PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL ON 17 JANUARY 2011

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

NHS Peterborough: Peter Wightman, Interim Director
Dr Mike Caskey, Director of Clinical Change
Mark Gedney, Financial Systems Manager
Jacqui Hanratty, Assistant Director

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

1. Apologies

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

Apologies for absence were also received from Councillor Lamb, Cabinet Member for Health and Adult Social Care and Paul Zollinger-Read and Sue Mitchell from NHS Peterborough.

2. Declarations of Interest and Whipping Declarations

The following declarations of interest were made:

Item 6 – Primary Care and Urgent Care Review and Proposed Consultation

Councillor Peach declared a personal interest as he was registered as a patient at Dr Caskey's practice.

Item 9 – Day Services Review

Councillor Sandford declared a personal interest as he was a member of the Church of Holy Spirit which was part of The Cresset.

3. Minutes of the Meeting held on 8 November 2010

The minutes of the meeting held on 8 November 2010 were approved as an accurate record.

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

There were no requests for call-in to consider.

5. Response to Recommendations Made by the Commission

The Commission considered the response made by NHS Peterborough to the recommendation made at the last meeting in relation to teenage pregnancy.

ACTION AGREED

To note the response to the recommendation.

6. Primary Care and Urgent Care Review and Proposed Consultation

The report sought the Commission's endorsement of the approach to be taken on consultation on proposed changes to urgent care and primary care services in Peterborough.

NHS Peterborough had begun a consultation process on the future of the equitable access centre at Alma Road during summer 2010. This consultation had been stopped in October 2010 to allow time for a review of urgent care services. The PCT had also conducted a series of small consultations regarding the future of individual GP surgeries following which the Commission had asked for a more holistic approach by the PCT and received a briefing on the overall approach to primary care premises at its meeting in October 2010.

In view of the interconnected nature of the two service areas, the PCT now proposed consulting simultaneously on its strategy for primary care and urgent care over the next six months. By bringing the two areas together, they aimed to set out a clear vision, which would help patients access the right care at the right time, streamlining routes into the services and improving access.

Patients currently had a number of choices for action to their health concerns:

- Self care
- Pharmacy
- GP practices, out of hours GP services
- Walk in centre and Equitable access centre
- Accident and Emergency

These services were not currently sustainable for the following reasons:

- **Multiple overlapping access points** for urgent care and primary care, which meant it was difficult for patients to access the right service at the right time. Peterborough had the highest NHS spending level per head in East of England for non-elective hospital admissions which the current systems of access contributed to.
- **Demographic changes** – population forecasts indicated growth in the next 5 -10 years of 20,000 – 40,000 people which would require additional primary care. The ageing population meant that there would also be an increase in the number of patients with long term conditions with the potential requirement for urgent care services and hospital admission.
- It was being proposed that **Peterborough and Stamford Foundation Hospitals Trust** would take on the management of out of hours primary care and the nurse led walk-in centre on 1 April 2011.
- There were some significant structural pressures affecting the **sustainable delivery of primary care services**, including:

    - 36% of Peterborough GP contractors would be over 60 in the next 5 years and eligible for retirement.
    - Peterborough had a large number of small practices (the highest number of small practices per head in East of England).
    - Peterborough had one of the highest spend per weighted head of population in primary care in England. There was significant variation in funding per head by practice (£62 to £155) and recently awarded APMS contracts and small practices were particularly high.
    - There were a large number of dispersed premises, many with poor quality of accommodation, which required investment.
    - Patients reported varied levels of satisfaction in access to their GP surgery.

For primary care, the vision was to concentrate resources in developing medium and larger practices that would improve access and provide high standards of care from good premises. For urgent care, the aim was to develop a pattern of services that ensured people had access to the right service quickly; reduced duplication of services and confusion about where to go and to offer services for patients that were good value for money.

The PCT proposed an urgent care model with 3 levels

Level one – easy access to primary care, which included the opportunity to see a wide selection of practitioners to support care needs and also with extended hours

Level Two - Minor illness and injury services – those that if not seen by a health professional within 24 hours would need hospital attention

Level Three – Life threatening and urgent care

Between now and February the PCT would be meeting with key stakeholders to discuss the PCT's initial thinking which would inform the development of its intentions for the formal consultation stage. The PCT would also be testing its thinking with two national bodies that would provide peer assessment of the approach being followed. These were the National Clinical Advisory Team which would focus on clinical issues and the Gateway process which would focus on matters of procedure. A formal 12 week consultation would then take place between March and June/July 2011 and would include formal consultation documentation and public meetings, with a review of the consultation, evaluation and Board decision during summer 2011.

Questions and observations were made around the following areas:

- It was appreciated that there was a need to rationalise services but what was the main purpose of the consultation, was it better patient choice or was it to plug a hole in the PCT's budget? *The consultation was to ensure that GP practices in the City were sustainable but it was also about making a contribution to the PCT's deficit. It was about achieving best use of resources and making them go further.*
- What did 'right care at the right time' mean? *It was looking to avoid inappropriate consultations by ensuring the patient went to the right care provider first time.*
- How genuine would this consultation be as it appeared to be about closing Alma Road? *It would be a real consultation and the pre-consultation period ensured that we could test our thinking to ensure a clear strategy was produced.*
- Did the PCT have any preconceived ideas? If Alma Road was lost that would mean that there would only be one provider for emergency care in the City. *The PCT had to develop its initial thinking by March but the consultation would be an opportunity to firm up the ideas. This would be a major opportunity for the hospital to co-ordinate out of hours provision in the City.*
- What were the overlapping access points mentioned in the report? *A patient could currently access the system first via their GP, then by Walk In and then through A&E.*
- How could you compare cost effectiveness between the practices as in some cases the PCT provided the premises and so those costs would be unable to be affected, so should premises costs be taken out of the calculations? *That was a good point and we would exclude premises costs from the proposals.*
- With the City's demographic changes it was just not an increase in older people, Peterborough had also seen a vast increase in the number of younger people. *The existing cohort of residents was getting older but the average age may drop due to the number of young people arriving.*
- What was an APMS contract and why had they had higher costs recently? *This was an Alternative Provider Medical Services contract and were usually for five years and negotiated locally. They may not have achieved efficiencies due to the shorter length of contract and the size of the practice.*

- It was not agreed that there was a link between the size of a practice and value for money. Had any research been done on patients trusting single doctor practices more than larger ones? *The new generation of GPs were looking to join larger practices as they offered peer support, better learning and had higher staffing. This was also the view of the Royal College of General Practitioners.*
- There was concern that the Commission was being asked to support the consultation without full information being supplied. There was a lack of evidence to support the move to medium and larger practices.
- Why had some ward councillors already been consulted and not others? *There were some specific areas of the City where decisions would need to be made in the near future but the door was open to all councillors.*
- Who made the choice as to who a patient saw, for example seeing a GP rather than a practice nurse? *It was about offering patients control and not primary care dictating to them. If they wanted to see a doctor then they should be able to see a doctor.*
- The fact that medium and larger practices had 4000 patients registered put Alma Road at a disadvantage as it was primarily a walk in centre. Was it part of the agenda to close Alma Road? *The review was not just about Alma Road which would be covered in both reviews. 4000 patients was a measure and it was about what was best for smaller practices and primary care in general in Peterborough.*
- What was the latest position with Orton Medical Centre? *Currently Bushfield Medical was on a long term contact and they currently shared their building with Orton Medical Centre who were on a short term contract but the PCT would be looking to extend that contract until September. The specific proposals for the future would be contained in the consultation document but we would be looking to deliver the services in Orton.*
- The report was not very clear on where GP practices in Peterborough were heading? *North Street and Lincoln Road were large practices which were at the top of the list for new premises. We were currently looking at sites and locations and we would be able to be more specific in the consultation document.*
- Were plans in place for the provision of medium and large practices for the future population growth? *This would be a specific part of the consultation as there would be large growth particularly in Stanground and Hampton.*
- Had an Equality Impact Assessment been done on the proposals? *We were required to undertake an Equality Impact Assessment and that would be done as part of the process.*

ACTION AGREED

To hold an additional meeting of the Commission in February to enable scrutiny of the consultation document prior to the start of the consultation.

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

The report provided an update on a comprehensive review of contraceptive and sexual health services for young people which was being undertaken due to the increased financial pressures faced by service providers as demand for services increased.

The review would take into account the recently completed review of Pharmacy-based Sexual Health Service and the decision to bring that pilot project to an end. A further report on the review would be provided at a future meeting.

ACTION AGREED

To note the current review and that a further report will be provided at a future meeting.

8. Adult Social Care - Charging Policy Review

The report detailed a number of proposed changes to the Council's charging policy for non-residential social care services.

NHS Peterborough commissioned and provided a range of social care services for vulnerable adults on behalf of Peterborough City Council and relied on service user contributions to help fund and improve those services. The operation of the charging and collection functions for social care services was delegated by the Council to NHS Peterborough under the terms of the Partnership Agreement but responsibility for charging policy direction was retained by the Council.

Adult social care in England was being transformed through the implementation of personal budgets, which allowed service users to have greater choice and control in how they met their support needs. A personal budget could be taken as a cash payment paid directly to the service user so they could arrange and pay for their own support or it could be held and used by NHS Peterborough on behalf of the individual to purchase support services. Increasing numbers of personal budgets for social care were now being offered and taken up in Peterborough and therefore, the Council's charging policy for non-residential social services needed to be reviewed so that it could properly accommodate this change and to ensure that it complied with new charging guidance. The new charging guidance was built on the original Fairer Charging guidance which had been issued in 2003 and on which Peterborough's current policy was based but in its current form did not support the implementation of personal budgets. Service users who were the least able to pay would be protected and should not be required to pay more than they could reasonably afford, taking into account the income available to them, and allowing for their reasonable expenses. Many councils, including Peterborough, had chosen to subsidise the charges for some care services by setting the chargeable amount for each service below its true cost however this approach had resulted in the application of subsidy in an inconsistent and inequitable way over time and councils had now been advised to consider this aspect of their charging policies when reviewing them to take account of the new guidance.

A number of proposals were being considered:

i) <u>Compliance with new Department of Health Fairer Contributions Guidance</u>

The new guidance stated that when deciding what contribution an individual would make towards their personal budget, councils needed to agree on the maximum possible contribution a person could be asked to make, subject to the levels of their income and savings. Under the current charging policy, up to 100% of the cost of the service was collected and it was proposed that the same principle would be applied in that up to 100% of the personal budget amount could be collected as a charge, depending on the result of the financial assessment, and how much the service user could reasonably afford to pay. This meant that people who had savings/capital with a higher value than the upper capital limit (currently £23,250), or who had a very high income would not receive a personal budget, as their contribution would be equal to or greater than the value of the personal budget.

ii) <u>Removing subsidy from Adult Social Care charges</u>

Some social care service charges were currently subsidised so that service users did not pay the actual cost of those even if they could afford to do so. It was proposed that this subsidy would be removed, so that service users would pay what they could afford to, up to a maximum of the full true cost of the service. This change would affect the maximum charge that a service user might pay for:

- Day care / day opportunities - currently limited to £2 per day, but the actual cost could be up to £35 per day.
- Homecare where two carers were required - currently limited to £13.16 an hour, but the actual cost could be £26.32 per hour.
- Short term stays in residential care homes – currently limited to £241.50 per week, but the actual cost could be in the region of £400 per week depending on the cost of the home providing the respite care.
- Standard charges for meals and transport would continue to apply.

iii) Consider the introduction of a form of transitional protection to limit the increases described above in the first financial year (2011/12)

These proposals could mean that some people would experience increases in the charges that they paid for their care, so some form of temporary arrangement to protect people from such large increases was being considered. Charges for day care and respite would increase up to the levels that service users could afford to pay, but self-funding residents would face significant increases, and could have a detrimental effect on attendances on in-house day care and respite services, and may encourage people to choose other forms of care services to meet their needs based on value for money and suitability. Consideration needed to be given to some form of transitional protection to mitigate against the effects of significant charge increases for individual service users.

iv) Make two minor technical changes to the charging policy to simplify its operation and make it consistent with guidance for residential care charges.

- Clarify the criteria for the inclusion of housing costs as an allowable expense in the financial assessment calculation so that the definition of housing cost was consistent with the Housing Benefit definition of rent/housing costs.
- Include provision within the charging policy for the use of notional capital and notional income (i.e. capital or income that is available if applied for) and take income from charitable payments into account in the same way as set out in residential charging guidance.

Questions and observations were made around the following areas:

- There was concern at the potential size of the increase in charges, particularly day care.
- How many people would be affected by the proposals and should any transition phase be longer than 12 months? *It was difficult to know how many people would be affected as not all service users currently declared their finances but we would assess each individual. The 12 months transition was an example and was subject to further discussion.*
- It was concerning that the proposals had been put forward when officers did not know the full impact on service users.
- Did service users have to meet both thresholds to pay charges? *The upper capital limit and very high income were separate tests and service users would get assistance if they fell below that threshold.*
- Did the upper capital limit threshold include the service user's home? *Their home was not included within the assessment for community care charges.*
- If the service user was part of a couple were both people's capital and income considered? *Any review was undertaken on the service user only.*
- What alternatives would be available if a service user could not afford to pay? *Those who could not afford to pay were protected by the charging policy. An individual review would be undertaken as different services could be available. There was an*

element of discretion built into the system and it would be looked at on a case by case basis.

- What was the actual cost of day care? *£35 was the unit cost of day care in one of the Council's own day care centres and the proposal was that the service would no longer be subsidised.*
- Would the proposed increases have to happen if areas such as the back office were looked at? *Back office savings had also been included within the Council's budget proposals and were a way of avoiding having to make less palatable choices.*
- What would happen if a service user withdrew from accessing the services due to the increased charges? *Service users even now declined a financial assessment but we would engage with their social worker and encourage them to cooperate.*
- What would the affect be on the vulnerable? *There would be a need to reassure people about how the information was being used and we would also ensure that they received all of the welfare benefits they were entitled to.*
- Did the Government's guidance actually state that no subsidies should be applied? *The guidance does not state that there should be no subsidies however the policy says that the matter should be considered as any policy should be equitable.*
- During the consultation on the Council's budget there was nothing in the papers about the charges for adult social care. Would the results from this consultation be available for the Council meeting in February and would there be any time to propose alternatives? *The charges were clearly part of the Council's proposals as set out in the consultation document. We were taking advice from the Solicitor about the length of consultation and feedback would be available for the Council meeting..*

ACTION AGREED

That the Cabinet Member for Health and Adult Social Care be advised that following consideration of the Charging Policy Review, the Scrutiny Commission for Health Issues express concern:

(a) at the size of the proposed increases in some charges; and

(b) that there was no information available on the impact of the proposed increased charges on service users.

9. Day Services Review

The report advised the Commission on a proposed review of day services for older people.

Peterborough had four day centres for older people which were managed by Peterborough Community Services (PCS), the PCT's provider arm and these centres provided services to people who met the eligibility criteria for adult social care. The voluntary sector also provided other day care services in the city, some of which were open access. The in-house day services were as follows:

- Copelands
- Greenwood House
- The Cresset
- Welland House

Figures showed that vacancy levels within the day centres were low and as a consequence the unit cost of those services was high. Within the City Council's budget proposals, a review of day centres was suggested which would be based on:

- The need to modernise day centre provision and ensure it could meet the needs of future generations.

- The need to ensure a greater choice and flexibility of services so that people could buy the services they wished with their personal budgets.
- The need to ensure sufficient services for people with dementia in the future.
- The need to ensure that all services were cost effective and that savings were made where this was not the case.
- The view in the government's new vision for adult social care which indicated that councils/PCTs should not, unless in exceptional circumstances, directly provide services such as day care themselves.

The proposals for day services would be developed within the principles set out in the national vision for adult social care and the local personalisation programme "Living my Life". This set out that everyone should be able to:

- Live as independently as possible.
- Make their own choices to achieve their personal goals and aspirations.
- Take appropriate risks.
- Live their lives free from abuse and neglect.
- Maximise their health and well-being.

The following principles had been used to generate the overall budget and service plans for adult social care and the day services review would be set within this framework:

Early intervention and prevention – in order to reduce cost pressures, all should be done to prevent people needing the services in the first place. Investing in services to enable people to continue living independently in their own homes would continue.

Re-ablement – these were very intensive services which lasted for around six weeks and helped people get 'back on their feet' after a fall or illness. This area was being invested in as part of the overall budget proposals.

Personalised services – if people did need ongoing social care services, ensuring that funding was allocated in a fair and clear way by allocating personal budgets so that individuals would have choice and control over the services they received.

In carrying out the review officers would:

- Use the above principles to guide the work particularly in relation to effective prevention and personalised services.
- Develop proposals that took account of the fact that everyone eligible for social care services would, in future, have their own personal budget (currently around a third of service users have them).
- Consult with people who used existing services and their families.
- Consider the quality and cost issues of the various different kinds of day services.
- Talk to voluntary and community sector providers of day services to identify any future opportunities and/or impacts on their services.
- Use best practice from elsewhere to plan changes.
- Manage any changes well and ensure that communication was clear.
- Be aware of a similar review process which would need to take place in relation to learning disability day services.

It was planned that consultation on the proposals would take place by April 2011.

Questions and observations were made around the following areas:

- The current location of day centres was ad-hoc across the city so would you be looking at providing localised services through the voluntary sector? *There were*

growing needs across the city and we wanted to listen to service users to ensure that future needs would be met. It was important to ensure that people knew what choices were available and it was an opportunity for local areas to develop services. There were already examples of good local services but there was also a broad range of needs to consider.

ACTION AGREED

(i) To endorse the principles to be used in the review of day care services; and
(ii) To receive a further report setting out proposals, timescales and consultation arrangements in March 2011.

Councillor Khan left the meeting.

10. Learning Disability Services

The report provided an update on progress made in implementing the recommendations of the national "Six Lives" Report, detailing the service improvements that had been developed in the last year and outlining on-going work around annual health checks and other developments for people with learning disabilities. The report also described the process for transferring these services to the City Council.

'Six Lives' related to a report by Mencap entitled 'Death by Indifference' which was published in 2007 and which outlined case studies of six people with learning disabilities whom Mencap asserted unnecessarily died as a result of receiving worse healthcare than people without that condition. Following referral of the six cases to the Ombudsman an independent inquiry into access to healthcare for people with a learning disability chaired by Sir Jonathan Michael was held resulting in the publication of the 'Healthcare for All' report. That report identified significant failings in the provision of general healthcare services for people with learning disabilities and a key recommendation was that commissioners, such as NHS Peterborough, should be satisfied that similar situations could not happen within their commissioned services. The Ombudsman also recommended that all statutory commissioning bodies of learning disability services should ensure that they had effective systems in place to:

- address inequalities of care that could arise for patients with a learning disability condition; and
- make sure that patients with a learning disability were safe in the services provided.

In March 2010, the Care Quality Commission (CQC) published a set of six indicators for all NHS organisations to ensure equality of access to healthcare and all NHS organisations were required to review their performance against those key indicators. In October 2010, the Department of Health published a 'Six Lives Progress Report' which identified that all local authorities and health organisations had put in place plans to address the two recommendations within the Healthcare for All report. The progress report highlighted the factors that contributed to making a positive difference to improving health and social care services for people with learning disabilities as being:

- leadership
- effective engagement with people with leaning disabilities and their families in reviewing and planning services
- annual health checks by GPs
- liaison nurses and health facilitators in acute services
- reasonable adjustments to services such as easy read literature, and longer appointment times with health professionals

The progress report also identified two main areas where there remained concerns:

- the capacity of, and consent by, people with learning disabilities in relation to the decisions made about their healthcare; and
- the understanding of the particular needs of people with a learning disability by health staff who provided generic health services to people with a learning disability

Over the last year there had been considerable effort put into improving the healthcare services available to people with learning disabilities in Peterborough and NHS Peterborough had successfully addressed the issues of leadership and effective engagement with people with learning disabilities and their families in reviewing and planning services. Considerable progress had also been made on working with clinicians and partner organisations to improve the experience of healthcare by people with learning disabilities although it was acknowledged that more work was needed to ensure that improvements were consistent and effective across Peterborough.

Strategic leadership and partnership arrangements

NHS Peterborough had taken leadership of the local health economy by setting clear strategic goals and operational plans with a significant focus on improving access to health and social care, including for those people with learning disabilities. NHS Peterborough has appointed a lead Non-executive Director to represent the interests of vulnerable people on the Board. In addition, a clinical lead had been appointed for learning disabilities and mental health.

A successful Learning Disabilities Partnership Board (LDPB) continued which had an open membership with a range of key professional stakeholders and strong representation of people with learning disabilities, their carers and the local voluntary and community sectors. The Partnership Board had also established a Health Sub-group to focus on improving the health and social care available to people with learning disabilities. As one of its priorities, the Health Sub-group would oversee the delivery of the Learning Disability Directed Enhanced Service, the purpose of which was to ensure people with a learning disability received an annual health check.

Complying with 'Health Care for All'

NHS Peterborough had sought assurances from the three NHS provider organisations from which it commissioned services that they were complying with the recommendations of the 'Health Care for All' report and that their performance was satisfactory, measured against the CQC key indicators. Each organisation had submitted an action plan and those had been reviewed and would be monitored as part of the contract monitoring and the Annual Learning Disability Health Self Assessment.

Annual health checks and the Learning Disability Enhanced Service

One of the key areas identified as making a positive difference was annual health checks. To promote the provision of annual health checks for people with a learning disability a Directed Enhanced Service (DES) commenced on 1 April 2009 and would run until 31 March 2011. The DES required GPs to register those people with a learning disability in their practice who were on the local authority learning disability register, and to undertake an annual health check for which a payment was made to the GP for both registering a patient and undertaking the health check. In 2009/10, 28 out of 29 GP practices had agreed to participate in the DES with 14 returning data which showed that 291 (66%) people with a learning disability had been registered of which 125 people (43%) had received a health check. In 2010/11, the number of GP practices who agreed to participate in the DES had reduced to 23.

Annual Self Assessment of health services provided to people with learning disability

NHS Peterborough was also required by the Department of Health to complete an annual Performance and Self Assessment of health services for people with learning disabilities. The three key priorities for the health self assessment for 2010/11 had been identified as:

- Recognising and registering all individuals with learning disabilities with primary care.
- Ensuring that people with learning disabilities and their families and/or supporters were supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally.
- Developing a whole systems approach to addressing the needs of people with autistic spectrum disorder.

Service Improvements

Peterborough and Stamford Hospital NHS Foundation Trust had now appointed a Disability Advisor to support the Trust to provide personalised health care for those people with a learning disability who accessed their services. Another initiative had been to ensure that generic health services were easily available and accessible for people with disabilities, including learning disabilities and the NHS Peterborough Clinical Governance Team was developing an audit process to access services against this objective.

An innovative service to support people who required support when in the community had also been developed called 'Stay Safe'. The initiative was a partnership between NHS Peterborough and retail outlets in the city centre and townships where participating shops would display a 'stay safe' sticker in their window which would signify to people with a learning disability, who were distressed, that they could approach staff in the shop for assistance.

Safeguarding

A key element of the response to the Healthcare for All report had been to review existing policies and practices to ensure that the service improvements strengthened and enhanced the work on safeguarding vulnerable adults. The general principle underlying the work on learning disability services was that the needs of the individual were properly identified and, in close co-operation with the individual, their carers and supporters, individual personal development and support plans would be put in place to protect the interests of the individual.

NHS Peterborough and the City Council had also agreed in principle to transfer learning disability services to the City Council from April 2011. The key points of the transfer were:

- Services would transfer as integrated teams.
- Day services, employment services and the adult placement service would also transfer.
- The staff transfer would be under TUPE (Transfer of Undertakings, Protection of Employees regulations).
- Appropriate support staff/resources would also transfer.
- It was proposed that the team would be located in the Town Hall.
- A review of funding had been completed and financial negotiations would take place between the City Council and NHS Peterborough.
- An equality impact assessment had been used.
- A formal staff consultation by NHS Peterborough was currently underway.
- A new Section 75 agreement between the City Council and NHS Peterborough would be drawn up.

Questions and observations were made around the following areas:

- How much of an impact was the reduction in the number of GP practices who were participating in the Directed Enhanced Service? *It was a concern but they were not required to sign up to the Service. In many cases GPs believed that they were already doing this work but just had not signed up to the scheme and submitting data.*
- Did the retail outlets involved in the 'Stay Safe' Scheme have to undergo safeguarding training? *Training was given and this included safeguarding.*
- When was the decision made to transfer the Learning Disability Service into the City Council and what was the motivation behind the decision? *The decision in principle was taken by the Cabinet in December 2010 and would involve around 80 staff. New NHS policy around commissioning services meant that the PCT could no longer have a provider arm so a number of alternative options had been considered.*
- Were all of the staff who would be transferring essential to the service? *Yes as they would be responsible for specialist assessments and direct care. Once the transfer been completed a fuller review of future options for the service would take place.*
- Would all of the transferred staff be eligible to join the Local Government Pension Scheme? *The staff would be able to remain within the health pension scheme as a number of staff had highlighted a wish to do so.*

ACTION AGREED

(i) To note the report; and
(ii) To note the work being undertaken to transfer learning disability services to the City Council in April 2011 and the further review work planned.

11. Adult Social Care Performance Rating

The report presented the Care Quality Commission's performance assessment summary for 2009/10 which was required to be submitted to an open meeting of the Council.

A key aspect of the Care Quality Commission's assessment entailed a review meeting which took place on 22 July 2010 and which had considered aspects of the statutory social services functions which related to adult social care. The annual performance assessment judgement and summary was published in November 2010.

Overall social care services for adults were deemed to be "performing well" at delivering outcomes which was an improvement on the previous year's rating. On six of the seven outcome areas (improved health and well-being, improved quality of life, making a positive contribution, increased choice and control, freedom from discrimination and harassment, and economic well-being) services received a rating of performing "well". One outcome area (maintaining personal dignity and respect) was rated "adequate".

Improved performance had been recognised in two areas as we had moved from "performing adequately" to "performing well" for the choice and control outcome and we had achieved a rating of "performing adequately" for the dignity and respect outcome, which was largely focused on our safeguarding work. These were the two areas on which we had been focusing over the last 18 months.

ACTION AGREED

To note the Care Quality Commission's Performance Assessment Summary.

12. 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.

13. Work Programme

We considered the Work Programme for 2010/11.

ACTION AGREED

To confirm the work programme for 2010/11.

14. Date of Next Meeting

Monday 14 March 2011 at 7pm

CHAIRMAN
7.00 - 9.12 pm