people accessed pharmacies regularly, they also regularly used their GP, the Walk in Centre and also the Contraceptive and Sexual Health Service (CaSH) at Rivergate and all of those services offered free EHC, Chlamydia Screening and condoms. The National Chlamydia Screening programme continued to be an active priority and Chlamydia Screening (and free condoms) could 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.

The drive towards reducing unintended pregnancies was focusing much more on prevention and the use of long acting reversible contraception (LARC) as the contraceptive method young people were 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.

The PCT was in financial turnaround and funding decisions had to be carefully considered. Given the performance of this service and the existing provision available to young people 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 had been mainstreamed - these included targeted contraceptive work with young mothers and those young women who had had a termination).

Rita Bali of the Cambridgeshire and Peterborough Local Pharmaceutical Committee spoke in support of the scheme on behalf of local pharmacists.

Observations and questions were raised around the following areas:

- How much would be saved by not continuing the programme? *In previous years £30K had been applied for. Last year the actual cost was between £10-15K.*
- Was one of the issues a perceived lack of privacy in a pharmacy? *The pharmacists who took part in the programme were trained and were required to have a private area available.*
- How was the programme promoted? *The programme was promoted in lots of outlets in the city but had been a bit more of an issue in rural areas.*
- What would be the outcome if the programme was not available, for example, the increased costs of pregnancy or termination? *To continue the scheme would cost more. It had been publicised across the city where services could be accessed. We needed to revisit how we worked with pharmacists and look to develop and deliver more effective ways in the future.*

RECOMMENDATION

That NHS Peterborough be advised that the Scrutiny Commission for Health Issues does not support the decision to withdraw funding for the pharmacy based sexual health programme and that they look again at ways for the programme to be continued.

9. Health White Paper - Equity and Excellence: Liberating the NHS

The Executive Director of Adult Social Services gave a presentation on the Health White Paper – Equality and Excellence: Liberating the NHS.

The Health White Paper had been published on 12 July 2010 and set out the Government's long-term vision for the future of the NHS. The vision built on the core values and principles of the NHS as a comprehensive service, available to all, free at the point of use, based on need and not ability to pay.

There were four core areas of the White Paper:

<u>Patients at the heart of everything</u>

- Shared decision-making: *no decision about me without me*
- Patients would have access to the information they wanted, to enable them to make choices about their care
- Patients would have increased control over their own care records
- Patients would have choice of:
    - any provider
    - consultant-led team
    - GP practice
    - treatment
    - Maternity through new maternity networks
- Patients would rate hospitals and clinical departments

<u>Health care outcomes best in world</u>

Quality would be the focus with reduced mortality and morbidity, increased safety, and improved patient experience and outcomes for all:

- NHS measured against clinically credible and evidence-based outcome measures, not process targets
- Quality standards, developed by NICE would inform the commissioning of all NHS care and payment systems
- New Cancer Drug Fund
- Provider payments linked to outcomes
- Ring-fenced public health budget
    - To reflect relative population health outcomes
    - New health premium

<u>Empowering clinicians</u>

- Devolved power and responsibility for commissioning to GP Consortia
    - Commission the great majority of NHS Services, but not dentistry, community pharmacy and primary ophthalmic services
    - Consortia would have an accountable officer
    - Every practice would be a member
    - Consortia would have a 'sufficient geographic focus'
    - Freedom to decide the commissioning activities they undertook themselves
- All NHS trusts would become or be part of a Foundation Trust (FT)
- Increased FT freedom and encouraged social enterprise model.

<u>Removing unnecessary bureaucracy</u>

- New NHS Commissioning Board with responsibilities for:
    - Achieving health outcomes
    - Allocating and accounting for resources (hold GP Consortia to account)
    - Leading on quality improvement
    - Promoting patient involvement and choice
    - Commissioning certain services
- The Public Health (Health Improvement) responsibility would transfer to Local Authorities
- PCTs and SHAs would be abolished

Questions and observations were made around the following issues:

- The proposed changes appeared to be a reinvention of what happened 50 years ago. The changes could not be undertaken by one Member in the Cabinet and it was something that everyone needed to participate in, perhaps similar to the former Public Health Committees. *The White Paper proposed that responsibility for public health would be the responsibility of councils as they had the biggest affect on the determinates of health. The proposed Health and Wellbeing Boards would comprise of Members, officers and others.*
- How would the proposed GP Consortia be financially accountable? *The White Paper stated that they would have to appoint both a Responsible Officer and a Financial Responsible Officer.*
- What would the ring-fencing of the public health budget mean in reality? *It meant that the money could only be spent on either national or local public health priorities.*
- Was this the beginning of the private provision of care? *GP commissioners would decide locally the best way of providing care to local people and would be leading the decision making. The aim would be to put patients and clinicians at the heart of decision making and to make it a more effective and better delivered service.*
- These were significant changes particularly in face of the budget cuts ahead. Was there any indication as to what the set up costs would be? *We would need to think creatively to ensure these major changes were put in place. The White Paper did not mention the set up costs.*

- Would GPs be spending some time in actually running the NHS? *GPs would but it was acknowledged that they did not have the skills to manage big budgets etc. They would be free to deliver some of the functions, such as finance, in a way that suited them, including buying in the service.*

ACTION AGREED

Any further comments on the White Paper to be forwarded to the Executive Director of Adult Social Services.

10. Presentation on the Peterborough Local Involvement Network (LINk)

We welcomed Dinah Shaw and Angela Burrows from the Shaw Trust to the meeting. Dinah and Angela gave a presentation on the role of the Peterborough Local Involvement Network (LINk).

LINks were an independent network that encouraged and supported local people to look at all the health and adult social care services in an area. They fed in views and recommendations to local service providers and ensured that groups and individuals were listened to. They had influence in a number of ways including:

- Service providers must provide LINks with the information they request through the Freedom of Information Act
- Service providers must let "authorised" members of LINks enter and view funded services
- Service commissioners must respond to a LINK report and recommendations within 20 working days and explain what action they planned to take
- LINks could refer matters to an Overview and Scrutiny Committee (OSC) for action and follow-up

The Peterborough LINk had a varied work plan, including:

- Future Direction;
  - Turnaround Plan
  - White Paper – Local HealthWatch
  - New Peterborough City Hospital
- Hydrotherapy Provision
- Cancelled Appointments/did not attends
- Complaints
- Infection Control - Hospital Hygiene
- Discharge Planning

The Health White Paper proposed to develop LINks into organisations called Local HealthWatch which would become the local consumer champion across health and social care. The Local HealthWatch would:

- retain the LINks' existing responsibilities to promote patient and public involvement, and to seek views on services which could be fed back into local commissioning
- have continued rights to enter and view provider services
- continue to be able to comment on changes to local services

The White Paper also proposed giving Local HealthWatch additional functions and funding, to provide complaints advocacy services and support to enable individuals to exercise choice. In particular, they would support people who lacked the means or capacity to make choices. Local HealthWatch would be able to report concerns about the quality of local

health and social care services to HealthWatch England, independently of their host authority, to inform the need for potential regulatory action.

Questions and observations were made around the following issues:

- It was noted that there was no hydrotherapy provision in Peterborough at the moment and this was a piece of work that the LINk had picked up. Part of the plans for the proposed PJ Care Home in Bretton included provision of a hydrotherapy pool which they hoped to look at opening up to members of the public. *The LINk believed that there was a danger if a private provider offered a service that they could withdraw public use at anytime so it was better to look for a permanent solution. The existing pool at the former St Georges School only needed superficial work doing to it and would be a way to make use of an existing facility. Transforming that facility would also be a good news story for the city.*
- Had the use of the pool at Matley School been considered? *Unfortunately that pool was not suitable as it was too shallow.*

ACTION AGREED

To note the presentation on the LINk and its future.

11. Forward Plan of Key Decisions

The latest version of the Forward Plan, showing details of the key decisions that the Leader of the Council believed the Cabinet or individual Cabinet Members would be making over the next four months, was received.

ACTION AGREED

To note the latest version of the Forward Plan.

12. Work Programme

We considered the Work Programme for 2010/11.

ACTION AGREED

That the Executive Director of Adult Social Service and the Scrutiny Manager review the work programme to ensure effective scrutiny.

13. Date of Next Meeting

Monday 8 November 2010 at 7pm

CHAIRMAN
7.00 - 9.35 pm

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
8 NOVEMBER 2010	Public Report

Report of the Solicitor to the Council

Report Author – Louise Tyers, Scrutiny Manager
Contact Details – (01733) 452284 or email louise.tyers@peterborough.gov.uk

RESPONSES TO RECOMMENDATION MADE BY THE COMMISSION

1. PURPOSE

1.1 The purpose of this report is to inform the Commission of the response to a recommendation made at the previous meeting.

2. RECOMMENDATIONS

2.1 That the Commission considers the response to the recommendation made and agree if, and how, the implementation of the recommendation should be monitored.

3. BACKGROUND

13 September 2010

3.1 During the Commission's meeting on 13 September 2010 a recommendation was made following consideration of a report on the provision of contraceptive and sexual health services for young people. The recommendation was subsequently submitted to the Chief Executive of NHS Peterborough for consideration.

3.2 A copy of the recommendation made and response are attached at Appendix 1.

4. KEY ISSUES

4.1 The Commission is asked to consider the response and agree if, and how, the implementation of the recommendation should be monitored.

5. IMPLICATIONS

5.1 Any implications are contained within the individual response to the recommendation.

6. BACKGROUND DOCUMENTS

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

Minutes of the meeting of the Scrutiny Commission for Health Issues held on 13 September 2010.

7. APPENDICES

Appendix 1 – Recommendation and Response Received.

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RECOMMENDATION FROM THE PREVIOUS MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES

13 September 2010

Item	Recommendation	Response to Recommendation
Provision of Contraceptive and Sexual Health Services	That NHS Peterborough be advised that the Scrutiny Commission for Health Issues does not support the decision to withdraw funding for the pharmacy based sexual health programme and that they look again at ways for the programme to be continued.	The programme is now under review with stakeholders led by Cheryl McGuire (Public Health Specialist – Sexual Health) and Rita Bali, who represents the Local Pharmacy Committee (LPC). The review process is now almost complete and the conclusions of the review will be available by the next Scrutiny Commission. The review will provide recommendations to NHS Peterborough for the future delivery of the programme. Responses to questions raised at the meeting of the Commission are attached for information.

APPENDIX 1

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NHS Peterborough response to Scrutiny Commission for Health Issues (held on 13 September 2010)

Response to questions raised by the Scrutiny Commission for Health to NHS Peterborough with regard to agenda item 2.1 - Decision to withdraw funding for the pharmacy based sexual health programme.

What are Sexual Health Services doing for ESOL patients?

The Contraceptive and Sexual Health (CaSH) service provides education and information to young people where English is their second language. Staff within other young people's services direct as appropriate onto CaSH services using Language Line. The Outreach programme has delivered sexual health sessions to groups in the Millfield, Gladstone and at Peterborough Regional College (PRC), targeting those young people who have English as a second language. The Sexual Health Outreach programme within the Regional College provides information and support for contraception, chlamydia screening and pregnancy testing as well as signposting onto relevant services. The CaSH service has good links with staff working with ESOL students within PRC and, when working with young people in one to one consultations Language Line would be utilised. The same process is embedded within the Department of Sexual Health whereby Language Line supports clinicians to support patients to receive accurate information in their native language.

All C-card (free condom scheme) information is written in three languages; Polish, Portuguese and Urdu, which reflects three of the largest ESOL populations in Peterborough. However, it also provides details in other languages of whom to contact for further information.

What access is there for young people to Sexual Health services who live outside the City Centre?

The Outreach delivery from the CaSH service delivers HYPA clinics (Health and Young People Advice) in 7 secondary schools. HYPAs are a multi agency 'drop-in' for young people to access a range of support provided by school nurses, youth workers, Drinksense and Bridgegate. The clinics have been led by the CaSH service and provide sexual health support around contraception, chlamydia screening, pregnancy testing as well as providing information/advice on other risk taking behaviour which can be linked to sexual health. They are based in Kings School; Ormiston Bushfield Academy, Thomas Deacon Academy, Stanground College, Orton Longueville School, The Voyager School and Ken Stimpson Community College. The catchment of each school can be vast and captures young people from a wide area across Peterborough. All schools have access to a school nurse who can provide Sexual Health support to young people across the school population.

The Contraceptive and Sexual Health service also promotes our clinics to some schools in Cambridgeshire and to any non-Peterborough residents attending Peterborough Regional College, who can access the clinic we provide twice per week on site. As the CaSH service is now co-located with and aligned to the Sexual Assault Referral Centre (SARC), it also promotes an integrated pathway across Peterborough and Cambridgeshire to sexual health provision.

The Youth Service also promotes our services and also offer C-card condoms in all areas of the City including the more rural areas of Peterborough. Emergency Hormonal Contraception (EHC) is accessible through CaSH clinics, HYPA clinics and also the Walk In Centre as well as GP surgeries. The CaSH young people team also try hard to meet the individual requirements of schools where a young person presents who urgently needs

EHC. This has once again become more widely used following the decision to withdraw funding for the pharmacy based sexual health programme.

We are currently training up more GPs and Health Practitioners to offer Long Acting Reversible Contraception (LARC) which young people can access through their local GP. This is a Department of Health led initiative which has provided some funding to roll out a training programme as the evidence is that LARC is an effective way to prevent unwanted pregnancies. The CaSH service has a LARC Clinical Lead in place to support local GPs and Health Practitioners to access the training and accreditation process locally.

In 2008 the PCT recruited a Contraceptive Nurse who has a specific remit to reduce the number of second teenage pregnancies. The post holder works with a large caseload of young women across Peterborough providing 1:1 support, advice around LARC (as well as supporting compliance), including signposting to the full range of sexual health support available. This nurse works across all boundaries in Peterborough.

What is the EHC uptake across Peterborough?

The following data relate to the 2009/10 financial year:

Pharmacy based Sexual Health Programme	256 (<25 years old only)
Walk in Centre	720 (*approximation - all ages*)
GP surgeries	931 (*all ages*)
CaSH service	105
GUM	data unavailable but small numbers only

What is the cost of a Teenage pregnancy?

The average actual cost of an unintended teenage pregnancy is £1.050 (Bayer HealthCare report – Spring 2008). It was estimated that by investing in intrauterine system contraception (IUS or the 'coil') the total saving to NHS England in 2006 was approximately £86m. It was also estimated that by investing in EHC a saving of approximately £513m could be made.

However, the overall costs are much more than just financial. The social cost to young people who have an unintended pregnancy is huge. Evidence indicates the risk of teenage pregnancy is linked to level of deprivation and reduced life chances. It has a cyclical nature, passing from generation to generation. It prevents children and young people meeting the Every Child Matters outcomes. Additional there is an increased risk of premature and low birth weight, a 60% higher infant mortality rate, increased risk of hospitalisation for accidental injuries, developmental delays and poor nutrition. Other factors to consider are:

- 63% increased risk of being born into poverty
- 3 x more likely to smoke throughout their pregnancy
- 50% less likely to breastfeed
- 3 x the rate of post-natal depression of older mothers
- As adults, 22% more likely to be living in poverty, unemployed or living with a partner and 20% more likely to have no qualifications

For further information/queries please contact; cheryl.mcguire@peterboroughpct.nhs.uk

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
8 NOVEMBER 2010	Public Report

Report of the Executive Director of Children's Services

Contact Officer(s) – Jo Melvin, Commissioning Officer – Teenage Pregnancy
Contact Details – 01733 863980 or email joanne.melvin@peterborough.gov.uk

PROGRESS ON TEENAGE PREGNANCY

1. PURPOSE

1.1 The purpose of this report is to update the Scrutiny Commission on the progress of the Teenage Pregnancy Strategy to reduce teenage conceptions in Peterborough.

2. RECOMMENDATIONS

2.1 The Panel is asked to scrutinise the progress made and make any appropriate recommendations.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 National Indicator 112 (Under 18 conception rate) is a priority within the Improving Health section of the current Local Area Agreement. Given the wide ranging scope of the teenage pregnancy agenda it is an integral part of many agendas including health inequalities, education, employment, community development and child poverty. It contributes particularly to the following National Indicators:-

NI 113 - Prevalence of Chlamydia in under 20 year olds
NI115 – Substance misuse by young people
NI 111 First time entrants to the Youth Justice System aged 10 – 17
NI 114 Rate of permanent exclusions from school
NI 117 16 to 18 year olds who are not in education, training or employment (NEET)
NI 116 Proportion of children in poverty
NI 110 - Young people's participation in positive activities
NI 50 Emotional health of children
NI 53 Prevalence of breastfeeding at 6 – 8 weeks from birth
NI 126 Early access for women to maternity services
Educational achievement indicators (Enjoy & Achieve)
NI 81 Inequality gap in the achievement of a Level 3 qualification by the age of 19
NI 82 Inequality gap in the achievement of a Level 2 qualification by the age of 19
NI 152 Working age people on out of work benefits
NI 118 Take up of formal childcare by low-income working families

4. BACKGROUND

4.1 The national teenage pregnancy target is a 55% reduction in teenage pregnancies by 2010 from the1998 baseline of 57.7 conceptions per 1,000 15-17 female population in Peterborough. This is a challenging target and one which is unlikely to be met locally and nationally.

4.2 *Explanation of NI 112 Under 18 Conception Rate data*
Teenage Pregnancy performance data is provided by the Office of National Statistics and is taken from birth registrations and terminations to females under the age of 18. Due to timeframes involved in waiting for birth registrations, there is usually a 14 month time lag in producing the national performance data. Data is counted per calendar year, with provisional quarterly rates being released throughout the year. Final confirmed of the full year data is released around the end of February each year, based on data pregnancies as much as two years earlier. The data is

broken down into local authority areas; the data at ward level is usually 2-3 years behind. All TP data is released as the number of conceptions and the rate per 1,000 15-17 year old female population. However, only the rate is used for the National Indicator as it gives a fair measure across both sparsely populated and populous areas. Government use the final full year rate to decide RAG ratings.

4.3 Peterborough is facing a challenge in reducing the number of teenage pregnancies. In 2007 the Health and Adult Social Care Scrutiny Panel undertook a review of teenage pregnancy services in Peterborough and has followed the progress of the issue at subsequent meetings. This report updates the Commission on the progress made since its last report on 31 March 2009.

4.4 The latest data from the Office of National Statistics shows Peterborough's rate of teenage pregnancies continues to fluctuate (see diagram below). The rolling quarterly average rate from January to March 2009 is 56.3 conceptions per 1,000 of under 15-17 female population. This is higher than national, regional and statistical neighbour averages. Within the same period, the rate of teenage pregnancies leading to abortion was slightly higher than national and regional averages and broadly in line with our statistical neighbours. In terms of numbers, this equates to 94 conceptions of which 38 lead to abortion between January and March 2009.

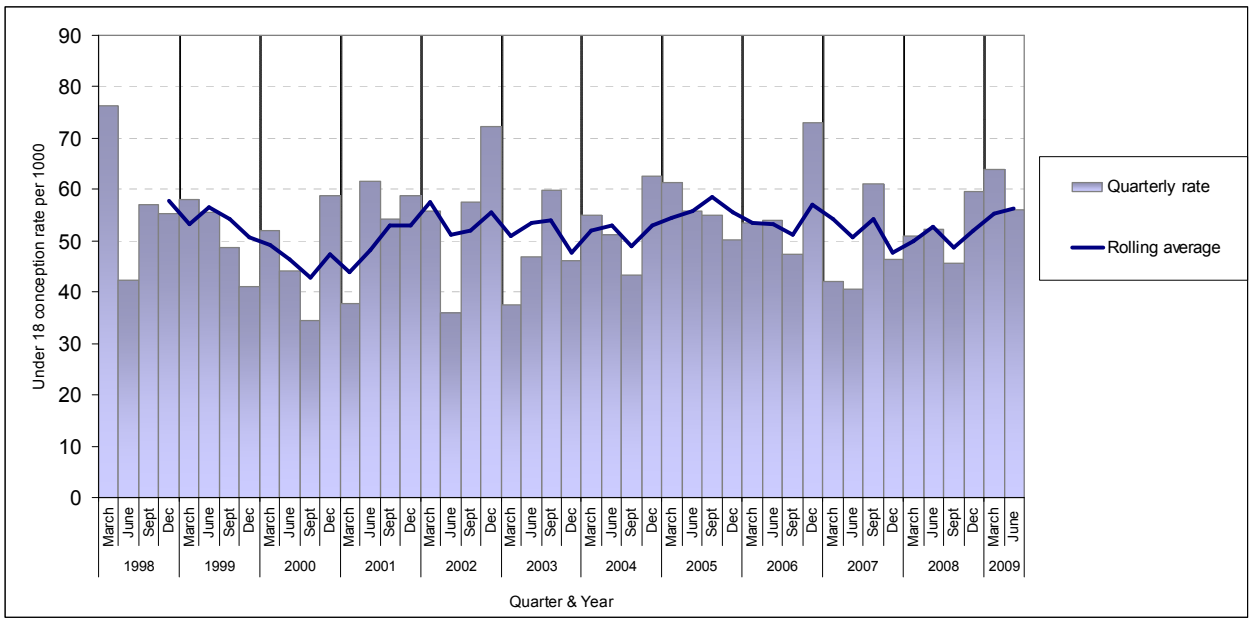

Diagram 1: Peterborough Under 18 Conception Rate NI112 (Source: DFES 2010)

4.5 The National Teenage Pregnancy Strategy draws to a close in 2010, although the issue of teenage pregnancy remains. The strategy was intended to develop services to prevent teenage pregnancy and support existing teenage parents during its lifetime with the aim of those services being mainstreamed by 2010.

5. KEY ISSUES

5.1 The root causes of teenage pregnancy are complicated and can not be addressed through one intervention alone. There are many familial, emotional and social factors which can interact in different ways. The diagram below illustrates the complex web of factors that influence teenage pregnancy rates:

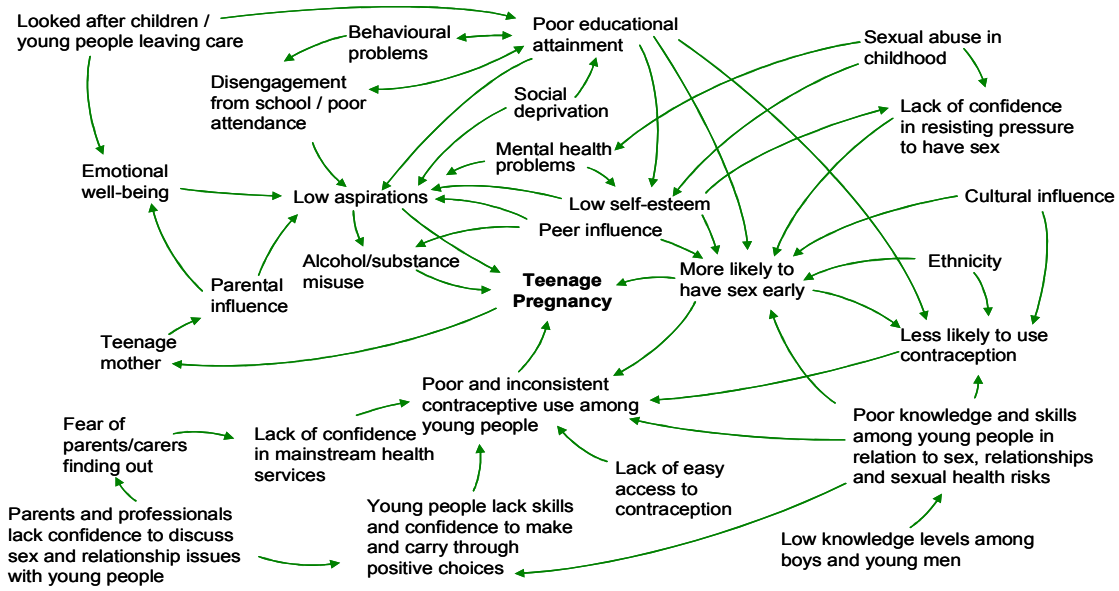

Diagram 2: Factors contributing to teenage pregnancy (Source: DCSF)

Therefore, the work to reduce the numbers of teenage pregnancies has had to focus on a number of areas.

5.2 In line with the HASC Scrutiny Panel recommendations, national guidance and the recommendations from Peterborough's National Support Team visit the following key areas have been focused on in the last year:-

- Ensuring focus is on the prevention of teenage pregnancies
- Improving sex and relationship education (SRE)
- Providing a full range of contraception and ensuring contraceptive and sexual health (CaSH) services are young people friendly and accessible
- Working jointly wherever possible
- Linking teenage pregnancy with other risk taking behaviour
- Using local data to target services at the most at risk
- Engaging young people in service delivery and planning

Below are some examples of the progress achieved in the last year.

5.3 *Case Study 1: Targeting SRE to the most vulnerable and at risk*
Local data provided by Children's Services is used to help identify young people at risk of not meeting their potential. These young people are invited to take part in a self esteem based programme run by youth workers. The programme discusses sexual health issues and its links to drugs, alcohol and risky behaviour amongst other things. It aims to equip young people with increased self esteem, knowledge, confidence and social skills to make informed choices about their behaviour. The programme is in its second year and has received positive feedback from young people and staff.

The successful use of local data in this way is now being used to help staff identify young people at risk of becoming NEET (not in employment, education or training) and engaging them in a Pre-NEET programme to support a transition into employment, education and training after leaving school. Similar processes are being trialled to help identify vulnerable children most likely to benefit from attending local play services in Orton Malbourne and Stanground. If this proves to be effective, it will be replicated in other areas.

5.4 *Case Study 2: Helping parents discuss sex and relationships with their children - Speakeasy Programme*
The accredited Speakeasy course helps parents develop the skills and confidence to talk about relationships, sex and contraception with their children and is being rolled out across the city. The course is aimed at parents of children of all ages, including those with additional needs and increased vulnerability. Seven professionals have been trained to deliver the programme and four

runs of the course are being delivered reaching a total of 30 parents. It is hoped a number of parents completing the course will become accredited and go on to run further courses in the community.

5.5 *Case Study 3: Embedding sexual health in multi-agency work with those at risk - Street Youth Project*
In the spring, funding was obtained to tackle anti-social behaviour amongst young people during the summer holidays in priority wards. To maximise the opportunity to reach at risk young people, a number of professionals joined the police including youth workers, contraceptive nurses and staff from local drug and alcohol charities. Staff from the 8-19 Service have continued to work in these wards on Friday and Saturday evenings actively promote sexual health messages to young people alongside their other work with young people. This helps to ensure that some of the most disengaged and at risk youngsters are engaged with services and can access the C-Card scheme and Chlamydia Screening.

5.6 *Case Study 4: Making contraception more accessible to young people*
A further school-based health clinic (HYPA) has now been opened bringing the total to six in the city. The HYPAs offer contraceptive and sexual health services alongside drug and alcohol advice and general physical and emotional health advice. A further two schools offer purely CaSH services through a 'Clinic In a Box' scheme. The idea behind these services is to encourage young people who may not feel confident to visit their GP to still obtain contraceptive and sexual health information and advice. They are particularly aimed at younger teenagers. They also provide a safe place to ask questions and discuss the merits of delaying early sexual activity. The NHS also offer outreach CaSH services in Peterborough Regional College, local hostels and alternative education settings to reach older teenagers and those who may be more vulnerable and at risk. These services are promoted to young people by partner agencies, SRE sessions, outreach and general marketing.

One priority within the Sexual Health Strategy is to increase the use of long acting methods of contraception (LARC).The number of medical staff trained to fit long acting methods of contraception has been increased this year to allow more young people to have LARC fitted to prevent unintended pregnancy. The CaSH service has moved to new premises in Rivergate to provide a central location and additional opening hours.

5.7 *Case Study 5: Promoting sexual health messages to young men*
A marketing campaign called 'Who's The Daddy' was commissioned to reach young men and raise their awareness of teenage pregnancy and contraception. A panel of young people were involved in the commissioning and delivery of the project. Local contraceptive and sexual health services have also been promoted to young people through a campaign of wristbands, posters, radio advertising and websites.

5.8 In July, a project to work with young men around prevention of teenage pregnancies and risk taking behaviour has been commissioned. The project aims to reduce the rate of teenage pregnancy, improve sexual health and reduce social exclusion by working directly with boys and young men across Peterborough. The project will reach 150 young men by March 2010 through a mixture of outreach, 1:1 and group activities. Initial feedback suggests the project is reaching young men who have been sexually active from a young age and are regularly engaging in unprotected sex. In addition to getting the young men signed up to C-Card scheme (free condom distribution) and STI testing, the project focuses on SRE and challenging attitudes and risky behaviour. Longer term funding is needed to secure this project beyond April 2010.

5.9 There is often a gap between the age at which preventative services are delivered to a child or young person and the age at which they later become pregnant. This means there can be delays in impact up to several years. Given this and the complex web of factors that can contribute to teenage pregnancy, it can be difficult to attribute the absence of a teenage pregnancy to a particular service or intervention. October's Solution Centre workshop confirmed the need for services to evidence the impact of their activities. This includes feedback from young people to ensure service provision continues to be effective and responsive to the changing needs of young people.

6. IMPLICATIONS

6.1 As the National Teenage Pregnancy Strategy draws to a close in 2010, consideration must be given as to how Peterborough's teenage pregnancy rates can continue to be addressed. The needs and vulnerabilities of those at risk of teenage pregnancy must still be taken into account. It is important to ensure services to reduce teenage conceptions are embedded into mainstream funding and resource allocation. This may become even more challenging in light of pending government cuts and the end of ring fenced funding provided by the national strategy. Pressure on budgets may result in resources directed away from teenage pregnancy related services into other areas. This is likely to have an effect citywide but be felt most by the more vulnerable and at risk young people. Static or increasing rates of teenage pregnancy are most likely to affect wards and communities with higher rates of deprivation. There is likely to be a knock on effect in other areas, particularly those national indicators highlighted earlier.

7. CONSULTATION

7.1 Young people are involved in the commissioning and development of services. For example, the 'Whose the Daddy?' campaign had a panel of young people who took part in the development of the service specification. They also helped to shortlist and interview companies who bid for the project. Young men and young fathers were involved in the development of the service specification of the Young Men's Project and were part of the interview process. They continue to be involved in the shaping and development of the project.

7.2 Young Inspectors (YI) undertook an inspection of the NHS Walk In Centre in March 2010. The Young Inspectors project enables young people to investigate the quality and accessibility of services from their perspective and helps providers to make their services more young people friendly. The Walk In Centre provides a number of contraceptive and sexual health services for young people including emergency contraception, condom distribution and pregnancy testing. As a result, the YI have played a role in ensuring local CaSH services are young people friendly, well known and accessible.

7.3 Embedding consultation and participation of young people in service design and delivery continues to be a priority.

8. BACKGROUND DOCUMENTS

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

8.1 Outputs from Solution Centre workshop Oct 2010
NST report Oct 2008
Public data on NI 112 (Office of National Statistics)

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
8 NOVEMBER 2010	Public Report

Report of the Solicitor to the Council

Report Author – Louise Tyers, Scrutiny Manager
Contact Details – (01733) 452284 or email louise.tyers@peterborough.gov.uk

NHS PETERBOROUGH TURNAROUND PLAN

1. PURPOSE

1.1 To inform the Scrutiny Commission that officers from NHS Peterborough will be in attendance to provide an update on the progress made with the NHS Peterborough Turnaround Plan.

1.2 A copy of the report considered by the NHS Peterborough Board at their meeting on 3 November 2010 is attached for information at Appendix 1.

2. RECOMMENDATIONS

2.1 That the Commission scrutinise and where appropriate make recommendations in relation to progress made on the turnaround plan.

3. BACKGROUND DOCUMENTS

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

3.1 None.

4. APPENDICES

4.1 Appendix 1 – Integrated Finance and Performance Report – NHS Peterborough

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NHS Peterborough - Finance and Performance Dashboard

Finance	Current RAG rating	Forecast RAG rating	YTD position (£'000's)	Forecast position (£'000's)
Income and Expenditure	G	R	380	(4,764)
Cash	G	R	203	(7,200)
Capital	G	G	81	336
Better Payment Practice Code (BPPC)	A	G	92.83% - 99.56%	95%

Activity	Current RAG rating	Forecast RAG rating	YTD Variance against plan	Forecast year end variance
Elective (Daycase & Inpatient)	R	R	(718)	(1443)
Non Elective	R	R	(901)	(2357)
Outpatients - First	G	G	1266	2560
Outpatients - Subsequent	R	A	(4736)	(9890)
Accident & Emergency	G	G	789	1559
Non Mandatory	R	R	n/a	n/a

Turnaround	Current RAG rating	Forecast RAG rating	YTD savings (£'s)	Forecast savings (£'s)
Primary Care	A	A	351	**2,548**
Acute Care - Unscheduled	A	A	0	**2,799**
Acute Care - Planned	A	A	674	**3,238**
Community and older people	A	A	3,471	**4,006**
Mental Health	A	A	1,427	**4,873**
Children and Maternity	G	G	319	**1,275**
Corporate - back office and infrastructure	A	G	1568	**5,016**
Health Improvement	N/A	N/A	N/A	**N/A**
		TOTAL	**7,810**	**23,755**

Performance	Current RAG rating	Forecast RAG rating
Primary Care	A	A
Acute Care - Unscheduled and Planned	A	G
Community and older people	A	G
Mental Health	A	A
Children and Maternity	A	A
Corporate - back office and infrastructure	A	G
Health Improvement	R	A

Key to RAG status

G	Green = On target
A	Amber = Not on target but adequate contingencies in place
R	Red = Not on target and more work is needed to ensure adequate contingencies / will not meet target

Finance

	ANNUAL BUDGET	BUDGET TO DATE	ACTUAL TO DATE	VARIANCE TO DATE	FORECAST OUTTURN
	£000's	£000's	£000's	£000's	£000's
RESOURCES					
PCT pooled	261,227	131,446	131,446	-	-
PCT Non-pooled	62,944	32,442	32,442	-	-
Hosted services	5,028	2,182	2,182	-	-
Total PCT Resources	**329,199**	**166,070**	**166,070**	**-**	**-**
				-	-
EXPENDITURE				-	-
Total Pooled Budget	261,227	131,446	132,328	(882)	(4,734)
Non Pooled	62,944	32,442	31,180	1,262	(30)
Hosted Services	5,028	2,182	2,182	-	-
				-	-
Total Accountable Expenditure	**329,199**	**166,070**	**165,690**	**380**	**(4,764)**
Total PCT	-	**-**	**380**	**380**	**(4,764)**

SUMMARY POOLED REVENUE STATEMENT Period ended 30th September 2010

EXPENDITURE	ANNUAL £000's	BUDGET TO DATE £000's	EXPEND TO DATE £000's	VARIANCE TO DATE £000's	FORECAST VARIANCE £000's
Commissioning Acute Trusts					
Peterborough and Stamford Hospitals FT	84,505	42,465	43,865	(1,400)	(2,720)
Cambridge University Hospitals FT	5,797	2,875	2,960	(85)	(35)
Hinchingbrooke	781	388	375	13	3
University Hospitals Leicester	1,841	918	900	18	-
Nottingham University Hospital	569	308	371	(63)	(94)
	93,493	**46,954**	**48,471**	**(1,517)**	**(2,846)**
Other NHS Commissioning					
Specialist Commissioning Consortia	14,741	7,370	7,182	188	(149)
Papworth	1,979	989	1,031	(42)	(75)
Cambs & Peterborough FT	25,655	13,945	14,011	(66)	(126)
Other Mental Health & LD	5,539	2,844	3,076	(232)	(780)
Children's Placements	981	490	838	(348)	(642)
East of England Ambulance service	6,127	3,063	2,984	79	75
Non Contracted Activity	8,950	7,975	7,781	194	224
	63,972	**36,676**	**36,903**	**(227)**	**(1,473)**
Non NHS Commissioning					
Non NHS Commissioning	4,472	1,988	2,134	- 146	(324)
Fitzwilliam	2,944	1,325	1,593	- 268	(464)
In Health	821	411	301	110	100
	8,237	**3,724**	**4,028**	**(304)**	**(688)**
Continuing Care	**6,625**	**3,465**	**4,276**	**(811)**	**(1,800)**
Corporate Services					
Management structure	11,053	6,157	6,760	(603)	(1,250)
Facilities	1,541	492	339	153	135
Public Health	1,568	801	777	24	50
	14,162	**7,450**	**7,876**	**(426)**	**(1,065)**
Reserves					
Turnaround Scheme Cost	4,561	827	-	827	1,654
Central Budgets Contingency	1,084	404	-	404	809
Anticipated Surplus	500	250	-	250	500
Uncommitted Reserves - Contingency	2,187	806	-	806	1,050
Committed Reserves	4,645	86	-	86	173
Cost Pressures	(16)	(8)	-	(8)	(16)
	12,961	**2,365**	**-**	**2,365**	**4,170**
Peterborough PCT Provider Services	**61,777**	**30,812**	**30,774**	**38**	**(1,032)**
GRAND TOTAL EXPENDITURE	**261,227**	**131,446**	**132,328**	**(882)**	**(4,734)**

Public Sector Payment Policy

Better Payment Practice Code statistics received up to the end of September 2010 indicated:

* 96.11% non NHS and 94.88% NHS compliance on the number of invoices paid and
* 94.53% non NHS and 99.53% NHS compliance based on value

Capital Expenditure

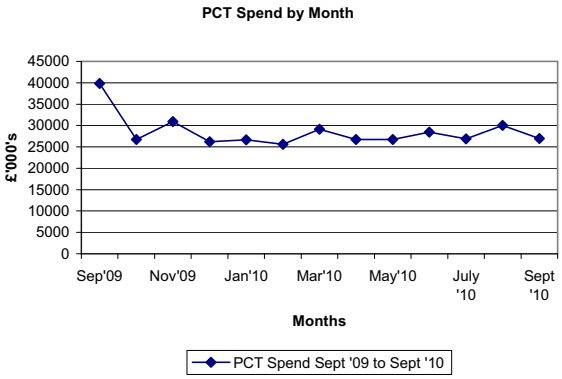
Capital expenditure April to September 2010 was:	£'000's
Dogsthorpe Medical Centre	3
City Care Centre	6
Bretton Medical Centre Dental Equipment	167
	176

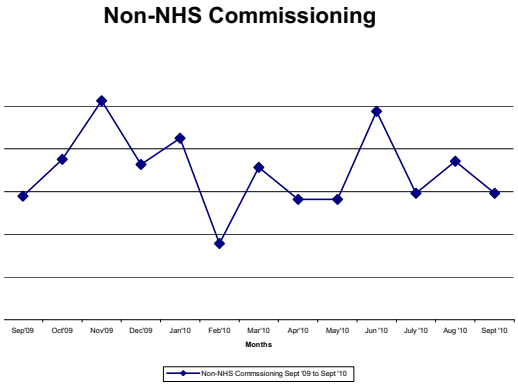
Cash Drawings

	Annual Budget £000's	Plan to Date £000's	Actual to date £000's	Variance to Date £000's
Total Cash Available	**339,547**	**169,403**	**175,314**	**-5,911**
APPLICATIONS:				
Total cash expenditure April to September 2010	339,547	169,403	175,111	-5,708
Balance at Bank	**0**	**0**	**203**	**-203**

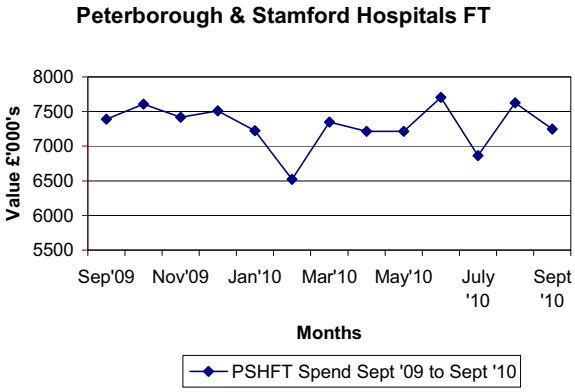
Statement of Financial Position

	Opening bal 1st Apr 2010 £'000's	Balances held 30th September £000's
Fixed Assets (non Current Assets)	27,043	26,392
Current assets	7,555	9,633
Current liabilities	(24,339)	(28,372)
Non current liabilities	(36,026)	(35,693)
Provision for liabilities and charges	(927)	(760)
Total Assets Employed	(26,694)	(28,800)
Taxpayers Equity	(26,694)	(28,800)

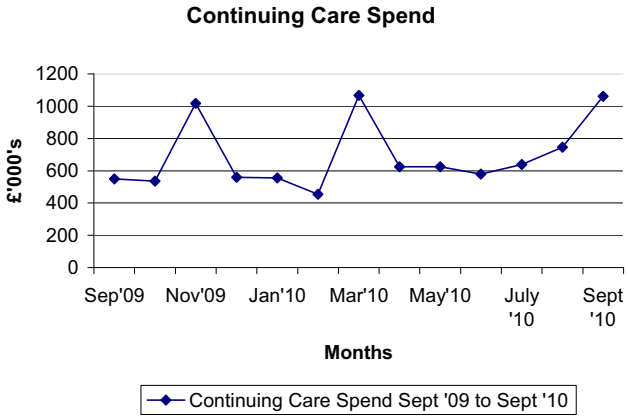




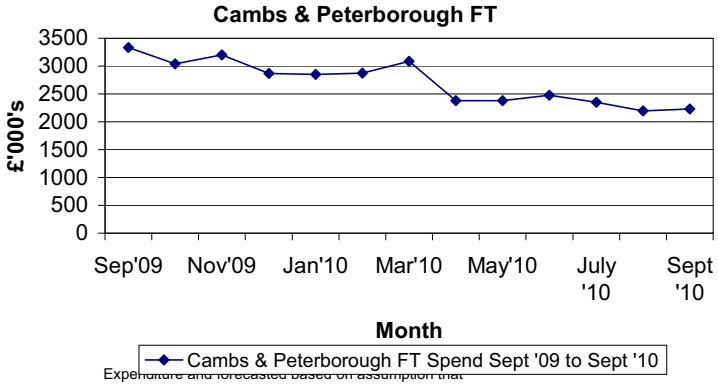
Review of account done for year end and all old accruals were striped out



Turnaround metrics included in Jan 10 and Feb 10, a settlement figure was given for year end.



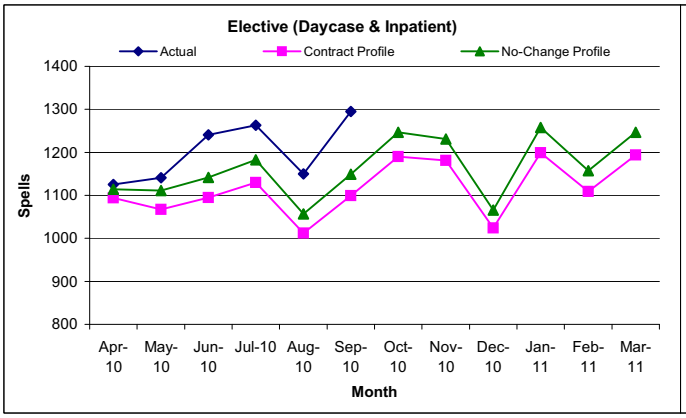
Old process of CHC meant there was a backlog in processing new cases and retrospectives
Full review done in Nov 09 when new FM took over but full extent of process was not recognised and another review was made in Mar 09, where a new process was implemented

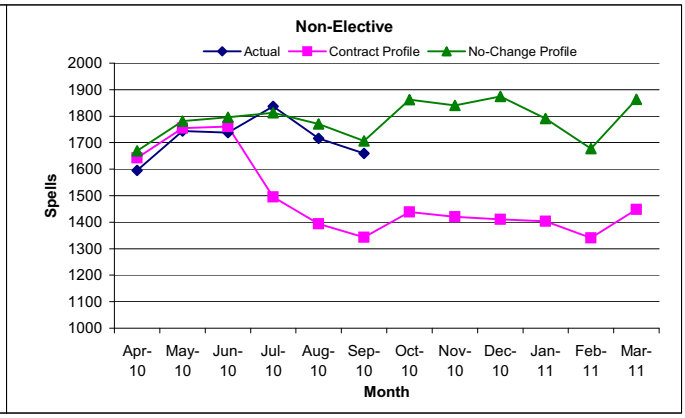


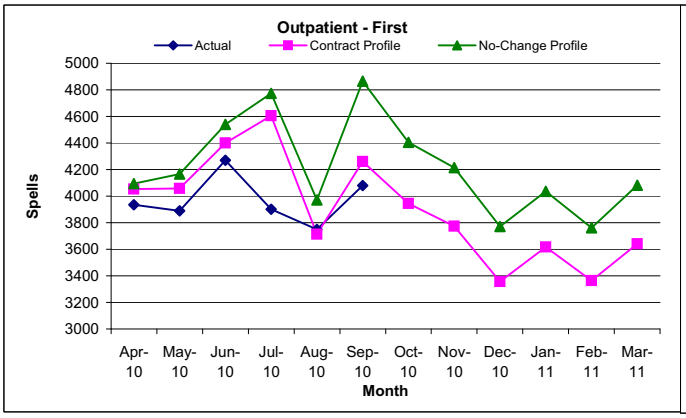
Expenditure and forecasted based on assumption that PCT is spending to budget plus overspend on CAMH tier 4.
2010/11 budget significantly lower than last year as includes turnaround savings schemes.

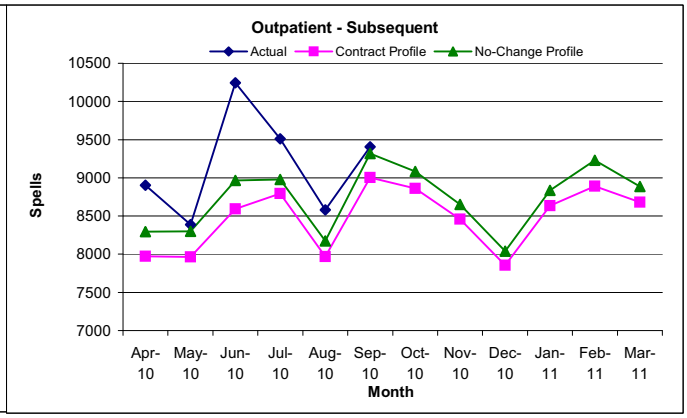
Acute Action Plan

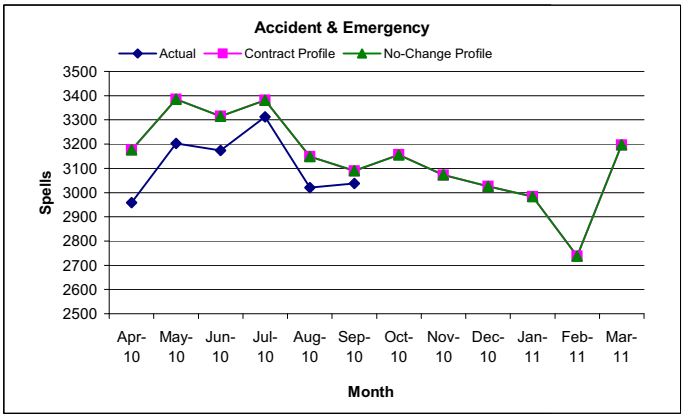
		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Elective (DC & IP)	Actual	1,125	1141	1241	1263	1150	1295						
	Contract Profile	1,094	1067	1095	1130	1012	1099	1190	1181	1024	1199	1109	1194
	No-Change Profile	1,114	1111	1142	1183	1057	1149	1247	1231	1066	1258	1157	1247
Non Elective	Actual	1,596	1744	1738	1837	1716	1660						
	Contract Profile	1,642	1755	1761	1495	1394	1343	1439	1420	1411	1403	1340	1448
	No-Change Profile	1,669	1782	1796	1813	1770	1707	1862	1841	1875	1791	1678	1863
OP - First	Actual	3,936	3890	4271	3901	3749	4079						
	Contract Profile	4,052	4059	4401	4606	3714	4260	3945	3774	3356	3616	3364	3640
	No-Change Profile	4,093	4166	4540	4774	3972	4864	4405	4214	3770	4036	3762	4082
OP - Subs	Actual	8,904	8387	10244	9510	8580	9405						
	Contract Profile	7,972	7964	8591	8792	7970	9005	8861	8457	7856	8635	8892	8680
	No-Change Profile	8,294	8299	8964	8980	8173	9320	9083	8653	8038	8837	9232	8888
A&E	Actual	2,959	3203	3174	3312	3021	3037						
	Contract Profile	3,177	3385	3315	3381	3148	3089	3156	3072	3026	2984	2738	3196
	No-Change Profile	3,177	3385	3315	3381	3148	3090	3155	3073	3026	2984	2738	3197











YTD Variances (Activity)

	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	7,215	6,497	718	11.1%
Non Elective	10,291	9,390	901	9.6%
OP - First	23,826	25,092	-1266	-5.0%
OP - Subs	55,030	50,294	4736	9.4%
A&E	18,706	19,495	-789	-4.0%

YTD Variances (Cost)

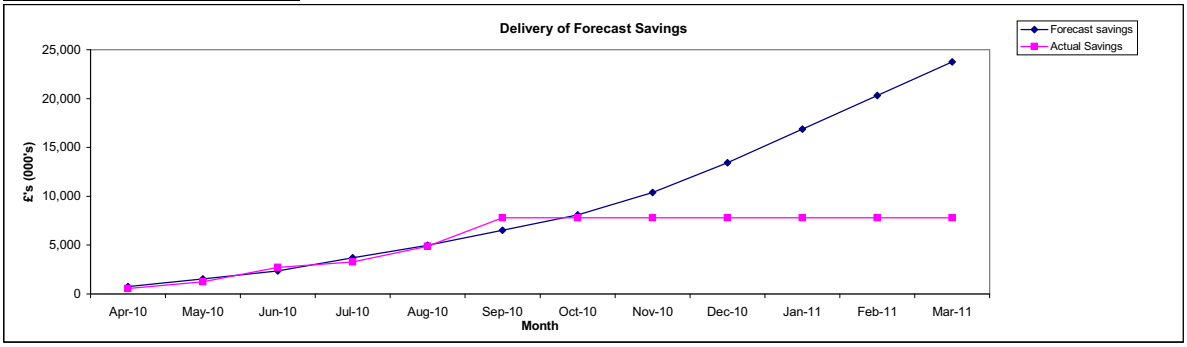
	Actuals	Contract Profile	Variance	Variance %
Elective (DC & IP)	8,531,867	7,499,986	1031881	13.8%
Non Elective	17,004,670	15,834,740	1169930	7.4%
OP - First	4,284,626	4,500,070	-215444	-4.8%
OP - Subs	5,225,204	4,827,902	397302	8.2%
A&E	1,683,729	1,743,856	-60127	-3.4%

Source:
Activity is taken from PSHFT Fast Track website. Does not include Contract Metrics

Performance Informatics
NHS Peterborough
01733 748554

Turnaround

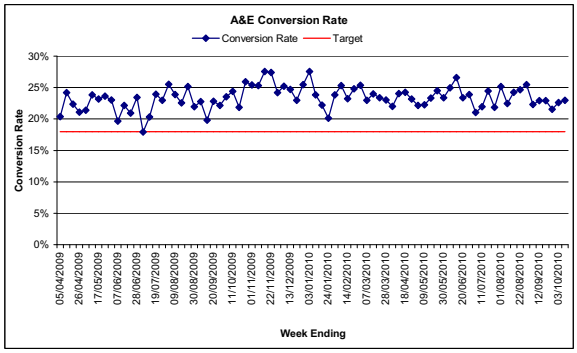
	Resources	Communications	Mindsets	Roadblock	Delivery	Metrics
1A Acute - Unplanned Care	G	G	A	G	A	A
1B Acute - Planned Care	A	A	A	G	G	R
2 Children and Maternity	G	G	G	G	A	G
3 Mental Health	A	A	A	A	A	R
4 Primary Care	A	A	G	A	A	A
5 Community and Older People	G	A	G	A	A	A
6 Corporate	A	A	G	A	G	G
7 Health Improvement	N/A	N/A	N/A	N/A	N/A	N/A



Delivery Boards	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	**Annual Savings (£K's)**
Primary care	0	0	0	90	90	90	90	438	438	438	438	438	**2,548**
Acute care - Planned Care	217	246	247	448	247	247	247	247	246	281	282	283	**3,238**
Acute care - Unplanned Care	0	0	0	0	0	250	250	250	512	512	512	512	**2,798**
Community care	0	0	0	148	279	279	279	279	685	685	685	685	**4,004**
Mental health	262	262	287	391	391	391	416	470	470	511	511	511	**4,873**
Children and maternity	0	0	0	0	0	0	0	0	85	397	397	397	**1,275**
Corporate	277	277	277	277	277	277	277	615	616	616	616	616	**5,018**
Total	**756**	**785**	**811**	**1,354**	**1,284**	**1,534**	**1,559**	**2,299**	**3,052**	**3,440**	**3,440**	**3,441**	**23,754**
Cumulative Total	**756**	**1,541**	**2,352**	**3,706**	**4,990**	**6,524**	**8,083**	**10,381**	**13,433**	**16,873**	**20,313**	**23,754**	

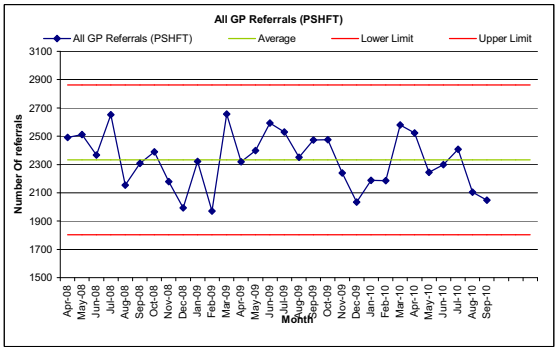
Metrics

Acute Care - Unplanned



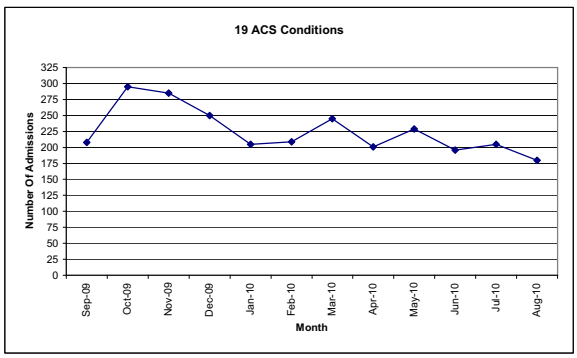
The A&E Conversion Rate looks at the percentage of patients attending A&E that get admitted. A target of 18% has been identified for 2010/11

Planned Care



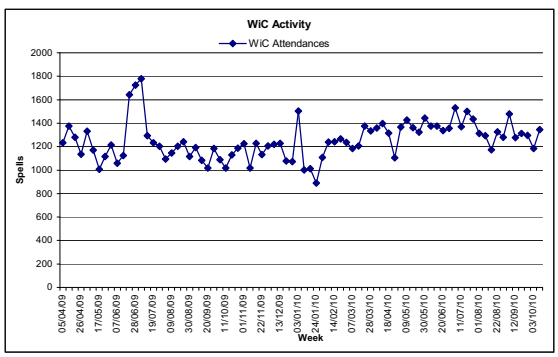
The GP Referral report monitors referrals received by PSHFT from GP's.

Primary Care



The 19 ACS Report shows number of admissions/spells across the year. This is one element of a suite of reports that alllow the 19 ACS conditions to be monitored at a condition and GP Practice level.

Community



This report monitors the number of attendances at the Walk In Centre. This monitors the impact of the Choose Well initiative.

Performance

The dashboard below shows the number of national performance indicators linked to each of the delivery board areas, sorted by the RAG status agreed with their owners.
Those that are at risk, or where significant achievements are to be noted, are detailed in the relevant sections below.

	Overall RAG	Red	Amber	Green	Unknown	Total
Primary Care	**A**	**1**	**3**	**0**	**0**	4
Acute Care - Unscheduled and Planned	**A**	**3**	**5**	**13**	**4**	25
Community and older people	**A**	**1**	**4**	**9**	**4**	18
Mental Health	**A**	**2**	**1**	**1**	**1**	5
Children and Maternity	**A**	**2**	**2**	**3**	**0**	7
Corporate - back office and infrastructure	**A**	**1**	**0**	**0**	**4**	5
Health Improvement	**R**	**5**	**2**	**4**	**1**	12
Total	**N/A**	**15**	**17**	**30**	**14**	76

Primary Care

Dental Access - NHS Peterborough provisional September data shows performance of 87.72% against target equating to 100,862 people accessing NHS dental services within the previous 24 months against the target of 114,981people. Although this is significantly below target we are ranked 3rd in the region.
Analysis of the number of patients seen in the last 24 months indicates that the total number of patients seen across Peterborough is increasing since May 2010. The Bretton practice is one of a number of interventions which has contributed to this increase, the other key intervention is the PCT's expectation for practice's to extend recall times from 6 to 12 months.

Choose and Book - Utilisation of the Choose and Book system continues to be the lowest in the East of England region. The performance for the week ending 10 October was 20%, well below the national and SHA average of 53%. Practice level usage information was to be shared with the GP consortia week ending 22 October.

Acute Care - Unscheduled and Planned

Ambulance Response times - Category B response rates are currently at 93.61% year to date against a target of 95% and on a continued downward trend. Handover times at the hospital also continue to under perform and The PCT continues to work with PSHFT and EEAST to improve handover performance through implementation of the tripartite agreement.

A&E Performance - September A&E performance shows the PCT performing well, with 99.1% of patients seen within 4 hours. Cumulative performance is 98.5%

Cancer
Cancer 2 week breast symptoms (93%)

Performance on this target dropped to 92.5% in August. This equated to 3 breaches, all due to patient choice. The PCT has already instigated a work programme via the local cancer group to review and identify the GPs where this keeps occurring linked to all breaches in the 2 week wait pathway. Every breach due to patient choice irrespective of whether we achieve the target or not the relevant GP is contacted but depending on whether this is the first occurrence or recurrent depends on the intervention. The 3 breaches referred to above are currently being validated by PSHFT and will be investigated by our team. If it is the first time this has occurred from the practice a letter is sent out from our GP cancer lead. If there is trend occurring from the practice then the GP cancer lead visits the relevant practice to offer education and support. The next Local Cancer Group will review the impact to date of these interventions and discuss whether there are other things needed to be done to mitigate this issue.
All other cancer standards were met in July 2010.

Clostridium Difficille .

Clostridium Difficile cases were significnatly above ceiling in August, due to 6 cases identified within the community. As a commissioner we reported 12 cases against a ceiling of 4 making our year to date position 36 cases against a ceiling of 21. PSHFT reported 5 cases against a ceiling of 4, making their year to date position 22 cases against a ceiling of 21.
Of significance was recognition of 2 cases from a care home in one week which resulted in immediate action, including closure to admissions of the specific care home unit. Since this time there has been considerable input to the home from the NHS P infection control & contracts teams (nine separate visits have been made to date), including regular meetings with local & regional managers from the specific organisation. A third case was subsequently noted. Overall a significant number of improvements have been made within the care home. NHS P and the care home management will continue to closely monitor the situation with one to two visits per month from NHS P. These visits will both challenge & support, including review of the cleaning audit data

Cancelled operations
The number of cancelled operations in August 10 for which another date was not offered within 28 days was 6, an improvement on the 11 in July, but still high.This has dropped performance on this indicator to 88.57%. Investigations are underway into this issue.

HSMR

The HSMR 2010/2011 April to June (rebased Dr Foster) is 101. The focus of work with PSHFT remains on correct coding and the clinical work-streams are continuing. PSHFT will review current performance of CBU mortality and morbidity meetings to ensure feedback at monthly HSMR meeting. PSHFT have also agreed to review and provide assurance on the accuracy of their palliative care coding at the next meeting. AAA mortality outlier - CQC has notified PSHFT that no further analysis is required following its original alert. However PSHFT is completing its own investigations and report will be available at next meeting. PSHFT is reviewing its clinical governance arrangements in general including HSMR - further details to be reported at the next meeting. NHS P will continue to closely monitor and work with PSHFT to ensure any HSMR issues are addressed.

18 weeks

There has been a further small decrease in performance for admitted patients a PSHFT. The PCT has been working closely with PSHFT over the last month to review 18 week performance at speciality level, over performance more generally on elective care and the anticipated impact of the move to PCH. The PCT has requested a detailed plan of performance across all surgical specialties as these are the main areas of concern.

The trust have demonstrated that they are reducing the back log for 18 weeks in general surgery approx. (20 last month) which is contributing to their deteriorating performance (against the old OF measures) however there is little evidence in other specialties, especially plastics and oral surgery that there is the same reduction. We have reviewed current plans and have asked for more detailed remedial plans for the 7 surgical specialities. 12th October we had a CEO and exec meting with PSHFT about a range of topics and discussed elective performance and the link with 18 weeks and treating patients within the 14 -18 week time band

Community and older people

Self Directed Support

Performance remains below trajectory to met the stretched target of 60% of service users recieiving self directed support by March 2011. However, Peterborough is on target to achieve te national standard of 30% with current year to date performance of 27.96%.

Mental Health

Employment - Proportion of adults in contact with secondary mental health services in employment - the current position is 3.6% against a Local Area Agreement target of 7.6% This position has deteriorated from the previous month where a figure of 4.1% was reported. This is the third consecutive month where performance has fallen. Performance will improve due to the following:

1. Additional funds within the city to support chronically excluded adults through advocacy to attain and maintain employment, education and accommodation.
2. CPFT have a peer worker programme in place which up skills people who have experienced mental health problems to gain employment.
3. Provision of employment support through Richmond fellowship.

Settled Accomodation

The Mental Health Trust reported a slight increase in the percentage of clients known to be in settled accomodation in August, however levels at 57.4% are still lower than the national average (around 76%) - this is expected to be a data quality issue and work is underway with the trust to improve data quality on all soocial care focussed indicators.

Children and Maternity

Percentage of Infants breastfed at 6 - 8 weeks

Q2 data shows a percentage of 45.38% of infants being breastfed at 6 - 8 weeks, against a target of 57.1%. A number of actions are in progress to improve this percentage:

Improve 'coverage' of 6-8 week data, PCT has reassurance from PCS provider that this data meets target and will be submitted in timely manner: Deadline for completion: October 2010

Service Specification for health visiting has been written and is currently being negotiated and includes promotion of breast feeding: Deadline for completion: November 2010

Identify low prevalence areas. Target these areas through the area breast feeding peer supporters, Baby Cafes, health visiting and midwifery services: Deadline for completion: November 2010

To include a new page in Personal Child Health Record to promote support available locally for breastfeeding mothers: Deadline for completion: November 2010

Corporate - back office and infrastructure

There are no issues to report in this area

Health Improvement

Chlamydia Screening - As at September, 1844 screens had taken place, against a planned number of 3832. The planned investment in this programme to ensure achievement of the 35% target was unable to be implemented due to the financial position of the PCT. However within these constraints work has continued with service providers and our partners to improve coverage and take-up of screening, in particular within core services. We intend to explore opportunities for additional funding through our internal Gateway process, particularly to enable a GP LES to be established.

We are focusing on increasing the screening rates delivered within our Core services: GP practices, Termination provision, Pharmacies, Walk in Centre and CaSH. The National Chlamydia Screening programme ends in 2011 and we have no indication of the future intentions to continue to offer this programme to the 15 – 25 year old age range.

We therefore need core services to screen young people as part of their generic work and the target will be delivered on that basis. We are also awaiting the outcome of a recent bid to the SHA which has incorporated additional funding to the CS programme around targeted promotion and incentives which have a proven impact on screening rates..

Hospital admissions for alcohol related harm -

The latest available data (Quarter 4 2009/010) shows our direction of travel is deteriorating, however, due to the time delay in reporting this data this is before corrective action was taken. Following the DH Alcohol National Support Team visit (NST) in 2009 the alcohol strategy has been revised, and a needs assessment and action plan have been produced. The action plan is being closely monitored by the Adult Alcohol Joint Commissioning Group (JCG).

The DH Alcohol NST did review progress by teleconference on 14 October and signed off their 2009 visit. They were pleased with strategic direction and action plan, needs assessment and the visioning day. It will take time for activity to show an improvement in the performance data. The feasibility for employing an alcohol nurse at the hospital has been discussed by the Alcohol JCG, and the funding for this post will be discussed at the next Public Health & Health Improvement Delivery Board meeting.

On 1 November ***livehealthy*** will be launched as Peterborough's model for community based health improvement services; one that provides an identity for health promotion, a focus for universal services and a clarity of purpose for targeted health improvement, delivered by NHS public health specialists. At the heart of the new service will be smoking, alcohol, healthy eating and physical activity. A single business plan, incorporating ***livehealthy*** and elements of the alcohol action plan will be proposed at the next Greater Peterborough Partnership Health & Wellbeing Partnership meeting on 15 November. The outcome will be new capacity to deliver preventative activity around alcohol related harm.

Smoking cessation

The target at August was for 484 smokers to have quit. The figure achieved was 343. Actions to address this performance are as follows:

Launching the new model for health improvement services on 1 November which will mean greater capacity for delivery of specialist clinics by the core service

New venue profile to be launched 1 November with the aim to monitor progress against quality standards i.e. quit rate, CO verification, occupational coding, and enable immediate corrective action to be taken

Tighter contract management of the pharmacy scheme to support those doing well, and decommission the poor performing pharmacies which are demanding on time and dragging down the quit rate

Shifting the setting of delivery from pharmacy to primary care to ensure only motivated smokers are entering the service allowing the quit conversion rate to be maintained and improved

Ensuring all stop smoking treatments are given equal first line treatment which will improve the quit rate

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
8 November 2010	Public Report

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

SAFE SHARPS DISPOSAL PILOT PROJECT

1. PURPOSE

1.1 This report updates the Scrutiny Commission on the Safe Sharps Disposal Pilot.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission are asked to accept the update and make any recommendations as to how the use of the bins could be improved.

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

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

4. BACKGROUND

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

4.2 At its meeting in November 2009, the Scrutiny Commission were advised that a project implementation plan had been drawn up for the installation of the bins. Bins were installed in 7 locations around the city between January and March 2010.

5. KEY ISSUES

5.1 The bin locations have been promoted via the service specific and pharmacy needle exchanges in the city to all drug users, and have been clearly labelled with the needle exchange logo so that those who use injecting equipment are aware of what they are.

5.2 Since all the bins were installed at the end of March 2010, 53 needles and 3 used sharps bins (portable needle bins which hold up to 10 needles) have been collected from the bins, along with some general litter. In addition, the incidents of reported discarded needles and drug-related litter around the city have dropped slightly from 170 to 122. However the use of the bins has not been as high as was hoped.

5.3 One of the bins has had to be removed due to it being wrongly sited on private land. Work is now underway to identify an appropriate site for this to be moved to.

5.4 The low use of the bins may be due to a number of factors, including:

- hotspots having moved;

- greater numbers of needles being returned to needle exchanges and an increase in the portable sharps bins given out;
- fear of using the bins;

or a combination of all three.

5.5 Officers are currently undertaking work to identify how the bins could be better promoted.

6. IMPLICATIONS

6.1 The implications of the pilot project are city-wide.

7. CONSULTATION

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

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

7.3 Consultation has continued with the needle exchanges to promote use of the bins and with the City Services team responsible for clearing discarded injecting equipment concerning the locations of the bins.

8. EXPECTED OUTCOMES

8.1 Members are asked to note the progress of the project so far and to make recommendations as to how uptake of the bins could be improved.

9. NEXT STEPS

9.1 Further work will be undertaken through the local drug service user group (SUGA) to try to establish why the bins are being under-utilised.

9.2 Data indicating drug-related litter and discarded injecting equipment will continue to be monitored to establish whether the bins need to be moved.

10. BACKGROUND DOCUMENTS

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

10.1 None.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
8 NOVEMBER 2010	Public Report

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

PETERBOROUGH SAFEGUARDING ADULTS – UPDATE REPORT

1. PURPOSE

1.1 The purpose of this report is to ask the Scrutiny Commission to consider, challenge and comment on the latest performance report on adult safeguarding (attached as Appendix 1).

2. RECOMMENDATIONS

2.1 That the Scrutiny Commission notes and comments on the performance report on adult safeguarding.

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

3.1 Safeguarding vulnerable adults is at the heart of the Sustainable Community Strategy. Our ambition includes working to help the people of Peterborough "be protected from abuse, discrimination and harassment". The Local Area Agreement targets relating to vulnerable people have particular links to this area.

4. BACKGROUND

4.1 Since the Scrutiny Commission in July 2010, the Adult Safeguarding Board has met twice - on 13 August and 22 October. The latest performance report is attached for consideration by the Scrutiny Commission.

5. NEXT STEPS

5.1 Safeguarding adults reports are submitted to the Scrutiny Commission on a quarterly basis.

6. BACKGROUND DOCUMENTS

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

6.1 None.

7. APPENDICES

7.1 Adult Safeguarding Board – 22 October 2010 – Performance report.

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APPENDIX 1

SAFEGUARDING ADULTS - PERFORMANCE REPORT TO SAFEGUARDING BOARD – 22 OCTOBER 2010

1. INTRODUCTION

1.1 The Board is asked to receive and discuss this performance report which provides outcomes and data updates for July and August 2010.

2. PERFORMANCE DATA AND ANALYSIS

2.1 The alerts and referrals since the last report are attached at Appendix 1.

3. PROFILE OF CASES

3.1 The number of matters proceeding to a safeguarding adults referral and hence an investigation has varied from April to August 2010 with the average over the five months from April to August being 31 cases. This equates to 59%.

3.2 The new reporting framework provides information about the location where the alleged abuse took place. As previous months, for the month of August the location was 'Own home' or 'Supported accommodation' in 19 of all the cases proceeding to a safeguarding adults investigation.

3.3 During April and May there were a number of multiple Safeguarding Adults Referrals regarding residents of two local care homes. There was sufficient concern to hold four Senior Strategy meetings regarding one of them. (as 2.2.5)

3.4 At the final Senior Strategy Meeting of this home we agreed that the suspension would remain only partly in place with a condition attached that they supply evidence to NHSP Contracts' of information on a Staff Training Audit.

3.5 It was previously noted that in the month of July 2010, there was a significant increase in the number of Safeguarding Referrals with concerning reports around the decision making process within the Continuing Health Care (CHC) service. This was identified during a senior strategy meeting. Service users needing CHC had been transferred from another placement without consideration of capacity to consent and Deprivation of Liberty in the recording of decision making involved in changes to accommodation. The incident was reported to the relevant Service Manager, discussions took place with commissioners of CHC and Mental Capacity Act training was provided for the relevant CHC staff.

3.6 The impact of this has been that mental capacity, the importance of choice and the upholding of a person's human rights is now always considered as part of regular practice in Continuing Health Care cases.

3.7 In July, there was referral which led to a discussion about the complexity of safeguarding alerts and a need for closer scrutiny on the recording of incidents. A PCS member of staff was suspended and the discussion was around who was involved at the initial stages and who had access to what information. Operational staff worked concurrently with the Police to ensure the evidence was preserved. The impact of this was that further internal disciplinary investigations were able to

continue and to date both the Police investigation and the internal disciplinary investigation continue.

3.8 In the figures for August, there appears to remain a significantly higher number of females recorded in our Safeguarding Referrals. 19 females and 12 male victims were identified. This is in part related to the age profile of vulnerable people with women living longer than men.

3.9 Again in August 2010, the client group where there is consistently the highest proportion of vulnerable adults who are the victims of alleged abuse (that proceeds to a safeguarding adult's investigation) is that of Physical Disability or Frailty (including Sensory Impairment). This client group covers all age groups. The category of 'Other Vulnerable People' is used for service users that cannot be appropriately linked to other categories.

3.10 Over the five month period from April to August 2010 records show that 46 referrals were made as a result of Physical Abuse and 57 were due to suspected financial abuse. These are consistently the main types of abuse reported but other types follow closely. In the five months from April to August 2010 there have been 11 reports of Sexual Abuse that progressed to Referral.

3.11 As mentioned in the last report, a new reporting area of "Referral Source" has been added to the report (Appendix 1). During August the category of Social Worker/Care Manager is the biggest source of referral.

4. OUTCOMES

4.1 Outcomes for Safeguarding Adults Alerts that do not proceed to a Safeguarding Adults Referral are recorded as unsubstantiated.

4.2 Outcomes (both for the vulnerable adult and for the alleged perpetrator/ organisation/service) are recorded for Safeguarding Adults Referrals. For the vulnerable adult there is a specific outcome regarding the conclusion of the investigation:

- Allegation Substantiated
- Allegation Partly Substantiated
- Allegation Not Substantiated
- Allegation Not Determined/Inconclusive/Unresolved

4.3 52 alerts were received in August, 31 progressing to a referral outcome

4.4 Of the 31 referrals commencing in August 2010 six have closed with the following outcomes:

- 0 substantiated allegations
- 0 partly substantiated allegations
- 2 unsubstantiated allegations
- 4 not determined/inconclusive/unresolved

4.5 Some examples of the cases in the latter category can be where a third party has referred a concern and the service user does not wish to progress, and there is insufficient evidence of harm to continue without their agreement. Sometimes a situation is unresolved because of contradictory information that cannot be clarified or

is anecdotal or there is family conflict. In these situations staff do undertake considerable work to ascertain there is no further action that can be made under safeguarding and will often refer cases into the assessment and care management process for ongoing support, which do sometimes then result in further safeguarding referrals.

4.6 The updated position on July referral outcomes on cases which have been completed and closed are 5 substantiated and 5 unsubstantiated.

4.7 Work continues across organisations in Peterborough to appropriately include other agencies, including CQC and Action 4 Justice to protect vulnerable adults placed in the Independent Sector and Local Authority Homes where there have been multiple concerns raised. These referrals are being made by staff within the units, providing evidence of increased awareness of abuse by staff in these sectors. The increase in these referrals also gives rise to the number of outcomes that remain outstanding as Senior Strategy Meetings require further and more in-depth partnership investigation work before the cases can be completed and reported on.

5. QUALITY

5.1 Audits have continued to be undertaken by all Team Managers in all safeguarding cases during supervision. These are recorded and evidence improvement of understanding of the social workers lead role, evidenced by the use of correct forms and timescale compliance in the wider co-ordination of safeguarding and the increase of confidence in safeguarding work. The Service Manager and Assistant Director continue to audit randomly until the Co-ordinator is in post. External support and mentoring has been commissioned for first line Team Managers in PCS to provide further support for safeguarding work. The focus will be on

- Considering and responding to safeguarding alerts,
- Assessing or investigating safeguarding referrals,
- Care or protection planning to safeguard vulnerable adults, and
- Reviewing or monitoring safeguarding plans.

5.2 This work will also draw on the discussions in the mentoring sessions to develop some safeguarding practice guidelines for the practitioners and professionals that the first line managers manage.

5.3 The desired outcomes are to:

- Improve Peterborough Community Services' capacity to respond to safeguarding concerns;
- Reinforce the value and importance of the first line manager role, and
- Have some additional Peterborough written safeguarding practice guidelines for the staff the first line managers manage – to assist them when responding to safeguarding concerns.
- A main mentoring activity will be auditing - by the first line managers and with response and input from the mentor - safeguarding cases recorded on RAISE. This will be used to explore, review and discuss the first line management role in safeguarding cases. The mentor plans to demonstrate what he looks for and how he makes analysis and hypotheses when reading safeguarding case files.

6. SAFEGUARDING DATA COLLECTION

6.1 We can confirm that there is a much improved system for data monitoring and over August and September, there continues to be positive feedback with regard to the new RAISE procedures.

6.2 Under the previous structure we only had 3 people accessing the safeguarding data. Since introducing a structure to support the new safeguarding co-ordinator and team and embed practice with all social workers, there is an increase in the number of people inputting data. There are regular meetings with the performance team in PCS to ensure data is accurately input and identify actions to mitigate any changes required.

6.3 Managers are creating accountability and ownership of recording. They are auditing using supervision (planned 1:1 and ad hoc) to check real time appropriate recording of case notes, strategy discussions/meetings. They are also using this auditing process to encourage staff to be smarter about using prompt accurate safeguarding reporting more effectively in other appropriate RAISE documents to cross reference and make best use of time and process.

6.4 Outcomes of open Safeguarding Referrals remain an area of challenge to report to PASB. This is due to the functionality of RAISE, which makes it difficult to report before a case is closed, even if the outcome is known sooner, which is sometimes the case. This is because the outcome is recorded on the checklist (where performance data is collected from in RAISE) which is not input into RAISE until after the case has been fully closed. A meeting was arranged on 13th October to discuss this. The outcome was the RAISE support team will be looking to refine the administrative process to support good practice, so that the outcome information, if known prior to the completion of the referral, can be obtained for performance reporting.

7. LEGAL AND GOVERNMENT GUIDANCE UPDATE

7.1 There are no current changes to note.

8. RECOMMENDATION

8.1 The Board is asked to consider and comment on information provided in this report.

CONCERNS, SUSPICIONS OR ALLEGATIONS OF ABUSE REPORTED
APPENDIX 1

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	YTD
TOTAL Referrals						
TOTAL Referrals	36	24	36	28	31	**155**
Age breakdown						
18 to 30	6	4	1	3	2	**16**
31 to 45	5	5	6	3	2	**21**
46 to 64	7	7	5	7	7	**33**
65 to 79	8	2	10	3	8	**31**
80+	10	6	14	12	12	**54**
Unknown	0	0	0	0	0	**0**
Whereabouts at time of incident						
Care home permanent	4	4	1	2	2	**13**
Day Centre / service	1	0	0	0	0	**1**
Local acute hospital	1	0	0	0	0	**1**
Multiple	2	1	0	1	0	**4**
Nursing home permanent	2	2	7	0	4	**15**
Own Home	16	6	14	17	16	**69**
Public place	0	0	2	0	0	**2**
unknown	1	1	2	1	3	**8**
Care home temporary	1	0	0	0	2	**3**
Supported accommodation	6	9	6	4	3	**28**
Alleged perpetrator's home	0	1	1	1	0	**3**
Other health setting	1	0	0	0	0	**1**
Mental health in patient setting	0	0	2	0	1	**3**
Education / Training / Workplace	1	0	0	1	0	**2**
Community Hospital	0	0	1	0	0	**1**
Nursing home temporary	0	0	0	1	0	**1**
Gender						
Female	27	14	26	16	19	**102**
Male	9	9	10	12	12	**52**
Unknown yet	0	1	0	0	0	**1**
Ethnic origin						
1 - White	29	21	33	26	27	**136**
2 - Mixed	0	0	0	0	0	**0**
3 - Asian or Asian British	2	1	2	1	2	**8**
4 - Black or Black British	0	1	0	1	0	**2**
5 - Other Ethnic Groups	0	0	0	0		**0**
6 - Not stated	5	1	1	0	2	**9**
Vulnerable adult client group						
Learning Disability	10	4	9	3	1	**27**
Mental Health	1	1	2	0	2	**6**
of which Dementia	0	0	1	0	0	**1**
Physical And Sensory Disability/frailty	17	17	23	24	22	**103**
of which Sensory	3	4	5	2	2	**16**

Other Vulnerable People	0	0	0	0	1	**1**
Substance Misuse	0	1	1	1	0	**3**
Self funding						
Commissioned by Another CASSR	2	0	1	0	1	**4**
No Service	3	5	3	4	6	**21**
not recorded	12	8	3	4	3	**30**
Own Council Commissioned Service	15	8	22	18	20	**83**
Self Funded service	1	2	0	0	0	**3**
Service funded by Health	3	1	7	2	1	**14**
Type of Abuse						
Emotional	6	3	2	2	3	**16**
Financial	6	9	14	11	3	**43**
Multiple	10	4	6	5	13	**38**
Neglect	7	6	1	6	6	**26**
not recorded	0	0	0	1	2	**3**
Physical	3	2	12	2	3	**22**
Sexual	4	0	1	1	1	**7**
Break down of Multiple abuse type						
Physical abuse	8	3	3	4	6	24
Sexual abuse	0	1	1	0	2	4
Emotional abuse	7	3	3	3	8	24
Financial abuse	4	0	2	1	7	14
Institutional abuse	0	1	0	0	0	1
Neglect abuse	2	1	3	2	6	14
Referral Source						
Police	0	1	0	1	2	**4**
Other	5	10	4	6	4	**29**
Self referral	1	0	0	0	0	**1**
Family member	1	2	2	1	1	**7**
Health primary/community health staff	5	2	0	2	3	**12**
Social worker/Care manager	10	0	20	14	13	**57**
Social care Other	1	0	0	0	0	**1**
Health secondary	1	1	2	1	0	**5**
Housing	4	7	2	0	0	**13**
Day care staff	3	0	0	0	1	**4**
Mental Health	0	0	1	0	2	**3**
Education/training/workplace establishment	1	0	0	1	0	**2**
Friend/neighbour	0	1	2	0	0	**3**
Residential care staff	4	0	3	1	4	**12**
Domiciliary staff	0	0	0	1	1	**2**
Non Alerts						
Non Alerts	**21**	**17**	**25**	**24**	**21**	**108**

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 10
8 NOVEMBER 2010	Public Report

Report of the Executive Director of Adult Social Services

Contact Officer: Tina Hornsby, Head of Performance and Informatics
Contact Details: 01733 758558 or email tina.hornsby@peterboroughpct.nhs.uk

ADULT SOCIAL CARE QUARTERLY PERFORMANCE UPDATE

1. PURPOSE

1.1 The purpose of this report is to report progress against adult social care key outcomes and targets for the year 2010-11 (attached as Appendix 1).

2. RECOMMENDATION

2.1 That the Scrutiny Commission reviews the performance and progress updates for quarter 2 of 2010-11 against the new national outcome areas.

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

3.1 Supporting vulnerable people is an important part of the Sustainable Community Strategy and a key priority for the Local Area Agreement. Key performance targets from the new National Indicator Set have been identified as priorities within the Local Area Agreement.

4. BACKGROUND

4.1 The new national performance framework for adult social care identifies the following three outcomes for focus:

- Health and wellbeing
- Choice and control
- Dignity and respect

4.2 This revised format report provides updates in relation to these three outcome areas.

5. KEY ISSUES

5.1 Key issues are highlighted within the report via use of a red RAG rating.

6. IMPLICATIONS

6.1 Performance assessment against the three outcomes will form part of the overall performance assessment of adult social care services by the Care Quality Commission.

7. CONSULTATION

7.1 None.

8. NEXT STEPS

8.1 Updated reports will be presented to the Scrutiny Commission on a quarterly basis.

9. BACKGROUND DOCUMENTS

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

Care Quality Commission performance framework – yet to be published.

10. APPENDICES

Appendix 1 - Adult Social Care Quarter 2 2010-11 performance report.

Adult Social Care Performance – Report as at October 2010

Introduction

The Care Quality Commission (CQC) has confirmed its new streamlined approach for 2010/11, focusing on three outcome areas:

- Improved health and wellbeing
- Increased choice and control
- Maintaining personal dignity and respect

These replace the previous seven outcomes upon which we have been judged. At the current time, CQC has yet to publish details of how the new assessment approach will work and so this report has assumed that elements of the seven previous outcomes have been incorporated into the three outcome areas above. We do know that particular attention will be paid to the way in which safeguarding, "Putting People First" and use of resources have been the key drivers for effective delivery of these outcomes.

This report has been constructed to provide summarised information on the following:

- An overview of progress on priority areas within these three outcomes
- An updated position with regard to progress against national and local performance indicators
- An update on the status of key projects which are underway to achieve these priorities
- Additional activity data where this is appropriate
- Examples of the impact of our work on service users and carers in Peterborough

This new reporting format has been developed as a concise way of reporting against outcomes. The format and contents are still being developed and, in particular, we hope to strengthen the feedback from people who use our services in the future.

Key

RAG (Red/Amber/Green) = Performance and risk status

RED	Behind target and plans are not likely to bring back on target
AMBER	Behind target but plans in place and likely to resolve issues or behind target but good comparative performance/progress
GREEN	On target

Direction of Travel

↑ = Improving

↓ = Deteriorating

↔ = Remaining static

Improved Health and Wellbeing - CQC expectations: *"People in the council area have good physical and mental health. Healthier and safer lifestyles help lower their risk of illness, accidents, and long-term conditions. Fewer people need care or treatment in hospitals and care homes. People who have long-term needs and their carers are supported to live as independently as they choose, and have well timed, well-coordinated treatment and support".* We have included elements of the previous "quality of life" outcome in this area.

Summary of Key Priorities

- People in hospital – we aim to ensure that people do not stay in hospital any longer than they need to. The level of delayed discharges is higher than our target although very few of these are due to social care issues. Most are people who are the responsibility of Lincolnshire or Cambridgeshire.

- Helping people get back on their feet again after an illness or fall – we aim to prevent hospital admissions whenever possible. If people have been unwell or had a fall, we are developing new re-ablement services which provide intensive support for around six weeks to help them get back on their feet and go back to living independently. This service model will achieve efficiencies once in place and is being provided by Peterborough Community Services (PCS).

- Supporting people with learning disabilities to improve their health and well-being – we are continuing to work with the NHS, particularly primary care, to ensure people with learning disabilities have good access to health services and improved health outcomes.

NATIONAL PERFORMANCE INDICATORS:			
Indicator	**Comment**	**Local target**	**Result**
Supporting people to achieve independence through rehabilitation	After entering rehabilitation, 90.83% of people achieve independence. This is well above both the national average of 82%.	85%	**Green** ↑
Survey feedback from people who use social care services	71.85% of users reported that their equipment / minor adaptation had made their quality of life much better. Based on annual survey. Compares well to national average – 68.3%.	Improvement	**Green** ↑
Delayed discharges from acute hospital wards	There were 6.13 delays per 100,000 population in September.	5.9 delays per 100,000 of population	**Amber** ↓
Supporting people to live independently	Represents 3363 people per 100,000 population. Figures for mental health and the voluntary sector are included at 09/10 rates as new data isn't yet available.	3563 per 100,000 of population	**Amber** ↑
LOCAL PERFORMANCE INDICATORS:			
% of items of equipment and adaptations delivered in 7 working days	At the end of August, 98.1% of items of equipment & adaptations were delivered in 7 working days.	**96%**	**Green** ↑

Health and Wellbeing Related Projects			
Project	**Description**	**Progress update**	**Status**
Disability Sports Development Project	A refocusing of the learning disability day services to enable people to have access to sports and recreation.	Support worker hours increased to lead on this work. Job Description/Person Specification being worked up for new post. Contract variation (PCS) being created for new emphasis on social inclusion and occupation.	**Amber**
Commission re-ablement services	To provide customers with effective re-ablement and home based support services in order that they are assisted to live as independently as possible in their own home.	Specification developed and PCS is developing options around this service. The timescale for implementing this service has slipped and we are working with PCS to commence this as soon as possible.	**Amber**

Additional Key Activity Data

ACTIVITY AREA	2009/10 OUTTURN	QUARTER 1 – 2010/11
Number of people receiving non-residential intermediate care to prevent hospital admission	216	46
Number of people receiving residential intermediate care to prevent hospital admission	221	89
Number of people receiving non-residential intermediate care to facilitate timely hospital discharge and/ effective rehabilitation	722	187
Number of people receiving non-residential intermediate care to facilitate timely hospital discharge and/ effective rehabilitation	208	80

Examples of health and wellbeing outcomes reported by Peterborough service users and carers

- The team at 17 Fletton Avenue secured sponsorship from John Lewis and also the Italian Community Association to develop a group of learning disabled people having a kick about in the local park. This group of people has become a competitive side who now enter competitions and have won trophies. Meetings have taken place with the Football Association and it is hoped that formal entry into a league will happen as part of the five year plan for disability football that the FA has. Service users participating in this scheme have shown improved communication skills, motivation and self-confidence.

- The Cambridgeshire & Peterborough Foundation Trust has been short-listed for a health and social care award for its Peer Support Worker project which promotes recovery in mental health services. This is an important initiative which promotes the inclusion of people with mental health problems in the work of the Trust and in employment more widely.

Increased Choice and Control - CQC expectations: "*People who use services and their carers are supported in exercising control of personal support. People can choose from a wide range of local support. Advice and information helps them think through support options, risks, cost and funding. People who use services and their carers are helped to assess their needs and plan personalised support. People who use services and their carers can contact service providers when they need to. Complaints are well managed*". We have included components of the previous outcomes on economic wellbeing and making a positive contribution in this section.

Summary of Key Priorities

- "Living My Life" – our programme to implement the "Putting People first" milestones locally continues to make good progress. The number of personal budgets in place continues to increase and we compare very well nationally. We may not achieve our extremely challenging target but are aiming to be as close as possible and to be in the upper quartile nationally. A Leadership Board chaired by the Executive Member is being set up.
- Support to carers – performance against the indicator has slipped slightly but we will be able to bring this back in line during the rest of the year. The Carers' Partnership Board continues to be active and provides a forum for carers to contribute to new developments and feedback on services.
- Increasing employment for disabled people – the economic climate makes for a challenging context this year. Numbers of people with mental health problems in employment have reduced. Targeted work by voluntary sector organisations is expected to improve this position by year end.
- Increasing the number of extra care housing places in the city – the new scheme at Eye is nearing completion and will take residents from March 2011 in line with plans.

NATIONAL PERFORMANCE INDICATORS:			
Indicator	**Comment**	**Local target**	**Result**
Self Directed Support	27.96% of service users had a personal budget at the end of September. We have almost reached the national target of 30% and compare well nationally.	60% by end March 2011	**Amber** ↑
Carers receiving a service following assessment	As at September, 32.14% of carers had received a specific service or advice and information in the last 12 months. Although below target, this is still good when compared to the national average of 26.5% and it is expected we will hit the target.	36%	**Amber** ↓
% of adults with learning disabilities in settled accommodation	As at September, 559 out of 692 adults with Learning Disabilities are in settled accommodation. This equates to 80.78%, which compares well to the national average of 61%	71.6%	**Green** ↑
% of adults with learning disabilities in paid employment	No new data has been received in 2010/11. The figure as at March 2010 was 13.67%	13%	**Amber** ↔
% of adults in contact with Mental Health Services in settled accommodation	57.4% of adults in contact with Mental Health services are in settled accommodation as at August. The national average is 76%	No local target set. National average is 76%	**Red** ↔
% of adults in contact with Mental Health services in paid employment	As at August, 59 out of 1646 adults were in paid employment. This equates to 3.6% The national average is 9%	7.5% by the end of March	**Red** ↓
LOCAL PERFORMANCE INDICATORS:			
Percentage of clients receiving reviews	79.72% of clients have received a review as at August.	**79%**	**Green** ↑

Increased Choice and Control Related Projects			
Project	**Description**	**Progress update**	**Status**
Living My Life - Support planning	Putting in place support planning and personal budgets for 60% of all Adult Social Care customers	Just under 30% (as of 30.9.10) of customers had personal budgets. Support planning training being rolled out	**Amber**
Living My Life - Risk enablement	Developing a risk enablement policy and guidance that supports customers making decisions around their personal budgets – then rolling out the policy and creating a culture that extends choice and control.	First workshop delivered October 2010	**Green**
Living My Life - Advice and information	Creating a universal advice and information offer – which connects through to the front door for Adult Social Care via a partnership with statutory, voluntary and private sector providers.	Strategy agreed and Initial discussions starting. Web based directory discussions initiated.	**Amber**
Adult Placement Scheme for people with learning disabilities	Expanding the number of people who can benefit from this scheme which has good outcomes and is cost-effective. Investment in marketing and capacity to promote	Following approval of business case, work is now proceeding. Three people currently reside permanently in such placements, 15 use if for short-breaks. 7 people are on the waiting list. New placements expected by end March 2011. Savings not anticipated until 2011/12.	**Amber**

Additional Key Activity Data

NUMBER OF PEOPLE RECEIVING DIRECT PAYMENTS WHO DID NOT HAVE ONE PREVIOUSLY	2009/10	QUARTER 1 – 2010/11
Older People	51	24
People with a learning disability	12	7
People with physical and sensory disabilities	43	16
Mental Health (18-64)	3	2
Substance Misuse	0	0
Carers	41	3
Total	150	52

Examples of Choice and Control outcomes reported by Peterborough service users and carers

- Feedback from a service user who has an active personal budget confirms the positive impact of the personalisation programme for her. She reports that there has been a real change in how her care is planned and how she is now much more involved in the assessment and planning process. Previously she felt that assessments were carried out on her and she was provided with a package of care put together by a social worker. She reports that she is now in the process of developing her own support plan and has identified support from the third sector and her own natural support network to enable her to do this. She also reports that she now feels she can plan a package of care that is flexible enough to meet her specific needs.

Maintaining Personal Dignity and Respect - CQC expectations: "*People who use services and their carers are safeguarded from all forms of abuse. Personal care maintains their human rights, preserving dignity and respect, helps them to be comfortable in their environment, and supports family and social life. Family members and carers are supported and treated as experts and care partners*". We have included some components of the previous "freedom from discrimination and harassment" outcome in this section.

Summary of Key Priorities

- Safeguarding vulnerable adults – the Peterborough Adult Safeguarding Board continues to oversee the improvement plan for this area. Good progress has been made and there is a substantial amount of further work to do. An independent chair for the Board is being recruited and a new safeguarding adults team is also being set up within PCS which will support safeguarding activity across all agencies in Peterborough. The Scrutiny Commission receives a more detailed quarterly report on this area.

- Assessment and care management – we are continuing to maintain good standards in relation to assessment and review timescales. Performance in mental health services needs to improve and we are working with CPFT to address this.

- Equalities – consultation on NHS Peterborough's Single Equality Scheme is just closing and we are working to ensure that the new legislation is implemented locally.

NATIONAL PERFORMANCE INDICATORS:

Indicator	Comment	Local target	Result
The timeliness of social care assessment	At the end of August, 90.2% of assessments were completed within 4 weeks.	87%	**Green** ↔
Enabling people to die at home	The latest published data (2008) shows that 22.6% of deaths occurred at home.	25%	**Amber** ↑

Maintaining Dignity and Respect Related Projects			
Project (Improvement Plan Workstreams)	**Description**	**Progress update**	**Status**
Joint Planning & Capability - formalise quality assurance and performance management further	Regular consideration of comparative analysis of activity data (including the safeguarding data already collected for Care Quality Commission)	Comparative data shared with board August 2010 – further working being done	**Amber**
Joint Planning & Capability - new specialist safeguarding team	Create and recruit to team.	Adverts prepared and interview dates set late November / early December	**Green**
Prevention - strengthen the training for safeguarding	Commission training to further strengthen the receiving, assessing, investigating and completing work about safeguarding concerns	Training post being advertised as above. Local Safeguarding Children Board training manager now on Safeguarding Adults Board Training sub committee	**Green**
Response to Safeguarding Concerns - further improve how safeguarding concerns are received, assessed, investigated – and the work completed	Review and refine the work stream that starts with an alert about a safeguarding concern and ends with the completion of the required work	Improvement began early 2009, co-ordinator being recruited as above.	**Green**

Examples of Dignity and Respect outcomes reported by Peterborough service users and carers

- The Peterborough Palliative Care in Dementia Group won NHS Team of the Year 2010, chosen by the Dementia Services Development Centre of the University of Stirling - The group was founded in 2005 by a Consultant in Palliative Medicine and a local GP after a shared experience looking after a care home resident dying with advanced dementia. The aims is to develop and disseminate good practice in care of people with dementia at the end of life, with a particular focus on nursing / residential homes, but also in hospitals and community settings.

  The group has concentrated on the development of practical tools to improve end of life care for people with dementia. These include an Advance Care Plan, the introduction of a Pain Assessment Scale, a modified End of Life Care Pathway appropriate for people with dementia, an Allow a Natural Death Form and a guideline for the assessment and treatment of Acute Agitation. Each document has been adapted so that it can be used in the day to day life of a busy care home and is supported by a written protocol for its use.

  The results of an audit of 12 months of hospital admissions from 6 local care homes showed in a 40% reduction in admissions and a 45% reduction in deaths in hospital from this population, the majority of who have dementia, three years after the establishment of this group.

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 11
8 NOVEMBER 2010	Public Report

Report of the Solicitor to the Council

Report Author – Louise Tyers, Scrutiny Manager
Contact Details – 01733 452284 or email louise.tyers@peterborough.gov.uk

FORWARD PLAN – NOVEMBER 2010 TO FEBRUARY 2011

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 NOVEMBER 2010 TO 28 FEBRUARY 2011

APPENDIX 1

FORWARD PLAN OF KEY DECISIONS - 1 NOVEMBER 2010 TO 28 FEBRUARY 2011

PETERBOROUGH CITY COUNCIL

During the period from 1 November 2010 To 28 February 2011 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 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. 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:

Traffic Signals Maintenance Contract
Budget and Medium Term Financial Strategy (November and December)
Council Tax Base 2011/12
Museum Redevelopment Project
Award of Contract for Extension at Leighton Primary School
Award of Contract for Extension at the Beeches Primary School
Termination of Transitions Service Contract with YMCA

NOVEMBER						
KEY DECISION REQUIRED	**DATE OF DECISION**	**DECISION MAKER**	**RELEVANT SCRUTINY COMMITTEE**	**CONSULTATION**	**CONTACT DETAILS / REPORT AUTHORS**	**REPORTS**
Delivery of the Council's Capital Receipt Programme through the Sale of Coneygree Lodge, Coneygree Road - KEY/01NOV/10 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.	November 2010	**Cabinet Member for Resources**	Sustainable Growth Scrutiny Committee	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	Public report will be available from the Governance team one week before the decision is made

Delivery of the Council's Capital Receipt Programme through the Sale of land adjacent to Pupil Referral Unit (former Honeyhill School) Paston Ridings - KEY/02NOV/10 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.	November 2010	**Cabinet Member for Resources**	Sustainable Growth Scrutiny Committee	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	Public report will be available from the Governance Team one week before the decision is made.
The Future of Peterborough Community Services (the provider arm of the Primary Care Trust) - KEY/03NOV/10 For Cabinet to approve proposals from the Primary Care Trust regarding the future of Peterborough Community Services, including adult social care.	November 2010	**Cabinet**	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.

Drug and alcohol misuse services for children and young people - KEY/04NOV/10 Provide an integrated drug and alcohol misuse service offering early intervention, prevention, targeted and specialist interventions to targeted groups of young people in Peterborough.	November 2010	**Cabinet Member for Children's Services, Cabinet Member for Community Cohesion, Safety and Women's Enterprise**	Health Issues	Relevant Internal Stakeholders	Pam Setterfield Assistant Head of Children & Families Services (0-13) Tel: 01733 863897 pam.setterfield@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.
Traffic Signals Maintenance Contract - KEY/05NOV/10 Novation of contract from Traffic Signals UK Limited to Telent Technologies Services Limited	November 2010	**Cabinet Member for Housing, Neighbourhoods and Planning**	Environment Capital Scrutiny Committee	Relevant internal departments	Susan Fitzwilliam ITS Development Officer Tel: 01733 452441 susan.fitzwilliam@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken
Scheme of works at the Triangle, New England - Award of Contract - KEY/06NOV/10 Award of contract to construct Triangle Safety Scheme through Midlands Highways Alliance (MHA) – Medium Schemes Framework 1 (MSF) contract.	November 2010	**Cabinet Member for Housing, Neighbourhoods and Planning**	Environment Capital	Internal and external stakeholders as appropriate.	Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborough.gov.uk	Public Report will be available from the governance team one week before the decision is taken.

Budget and Medium Term Financial Strategy - KEY/07NOV/10 Agree actions for dealing with grant reductions in 2010-11 financial year. Draft budget proposals and Medium Term Financial Strategy to 2015/16 to be agreed as a basis for consultation.	November 2010	**Cabinet**	Sustainable Growth	Report forms the basis of consultation with stakeholders, prior to further consideration by Cabinet in February 2011 and subsequent endorsement at full Council.	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.
Review of Charges for Allotments - KEY/08NOV/10 To agree the charges for the use of Allotments for the forthcoming year.	November 2010	**Cabinet Member for Resources**	Sustainable Growth Scrutiny Committee	Relevant ward members, internal Departments and external stakeholders as appropriate.	Commercial Services Director	Public Report to be available from the Governance team one week before the decision is made
Award of Contract for Extension at the Beeches Primary School - KEY/09NOV/10 Award of Contract for Extension to increase pupil numbers at the Beeches Primary School, following competitive tendering process.	November 2010	**Cabinet Member for Education, Skills and University**	Creating Opportunities and Tackling Inequalities	Internal departments and external stakeholders.	Alison Chambers Asset Development Officer alison.chambers@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

Award of Contract for Extension at Leighton Primary School - KEY/10NOV/10 Award of Contract for Extension to increase pupil numbers at Leighton Primary School, following competitive tendering process.	November 2010	**Cabinet Member for Education, Skills and University**	Creating Opportunities and Tackling Inequalities	Internal departments and relevant stakeholders.	Alison Chambers Asset Development Officer alison.chambers@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken
Contract Award - Adult Drug Treatment Services - KEY/11NOV/10 To award the contracts for the delivery of Adult Drug Treatment Services	November 2010	**Cabinet Member for Community Cohesion, Safety and Women's Enterprise**	Strong and Supportive Communities	Internal departments as appropriate Safer Peterborough Partnership	Gary Goose Community Safety Strategic Manager Tel: 01733 863780 gary.goose@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.
Termination of Transitions Service Contract with YMCA - KEY/12NOV/10 To authorise termination of the contract due to reduction in funding.	November 2010	**Cabinet Member for Children's Services**	Creating Opportunities and Tackling Inequalities	Internal departments and external stakeholders.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.

Floating Support Contract: Cross Keys Homes Extension of Contract – KEY/13NOV/10 Extension of contract to provide a generic floating support service for clients with housing support needs.	November 2010	**Cabinet Member for Housing, Neighbourhoods and Planning**	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.
Passenger Transport Framework Tender – KEY/14NOV/10 Requirements for special educational needs and mainstream school contract.	November 2010	**Cabinet Member for Education, Skills and University**	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.
Security Framework Contract – KEY/15NOV/10 Award of framework contract split into two lots: security services such as manned security guarding, patrolling, key holding and alarm response for PCC sites; and cash collection and cash in transit services, delivering services for the council such as collecting cash from parking meters and banking it securely.	November 2010	**Cabinet Member for Resources**	Sustainable Growth	Internal and external stakeholders as appropriate	Matthew Rains P2P Manager Tel: 01733 317996 matthew.rains@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken

DECEMBER						
KEY DECISION REQUIRED	**DATE OF DECISION**	**DECISION MAKER**	**RELEVANT SCRUTINY COMMITTEE**	**CONSULTATION**	**CONTACT DETAILS / REPORT AUTHORS**	**REPORTS**
Peterborough Planning Policies DPD – 'Preferred Options' version - KEY/01DEC/10 To agree draft planning policies, for subsequent public consultation	December 2010	**Cabinet**	Sustainable Growth	Internal and External as appropriate.	Richard Kay Strategic Planning Manager richard.kay@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is made.
Village Design Supplementary Planning Document (Draft version for consultation) - KEY/02DEC/10 To agree a draft SPD, for subsequent public consultation.	December 2010	**Cabinet**	Sustainable Growth / Rural Communities	Internal and External as appropriate	Richard Kay Strategic Planning Manager richard.kay@peterborough.gov.uk	A public report will be made available from the governance team one week before the decision is made.
Museum Redevelopment Project - KEY/03DEC/10 To authorise the award of the contract for the Museum Redevelopment project.	December 2010	**Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning**	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.

Delivery of the Council's Capital Receipt Programme through the Sale of Land and Buildings - Vawser Lodge Thorpe Road - KEY/04DEC/10 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	December 2010	**Cabinet Member for Resources**	Sustainable Growth	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken
Council Tax Base 2011/12 - KEY/05DEC/10 To agree the calculation of the council tax base for 2010/11	December 2010	**Cabinet**	Sustainable Growth	Relevant internal and external stakeholders	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
Budget and Medium Term Financial Strategy - KEY/06DEC/10 Consider Local Government Finance settlement and agree updates to draft budget proposals and Medium Term Financial Strategy to 2015/16 if necessary	December 2010	**Cabinet**	Sustainable Growth	Relevant internal and external stakeholders	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.

Peterborough Local Investment Plan - KEY/07DEC/10 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.	December 2010	**Leader of the Council and Cabinet Member for Growth, Strategic Planning and Economic Development**	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.

JANUARY

THERE ARE CURRENTLY NO KEY DECISIONS SCHEDULED FOR JANUARY.

FEBRUARY

THERE ARE **CURRENTLY** NO KEY DECISIONS SCHEDULED FOR FEBRUARY.

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SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2010/11

Meeting Date	Item	Progress
17 January 2011 (Papers to be despatched on 7 January 2011)	**Review of Emergency Care Services** To scrutinise the outcomes of the review of emergency care services. **Contact Officer: Sarah Shuttlewood, NHS Peterborough**	Following the review of services at the Alma Road Primary Care Centre
	Review of the Provision of Contraceptive and Sexual Health Services To consider the review of the provision of contraceptive and sexual health services. **Contact Officer: Sue Mitchell, NHS Peterborough**	
	Adult Social Care – Performance Assessment Outcome To scrutinise the performance assessment for Adult Social Care. **Contact Officer: Denise Radley**	
	Mental Health Trust – Inpatient Services To consider inpatient services at the Mental Health Trust. **Contact Officer: Denise Radley**	
	Service Improvements to Learning Disability Services To consider service improvements to Learning Disability Services. **Contact Officer: Denise Radley**	
	Review of Day Centres – Service Delivery Changes for Efficiency To consider the review of day centres. **Contact Officer: Jacqueline Hanratty, NHS Peterborough**	
	Hospital Paediatric Services - Service Redesign To consider the service redesign of hospital paediatric services. **Contact Officer: Sue Mitchell, NHS Peterborough**	
	Service Procurements To be consulted on the procurement process for the Community Ultrasound and Community Eye services. **Contact Officer: Sue Stephenson, NHS Peterborough**	

Meeting Date	Item	Progress
14 March 2011 (Papers to be despatched on 4 March 2010)	**NHS Peterborough Turnaround Plan** To scrutinise the NHS Peterborough Turnaround Plan. **Contact Officer: Dr Paul Zollinger-Read, NHS Peterborough**	
	Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. **Contact Officer: Tina Hornsby, NHS Peterborough**	
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. **Contact Office: Denise Radley**	

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)