

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 17 JANUARY 2012
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

	Page No
1. Apologies	
2. Declarations of Interest and Whipping Declarations	
<i>At this point Members must declare whether they have an interest, whether personal or prejudicial, in any of the items on the agenda. Members must also declare if they are subject to their party group whip in relation to any items under consideration.</i>	
3. Minutes of meeting held on 15 November 2011	1 - 6
4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions	
<i>The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.</i>	
5. Quality of Care Homes	7 - 14
6. NHS Peterborough QIPP and Reform Plan	15 - 30
7. Clinical Commissioning	31 - 38
8. Forward Plan of Key Decisions	39 - 52
9. Work Programme	53 - 56
10. Date of Next Meeting	

Tuesday, 13 March 2012



There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Paulina Ford on 01733 452508 as soon as possible.

Emergency Evacuation Procedure – Outside Normal Office Hours

In the event of the fire alarm sounding all persons should vacate the building by way of the nearest escape route and proceed directly to the assembly point in front of the Cathedral. The duty Beadle will assume overall control during any evacuation, however in the unlikely event the Beadle is unavailable, this responsibility will be assumed by the Committee Chair.

Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), P Nash, J Stokes, K Sharp, N Shabbir and D Fower

Substitutes: Councillors: M Todd, D Harrington, M Jamil and A Shaheed

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

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE BOURGES/VIERSEN ROOM - TOWN HALL
ON 15 NOVEMBER 2011**

Present: Councillors B Rush (Chairman), D Lamb, K Sharp, N Shabbir

Also present David Wiles, Chair of LINK
Councillor Fitzgerald, Cabinet Member for Adult Social Services

Peterborough & Stamford Hospitals NHS Foundation Trust Louise Barnett, Interim Chief Executive
Chris Wilkinson, Director of Care Quality and Chief Nurse
Chris Preston, Finance Director

NHS Peterborough: Jessica Bawden - Joint Director of Communications and Patient Experience

Officers Present: Denise Radley, Executive Director of Adult Social Services
Tina Hornsby, Head of Performance and Informatics, NHS Peterborough
Ruth Griffiths, Lawyer
Paulina Ford, Senior Governance Officer, Scrutiny
Dania Castagliuolo, Governance Officer

1. Apologies

Apologies for absence were received from Councillor Nash and Councillor Stokes.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of meeting held on 13 September 2011

The minutes of the meeting held on 13 September 2011 were approved as an accurate record.

Jessica Bawden, Director of Communications and Engagement at NHS Peterborough informed members that they may be aware that since the Commission had last met, the PCT had received notification of a complaint to the Competition and Cooperation Panel (CCP). The Panel recommended that no further decisions be taken on the primary and urgent care strategy consultation while the Panel was investigating the complaint. The Board considered this recommendation and decided that it would wait until the investigation was complete to consider the response to consultation. On Monday 14 November the PCT had been notified that the CCP wanted more time to consider the complaint and that it would proceed to its second phase. The CCP had up to four months to complete its investigation. Jessica Bawden suggested that she keep the Chair updated on progress and that the PCT return to the Committee when there was substantive business to discuss. The Chairman agreed and thanked Jessica for the update.

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

There were no requests for call-in to consider.

5. Quarterly Performance Report on Adult Social Care in Peterborough

The report provided the Commission with an update on the delivery of Adult Social Care services in Peterborough against the four outcome domains contained within the national Adult Social Care outcomes framework, and information on safeguarding adults at risk. The Commission were also required to consider the draft Local Account for Adult Social Care.

The four outcomes were:

Outcome 1: Promoting personalisation and enhancing quality of life for people with care and support needs.

Outcome 2: Preventing deterioration, delaying dependency and supporting recovery.

Outcome 3: Ensuring a positive experience of care and support.

Outcome 4: Protecting from avoidable harm and caring in a safe environment

The Head of Performance and Informatics went through the Quarter 2 performance report highlighting areas for consideration.

Observations and questions were raised and discussed including:

- Outcome 2 project for Learning Disability Intensive Community Support Team. Members noted that the Intensive Support Team had identified 30 people who could return to Peterborough over the next three years and wanted to know where they currently were. *Members were informed that they had been placed out of area in residential placements around the country.*
- Outcome 3 national performance indicator for overall satisfaction with local adult social care services. The report stated that 60.8% of those responding were either extremely or very satisfied with the service they received. Members wanted to know if there was a follow up on the 40% who were not satisfied. *Members were advised that follow up was difficult as the survey was confidential. However if there had been several negative comments from a particular care home then the care home would have been put under review.*
- Outcome 4 covered dated relating to safeguarding practice from October 2010 to and including September 2011. Members noted that there had been 266 alerts reported in the last 12 months and that in the last 6 months of that period the activity had doubled with 176 alerts compared to 90 alerts in the first 6 months. Could the officers explain why? *The Director of Adult Social Services informed Members that the Safeguarding Board had discussed the data and concluded that the alerts and referrals had not yet settled into a consistent pattern either month on month or across the data in trends. Therefore nothing could be concluded from the data as it did not seem to follow a particular pattern.*
- The Director of Adult Social Services informed Members that there was a lot of data around safeguarding but what the Safeguarding Board had wanted to focus on was the outcomes and could they be assured that people were being safeguarded and protected.
- The Head of Performance and Informatics asked the Commission for their views on the draft Peterborough Adult Social Care Local Account. Members commented:
 - It had been a good idea to include case studies.
 - That is was a readable report and the right length.
 - The way the statistics were presented would prove difficult for the general public to understand. It might be better to present the information pictorially.
- Members wanted to know how the targets for Peterborough were derived. *Members were informed that several things were taken into consideration as part of the planning process every year. Performance indicators including national indicators, key things to be delivered, historical performance and budget pressures. There would also be discussions with the key providers.*

ACTION AGREED

The Commission noted the report.

6. Update Report on Peterborough and Stamford Hospitals NHS Foundation Trust

The Interim Chief Executive of the Peterborough and Stamford Hospitals NHS Foundation Trust introduced the report and informed the Commission that a presentation would be given covering:

- An overview of the challenges
- Safeguarding quality
- Turnaround programme
- Strategic development and progress

The Commission were informed that the Trust had been in significant breach of their Terms of Authorisation with the regulator Monitor. The three areas that were in breach of the Terms of Authorisation all related to finance matters. They were around the general duties to manage resources effectively and efficiently, financial governance and financial viability. The turnaround plan has been put in place to restore the financial stability to the organisation.

The overview highlighted the following:

- Last year's cost improvements of £5.1m were delivered out of £9.3m plan
- There was a National efficiency target of 4% for all trusts
- Income had been reduced through commissioning year on year
- Fantastic new facilities but with significant estates costs
- Met all regulatory and statutory quality and other requirements
- Having moved one year ago, the focus was to drive improvement in quality to deliver efficiencies and savings
- Board imperative to maintain the quality of care for patients
- Serious financial situation was being addressed

The Trust had a four year financial recovery plan in place and the focus was to drive quality improvement and safeguarding quality. The financial situation was complex and there were several financial schemes in place to address the financial gap. There was £7.1m of Quality, Innovation, Productivity and Prevention (QIPP) schemes in place reduced to include recurrent savings only. The non-recurrent savings were captured separately. £2.3m transitional funding had been received this year.

The Director of Care Quality and Chief Nurse informed the Commission that quality was the Trusts top priority whilst delivering financial savings through operational efficiencies. There were three main areas to ensuring quality; patient safety, clinical effectiveness and patient experience. The challenge was to improve quality and achieve significant financial efficiencies by improving productivity, changing service delivery and continuous improvement. The focus on the quality of patient care would be retained through various measures including:

- Monthly monitoring of patient safety, clinical effectiveness and patient experience indicators
- Quality Impact Assessments (QIAs) for all schemes put forward as part of the turnaround programme
- Patient safety walkabouts
- Roles of Medical Director and Director of Care Quality and Chief Nurse
- Staff able to raise any concerns on safeguarding quality of care
- Additional safeguards through independent regulation

- Review of adverse event monitoring
- Issues raised through adverse event reporting, complaints, Patient
- Advice and Liaison Service and Local Involvement Networks

The Turnaround programme consisted of four main areas:

1. Internal Controls – Cash and expenditure controls to stabilise the situation
 - Quality and Financial Recovery Groups (QFRGs)
 - Strengthened risk based approach to safeguard quality
2. Operational Efficiency – Optimising performance of existing services and facilities
 - Capacity management
 - Non-pay, Service line reviews
3. Estate Costs – reducing estate costs to support financial viability
 - Reduce estate costs to an affordable level
4. Strategic Development – Health economy collaboration to address long-term acute system capacity
 - Strategic solution
 - Securing long term partnership arrangements with commissioners and providers
 - Challenges include 20% efficiency savings providing financial pressures, competition from other Trusts and a change in delivery towards Primary Care

Key risks to the programme could be:

- Increase in costs due to in year budgetary pressures
- Failure to deliver the turnaround plan and savings
- Trust fails to deliver CQUIN plan (Commissioning for Quality and Innovation)
- Trust fails to deliver operational performance targets
- Payment for over-performance
- Secure additional funding to support pathway re-design/business re-structuring
- Winter pressures greater than planned e.g. flu

Observations and questions were raised and discussed including:

- Members were concerned about the dignity and vulnerability of elderly patients who were admitted to hospital and sought assurance that safeguarding and care for this group of patients would not be reduced. *The Director of Care Quality and Chief Nurse assured Members that the focus would remain on patient care and safeguarding and in particular on vulnerable groups of patients.*
- The Chair of LINK congratulated the Director of Care Quality on the reduction of MRSA Bacteraemia infections, C-Diff infections and mortalities. It was noted that things were beginning to improve however LINK were still receiving complaints about discharge procedures. *Members were informed that there was a focus on discharge procedures and acknowledged that every discharge needed to be handled correctly. Patient experience was taken very seriously.*
- The presentation stated that there would need to be a cut of around 300 in the work force. Do you have any vacancies on top of that number that would not be filled? *Members were informed that a group met once a week to review every single vacancy in the hospital. Vacancies were not filled unless they had to be to help contribute to the savings that needed to be made. Any vacancies that had to be filled would be filled through internal recruitment where possible.*
- You intend to reduce the workforce by 300 by April 2012. How many posts will be lost over the four year turnaround plan? *Most of the reductions would be in place by next year so that there does not have to be any further payroll savings the following year. If agency staff could be reduced it would make a significant impact. During the third and four year there would be an additional reduction of around 100 posts. Hopefully this*

would be achieved through natural turnover, reduction in agency staff, changes in hours and some redundancies.

- Of the four main areas of the turnaround plan what percentage of savings will be attributed to each area? *The largest element would be 45% for the Operational Efficiency part, 35% for the Estate Costs and 20% for the Strategic Development element.*
- How many local medical staff e.g. doctors and nurses were employed in the hospital. *The Interim Chief Executive was unable to provide figures at the meeting but agreed to provide them after the meeting.*
- Members noted that the presentation had not provided details of financial savings and requested that financial data be provided. *Members were advised that the QIPP plan identified all the savings that was hoped to be achieved this year and next year. This could be shared with the Commission.*
- If this plan does not work and there is no Plan B who will take the responsibility for it not working. *The Interim Chief Executive informed Members that she was accountable and the Board were accountable for ensuring that responsible actions were being taken to deliver high quality care while bringing the organisation back into financial stability. There was only one plan. There was a level of risk assessment in terms of each of the schemes. There was a high probability that some of the schemes would be delivered in full, and others were less likely to succeed in full but there were other schemes in the pipe line should some fail. Contingency steps and savings had been identified.*
- Do you envisage having to close down Stamford hospital? *Members were informed that there were no plans to close Stamford hospital and ways were being looked at to optimise the use of Stamford hospital to meet the needs of the population.*
- How do you hope to improve quality when you are making cuts? *The focus over all would be on quality and patient experience. If things are done right first time quality would improve. The aim was to do things well and staff were focusing on that.*
- Why do you not have plugs in sinks at the hospital? *This had been put in place for infection control and to prevent floods.*
- Members commented that the PFI Contract increased along with the Retail Price Index each year. What was the increase this year? *The Unitary payment for this year was just under £40m about 80% of which was index linked which meant that next year it would be approximately £42m. This would increase year on year.*
- With an increasing cost base and fixed income how are you going to reduce the deficit. *Members were informed that it was a huge challenge that could not be done alone. There was a need to work with stakeholders and Monitor the regulator to see how it could be resolved.*
- Councillor Fitzgerald, Cabinet Member for Adult Social Services addressed the Commission and informed Members that Peterborough City Council recognised the difficulties that the Trust found themselves in. In his view government intervention was required and the Council were going to write to Andrew Landsley and invite him to visit Peterborough. Discussions were ongoing with the new Health and Wellbeing Board and the role the providers might play. The Health and Wellbeing Board might be a more positive way in which the hospital could engage with commissioners and the council.

ACTION AGREED

The Commission noted the report and requested that the Interim Chief Executive provide the following information to the Commission:

1. The number of local medical staff e.g. doctors and nurses who were employed in the hospital.
2. Financial data to be provided on the financial savings as identified in the QIPP plan.

7. Forward Plan of key Decisions

The Commission received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Commission noted the Forward Plan

8. Work Programme

Members considered the Committee's Work Programme for 2011/12 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2011/12 and the Scrutiny Officer to include any additional items as requested during the meeting.

Denise Radley the Director for Adult Social Services was due to commence maternity leave in December and the Chair on behalf of the Commission wished her good luck and thanked her for her support to the Commission over the past year.

9. Date of Next Meeting

17 January 2012

CHAIRMAN
7.00 - 8.55 pm

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
17 JANUARY 2012	Public Report

Report of the Executive Director of Adult Social Services

Contact Officer(s) – Tim Bishop, Assistant Director Adult Social Care
Contact Details - tim.bishop@peterboroughpct.nhs.uk 01733 758407

QUALITY OF CARE HOMES

1. PURPOSE

The report is being presented at the request of the Commission.

2. BACKGROUND

- 2.1 In Peterborough, there are 20 care homes which have beds for older people. Two of these are provided in-house and the rest are in the independent sector. Some provide care for younger adults too, and in addition there are other care homes providing care just for younger people and people with a learning disability. A recent survey conducted by our review and monitoring team (November 2011) found that there were 772 places for older people in the independent homes of which 79 were vacant.

3. HOW HOMES ARE MONITORED

- 3.1 Care homes are regulated by the Care Quality Commission (CQC) and reviewed and monitored by the contract reviewing and monitoring team in NHSP.
- 3.2 CQC is the independent regulator of all health and social care services in England. Its job is to make sure that care provided by hospitals, dentists, ambulances, care homes, in people's own homes and elsewhere meets government standards of quality and safety. The government standards cover all aspects of care, including:
- Treating people with dignity and respect
 - Making sure food and drink meets people's needs
 - Making sure that the environment is clean and safe
 - Managing and staffing services
- 3.3 CQC registers care services that meet the standards, inspect them to check that they continue to do so, and take action when they don't. For care homes the standards are:
- Treating people with respect and involving them in their care
 - Providing care, treatment & support which meets people's needs
 - Caring for people safely and protecting them from harm
 - Standards of staffing
 - Standards of management
- 3.4 For each standard, a judgement is made against a four-level framework:
1. Compliance with standard
 2. Compliance but with minor concerns
 3. Compliance but with moderate concerns

4. Non-compliance with major concerns

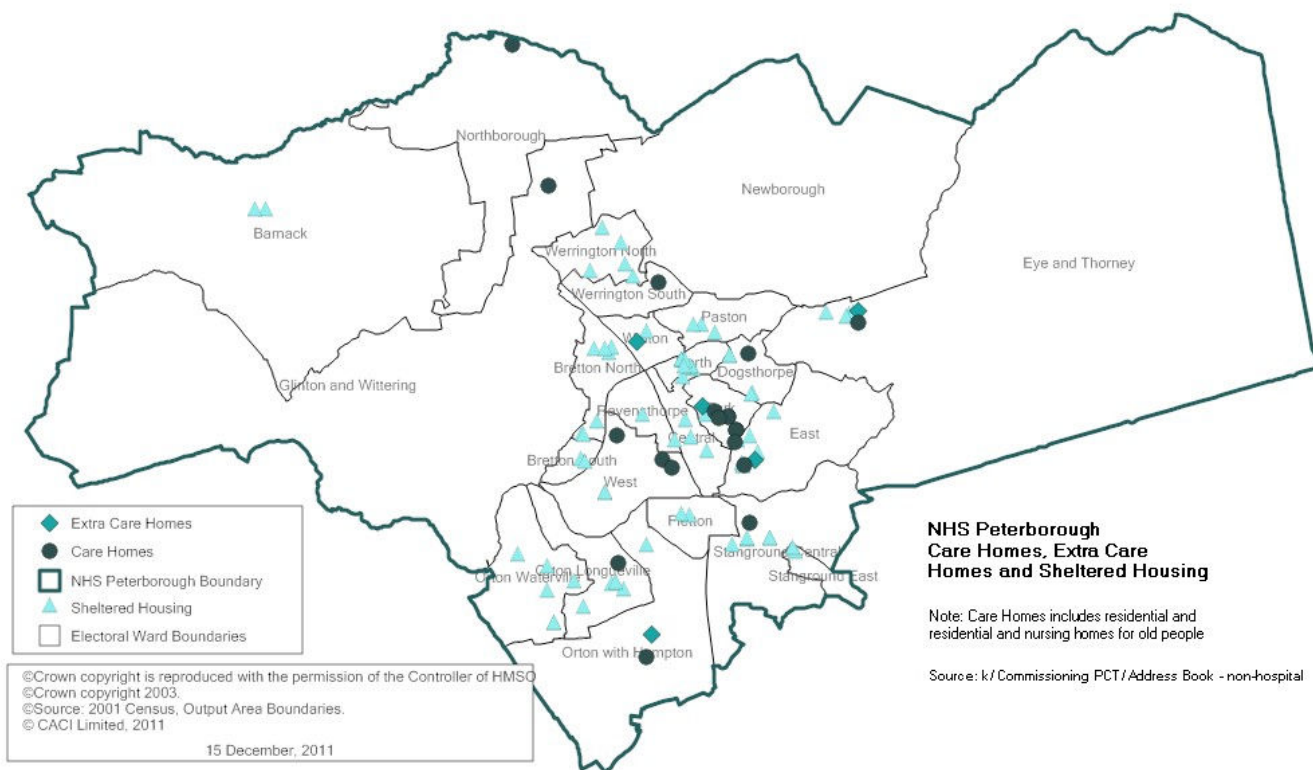
The judgements lead to CQC's subsequent requirements for improvement and, in the case of major concerns, are likely to lead to enforcement action. This replaces the previous star rating system.

- 3.5 The contract reviewing and monitoring team currently sits within NHSP and reviews and monitors a range of contracts, mostly relating to adult social care. These include the 18 independent residential care homes, 21 domiciliary care services and services provided by the voluntary sector that receives funding from adult social care. From March 2012, this team will be part of Peterborough City Council Adult Social Care Services.
- 3.6 Monitoring officers undertake an annual review of homes and visit more often if concerns have been raised. During their annual visits to the home, they talk to residents, family members and staff about the care provided. They look at the care home's policies and procedures, staff files and ensure that recruitment procedures have been followed adequately, including CRB checks. They also check staff training to ensure that all staff are up-to-date with the safeguarding vulnerable adults training. They also write to residents, family members and staff and ask them to complete a questionnaire on the care provided. They also talk to the social workers involved in reviewing the appropriateness of the service the resident is receiving.
- 3.7 In the near future, the contracts for residential homes will move to the Association of Directors of Adult Social Services (ADASS) regional standard contract. Monitoring will be carried out via an associated workbook which gives a better social care focus to monitoring.
- 3.8 Peterborough Local Involvement Network (LINK) also has the right to enter care homes and review the care being provided. These 'enter and view visits' take place on a regular basis and are shared with CQC and the commissioners.
- 3.9 The LINK is also part of the Independent Provider Quality Group which reports to the Quality and Patient Safety Committee and has an overview of the quality of care homes..

4. CURRENT PETERBOROUGH POSITION

- 4.1 We are currently developing an adult social care older people's strategy. The strategy has three broad aims:
- to ensure that older people are able to live at home for as long as they can
 - to ensure that older people, who have been discharged from hospital or need support from adult social care services ,get specialist support and reablement to help them regain their independence
 - to ensure that older people have access to accommodation that is appropriate to their needs.
- 4.2 Older people tell us they want to remain in their own homes for as long as possible. Nationally, the preferred way for providing adult social care is to support people in their own homes to prevent the trauma of an older person having to leave their communities, families and friends and the familiar setting of their own home. Where an older person wishes to move into a more supported housing setting there are also alternative options to residential or nursing care homes.
- 4.3 Within Peterborough, there are just under 80 sheltered housing schemes providing independent housing, generally in either flats or bungalows . There are also five extra-care housing schemes, providing 231 units of housing with personal care support directly provided by on-site teams.

4.4 The map below shows the locations of the registered homes and supported housing schemes in Peterborough:



4.5 Residential and nursing care homes are facilities to support those with significant social care need who choose to receive that support in a registered care home. The independent homes provide (as of November 2011) 445 residential places and 297 nursing places for older people.

4.6 Dementia care is provided within the Peterborough city area through the two in-house homes and 10 of the 18 independent homes. 407 dementia beds are available in Peterborough. Within the independent sector, dementia care is delivered by four nursing homes and six residential homes. The percentage of beds available in each home for dementia care range from 45% to 100%. The higher percentages apply to the smaller care homes, whose total bed numbers are below 50.

RESIDENTIAL AND NURSING BEDS - PETERBOROUGH DATA COLLECTION FORM

The table below shows the position as reported by each home as at Monday 14 November 2011

Name of Home:	
Registration details	Number of registered beds
Older People Residential	360
Older People Nursing	179
Younger People Residential	74
Younger People Nursing	3
Dual registered Residential	115
Dual Registered Nursing	118
Total	849
Occupancy status - beds registered for older people	Number of beds
Funded wholly or partly by Peterborough City Council	282
Funded wholly or partly by another Local Authority	58
Self funders aged 65 and over	209
Self funders aged 65 and over in receipt of free nursing care funding	69
Health funded - continuing health care	114
Vacancies	79

- 4.7 There were, at November 2011, a further 57 people who had chosen to live in a care home outside the Peterborough area – normally to be closer to family – who were being funded wholly or partly by Peterborough.

5. HOW ARE OUR LOCAL HOMES DOING?

- 5.1 As of November 2011, information from CQC was that ,of the 18 independent care homes, 16 were meeting all the standards, one home was required in June 2011 to improve its standards of caring for people safely and protecting them from harm, and one home did not have any details available.
- 5.2 The home that needed to make improvements received follow-up visits from the contract reviewing and monitoring team, the last one being in October 2011. Safeguarding was looked at, as well as staffing levels, activities, staff supervision, staff training, medication, nutrition, and continence amongst others. Improvements had been made.
- 5.3 The home with no recent CQC information online is a home that had recently transferred ownership to a well established local provider. The review and monitoring team has visited, as has CQC but its report is not available at present.
- 5.4 In addition to the independent homes, the two remaining in-house homes (Welland House and Greenwood House) have both been required by CQC to make improvements in a number of areas.
- 5.5 Welland House - in three areas: standards of providing care, treatment and support which meets people's needs; standards of staffing; and standards of management. In August 2011, CQC took enforcement action in respect of Greenwood House in relation to standards of caring for people safely and protecting them from harm – by October 2011 this standard was met, but improvement was required in two areas: standards of staffing; and standards of management. Peterborough Community Services has worked hard with

NHSP to put these areas right and focused work continues to ensure these homes now meet the required standards.

6. HOMES DOING WELL

6.1 Below are a range of comments from our routine questionnaires and feedback from residents and family members:

Care home A

A resident on respite for four weeks was very positive about their experience and in the further comments section stated: "thank god I landed at the care home!".

Care home B

They encourage my mother to join in with the activities, with reading and knitting. Helped her write and post her Christmas cards. They encourage her to eat and take regular exercise. From our point of view, the staff at the care home have enabled us to have peace of mind that mother is safe, cared for properly and are there immediately should there be any health problems.

Care home C

I am always impressed by the thoughtfulness, patience and cheerfulness of the staff. They are very proactive with my mum's healthcare and quick to get the doctor in when required. Care home is called a care home and that's what it does - it cares for the elderly very well indeed.

Care home D

They create an environment in which residents are safe, well cared for and in which their needs and individuality are important.

Care home E

They treat residents with dignity, care and understanding and have staff trained to a high standard. They make everyone feel welcome. Always ready to listen if you have a problem. There are always events for the residents to take part in. The staff are very caring and making sure the residents are happy is something they do very well.

7. HOMES WHERE THERE ARE CONCERNS

7.1 We work with CQC and other partners to share information and work directly with care homes where there are concerns.

7.2 A few examples are outlined below:

Care home A

Last year, a family member stayed overnight with her father as she knew he was dying and wanted to be with him. She was concerned that a man in the room opposite her father was shouting out for help. No one came to him so she went to get help. After looking for a staff member she eventually walked onto the main lounge/dining area and found two staff members asleep whilst on waking night duty. The family were very upset about this and gave their approval for the Monitoring Officer to speak to the Home Manager. The Monitoring Officer and Contracts Manager from NHS Peterborough met with the Home Manager and there followed an unannounced night spot check of the unit. Two staff members were found asleep on duty. Both were suspended pending further investigation and they were subsequently dismissed. Having identified a management weakness the contracts team checked the log of night time visits and found them to be infrequent and poorly documented. The procedure was revised by the home and is now much more robust.

Care home B

Following concerns raised by CQC about a provider on a Friday afternoon, contracts staff, the Assistant Director responsible, and the strategic safeguarding lead all visited at different times over the weekend. Immediate physical improvements were made to the home, and a continuing action plan is in place which is being regularly reviewed and monitored. There were a number of safeguarding concerns which warranted further investigation and this has been investigated by the relevant care management team and overseen by the strategic lead for safeguarding. At the time of writing this report, we have suspended all new placements at this home. We have involved the local CQC inspector in the safeguarding meetings.

8. THE FUTURE

8.1 Peterborough had an estimated 172,800 people living within the City Council boundary in 2010. Of these, approximately 24,000 were aged 65 and over.

8.2 The table below shows Peterborough's population increase by age group to 2021 (percentage).

Peterborough Resident Population Projections by age group to 2021 (cumulative percentage)

Year	Thousands										
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
0-19	0.7	1.4	2.0	3.4	4.1	5.2	6.1	7.5	8.6	9.7	11.1
20-44	0.8	1.2	1.6	2.2	2.8	3.0	3.4	3.6	4.2	4.7	5.0
45-64	1.5	2.2	3.7	4.9	6.2	7.4	8.6	10.1	10.6	11.4	12.1
65-74	2.4	7.9	11.1	14.3	17.5	19.8	22.2	23.0	24.6	25.4	26.2
75-84	2.4	3.5	3.5	4.7	7.1	7.1	9.4	10.6	15.3	17.6	21.2
85+	6.9	10.3	13.8	20.7	24.1	27.6	31.0	34.5	37.9	44.8	51.7
Total	1.2	2.3	3.2	4.5	5.6	6.4	7.5	8.4	9.4	10.4	11.3

Source: ONS Sub-national Population Projections, mid 2008

8.3 The increase in the 85+ age group is more than 50% although the whole population increases by just 11%. Alongside the general growth in numbers of older people, there will be a growth in numbers of older people with long term conditions and disabilities: Numbers of older people with a moderate or severe learning disability are forecast to rise by just under 50% from 67 to 100 between 2010-2030; Numbers of older people with a limiting long term illness are forecast to rise 56% from 11,222 to 17,543.

8.4 The number of people with dementia (including early onset) living in Peterborough, will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years. The largest increase is expected to be seen in women, increasing from 1,074 currently (2010) to 1,309 in 2020 (Dementia UK Report, Alzheimer's Society, 2007). This highlights a high level of need, and work is already underway to address this in the longer-term. Although there is no data around the numbers of people who are unable to access an appropriate residential or nursing home placement, all the residential and nursing home dementia beds are either at capacity or nearly so, strongly suggesting that there must be a number of people unable to access the appropriate level of dementia care. In line with the National Dementia Strategy, we are working with local care providers and clinicians to increase the availability of community-based services to support people with dementia and their families.

9. CONCLUSION

9.1 Very nearly all the care homes for older people in Peterborough meet the required CQC standards. Where the standards are not met, the review and monitoring team works with others including home managers, CQC, our own safeguarding services and social workers to help homes improve and deliver the required standards.

- 9.2 We are not complacent. We have a robust reviewing and monitoring system in place and continually look at how we can improve our own systems. Moving to the ADASS contract is one of those improvements.
- 9.3 We have a good number of extra-care housing units but need more. An additional scheme is being built next year and we are looking to plan the next one after that. We know we need more nursing and dementia beds and we are working with the market to provide 'fit for purpose' modern and homely care homes which meet these needs.
- 9.4 The Adult Social Care Older People's Strategy, presently being developed, will further outline the needs and the wishes of older people in Peterborough to get the support they want. This strategy will link into the council's Housing Strategy.

10. NEXT STEPS

- 10.1 The Commission to scrutinise and comment on the report and make any recommendations.

11. BACKGROUND DOCUMENTS

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

- 11.1 None

12. APPENDICES

- 12.1 None

This page is intentionally left blank

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
17 JANUARY 2012	Public Report

Report of Russ Platt, Chief Operating Officer NHS Peterborough

NHS PETERBOROUGH QIPP AND REFORM PLAN

1. PURPOSE

- 1.1 This report is presented to inform the commission on the context, scope and progress of the NHS Peterborough Quality, Innovation, Productivity and Prevention (QIPP) and Reform Plan.

2. RECOMMENDATIONS

- 2.1 To note and to agree how the Scrutiny Commission for Health Issues can be appraised of progress.

3 BACKGROUND

- 4.1 Members of the Commission will recall from the paper and briefing in July 2011 that NHS Peterborough has coordinated the planning to address the challenges of delivering increased quality across health and social care, whilst at the same time responding to the financial pressures placed on the system by the downturn in the economy.

This planning process is part of a national process. An important step has been to produce and agree a joint plan for the Peterborough system. A summary of that plan is attached to this paper and the plan in full was published in November on the NHS Peterborough website.

4 KEY ISSUES

- 4.1 The delivery of the transformation covered under the QIPP work underway in Peterborough is of a significant scale and involves complex and inter-related issues. Oversight of the delivery of this plan is dealt with locally by the Health and Care Transformation Board comprised of the Chief Executives of the main commissioning and providing organisations, including Peterborough City Council.

The plan deals with both the required improvements for the commissioners and providers and has identified new ways of working that will:

- Deliver a better patient experience
- Improve people's health
- Reduce unfairness in health.

Work is currently underway to refresh the plan for 2012/13 and it may be helpful to update the Commission on the outcome of that work in the new financial year.

5 IMPLICATIONS

- 5.1 The report deals with matters that are nationally driven and relate to the whole of the city.

6 CONSULTATION

- 6.1 Any significant service changes will form part of formal consultation. The Commission will be aware of the Primary and Urgent Care Strategy – The Right Care at the Right Time, currently being considered and the consultation around the Redesign of Mental Health Services across

Cambridgeshire and Peterborough.

7 APPENDICES

7.1 A Summary of NHS Peterborough's QIPP (Quality, Innovation, Productivity and Prevention) and reform plan.

A summary of NHS Peterborough's **QIPP**
(Quality, Innovation, Productivity and
Prevention) and reform plan



Peterborough people living longer, healthier, independent and self-determined lives

Contents

What is QIPP?	3
Changing our NHS together	3
How does this affect the NHS in Peterborough?	4
What is the thinking behind these plans?	9
What are we spending?	9
How do these plans affect staffing numbers?	10
Ensuring quality	11
Reform and vision	12
Will I be involved in decisions about the local NHS?	12
How will I find out what is happening?	12
How to get in touch	14

Our commitment to you

Over the next four years those giving care to people in Peterborough have made a joint commitment to saving lives, helping people stay as healthy as possible and reducing health inequalities. Our plans will make a difference to people's lives – by improving care, preventing more debilitating illnesses and making the best use of increasingly scarce public resources.

NHS Peterborough faces a major challenge to continue to improve the quality of services that are provided. At the same time, the demand for health services continues to grow as the population grows and ages and as new treatments and technologies are developed.

If we do nothing differently and the demand for services continues to grow at the same rate as recent years then the health and social care system across Peterborough will have a financial gap. If we want to improve our financial situation, meet the health needs of the population and improve the quality of services at the same time we can only do this by working together to improve the efficiency of services.

To meet this challenge we have developed a system-wide Quality, Innovation, Productivity and Prevention (QIPP) plan with our key partners and stakeholders which puts your local GPs at the heart of these changes. We are all committed to working together on this. Everyone has a part to play in meeting the challenge which will mean we sustain the high quality care we provide now and continue to improve.

One of the ways that we can maintain quality, provide services that are value for money and are more accessible is to deliver services in the community closer to home.

Throughout the health and social care system in Peterborough we have identified new ways of working that will:

- Deliver a better patient experience
- Improve people's health
- Reduce unfairness in health.

At the same time, these new models of care will save £128 million, through more efficient ways of working, by 2015.

What is QIPP?

In order to deliver savings without sacrificing quality, the NHS is using the term QIPP nationwide. QIPP stands for Quality; Innovation; Productivity; Prevention.

QIPP is the way in which the quality of patients' experiences can be improved through redesigning services to ensure they work to a high standard efficiently and ensure value for money. QIPP focuses on improving health outcomes, delivering care in the most appropriate setting, improving value for money and keeping people healthy.

We are proud of the NHS. We can celebrate the achievements of the last 60 years since the NHS was created. People are living longer and are more healthy. When the NHS was created average life expectancy was age 65 and it is now age 80.



This is not about cuts – in fact the NHS budget has risen slightly this year but because of increasing pressures we have to do more with the money we have.

Changing our NHS together

We have come a long way in the NHS over the last few years. The focus across England is for doctors and nurses to lead and improve the NHS which has led to some impressive results.

Increased funding in the NHS in recent years has helped us improve health and healthcare services for our population.

However, the tough financial climate, coupled with the demands of a growing and ageing population and advances in technology means that we are facing our biggest challenge yet. Whilst the NHS is protected by the Government, funding is not able to keep up.

To continue to deliver on the promises that people across our whole region told us are important, the NHS organisations in the east of England need to save £1.7 billion by 2014/15 to re-invest in services. It is the East of England's contribution to the nationally required NHS savings of £20 billion.

This document highlights how your local NHS will deliver quality services with improved patient safety,

patient experience and clinical outcomes at its heart. It has been developed with doctors, nurses, managers and other health professionals across all NHS organisations. By transforming services, and delivering them in new ways, and by preventing ill-health, we can make the necessary savings and get better quality. This is a significant challenge for all of us, but we have a strong track record of achieving change.

The changes to the way we deliver treatment and care, moving services closer to peoples' homes, through new techniques and better procurement means that we will not need the same staff in the same roles or settings in the same numbers as we have in the past.

In addition, the Government has a new vision for the NHS which is currently being considered by Parliament. This promises to truly empower local people with more choice, better information and more control over their care – so that ‘no decision about me, without me’ becomes the norm. It puts doctors and nurses in control of the commissioning decisions on behalf of patients and local populations, and enables the health service to innovate to meet the quality and productivity challenge. NHS Peterborough has been working closely with local GPs over the last year in preparation for the new way of buying services through clinically led commissioning.

Our journey over the next four years will free up the resources we need, to deliver the new and better outcomes local people deserve. And then we will ensure that these changes happen by ensuring that decisions about care and finance are taken by local GPs and doctors who know their patients best.

Over the next ten years, the number of people aged over 65 in Peterborough is set to increase by 24 per cent and currently we spend 70 per cent of the money we have for health on people in this age group, this is just one of the significant financial challenges we face.

Peterborough as a city has seen a large and sustained amount of demographic growth in the last 30 years and this population is planned to continue into the next two decades with six substantial new township developments. Latest population projections show an estimated residential population in mid 2011 of 174,900 and increasing to 183,900 by mid 2016 and 192,400 by mid 2021

In addition, changing lifestyles are having real impacts on the illnesses that the NHS has to deal with. Obesity, lack of exercise, smoking, alcohol consumption and drug abuse all impact on the way we spend NHS resources. We need to be able to invest in prevention rather than cure.

To meet these demands we need to look creatively at how we tackle services which help prevent illness and offer treatment. We are working with local GPs, Peterborough City Council, Peterborough and Stamford Hospitals NHS Foundation Trust, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust and have identified a number of ways to provide the same or better care more efficiently.

How does this affect the NHS in Peterborough?

NHS Peterborough has been working with local health and care partners to co-ordinate a response to the challenges of delivering increased quality across health and social care in response to rising costs and demand.

We have seven key areas that we are working on together:

- Children and maternity
- Acute care
- Planned care
- Mental health and learning disabilities
- Health improvement
- Primary care
- Community and older people

Living well until you die

End of life care is important – it affects all of us and improving care for patients within the last year of life, supporting them to live as well as possible, is the focus for developments in a range of services across Peterborough.

Clinicians will identify patients earlier, assess their needs, symptoms and preferences and plan care on that basis, enabling people to live and die where they choose. As the majority of people would choose to be cared for close to home, work is beginning in community services, with an

emphasis on reducing unnecessary admissions to hospital. This will result in better outcomes for patients and their families and provide the most cost effective use of NHS resources.

Mr Smith aged 78 with COPD (Chronic obstructive pulmonary disease)

Before

Services responding to occasional requests and deterioration in symptoms prompts action.

End of life never discussed, no one asked what was important to him or what to expect. Ad hoc visits and advice only given if asked for.

Wife struggling to cope unsupported – when Mr Smith became unwell everyone was upset and panicked, called 999 which led to A&E and an admission to hospital, he died on the ward, his wife didn't realise he was this poorly and was not there.

Mrs Brown aged 81 with Heart Failure

After

Early identification by GP practice added to care register and multidisciplinary team review patient on regular basis.

Mrs Brown felt in control, end of life discussion offered and her wishes were recorded and shared .

All the practice team aware that she needs priority care. Possible future needs anticipated including out of hours care. Services available 24/7.

Family and carers supported with fewer crises. Hospital admission was avoided and Mrs Brown died at home as she wanted, with her family around her.

Integrated COPD service launched

There is now an integrated acute and community chronic obstructive pulmonary disease (COPD) service for Peterborough patients.

The service replaces the previous separate Acute Respiratory Assessment Service (ARAS) and COPD aspects of the community respiratory nurse service.

The team provide rapid access to services, treatment and monitoring. Peterborough and Stamford Hospitals NHS Trusts' Pam Patton, respiratory outreach nurse, is based at Peterborough City Hospital and assesses respiratory patients within the hospital and provides additional

support to ensure these patients receive the best possible care and expedite their discharge from hospital when safe to do so.

Cambridgeshire Community Services NHS Trusts' community team provide clinics at GP surgeries and the City Care Centre with multi-disciplinary teams including a hospital consultant respiratory physician, as well as community nurses undertaking home visits, when appropriate.

Innovative re-ablement service introduced in Peterborough

Cambridgeshire Community Services NHS Trust (CCS NHS Trust), which manages adult community services in Peterborough, together with NHS Peterborough, has introduced a new re-ablement service.

The service aims to help local people with physical or mental ill health accommodate their illness or condition by learning or re-learning the skills necessary for daily living. The reablement service commenced on 4th July 2011 and sits alongside the existing Intermediate Care Services to ensure that people are able to access opportunities, experience and expertise across the range of services to maximise their potential.

In Cambridgeshire, where the service has also been introduced, the evidence shows that significant numbers of people every year can be helped to improve their quality of life, maintain their independence and avoid unnecessary hospital admissions and we have every confidence that similar success would be achieved in Peterborough.

Re-ablement aims to:

- Help maintain or regain independence
- Improve health and well-being
- Have a positive impact on quality of life.

The re-ablement programme will normally last up to six weeks and will be free of charge as long as people are participating in the programme and making progress.

Who's in the re-ablement team?

- A dedicated occupational therapist
- Eight social care workers
- One service manager
- Physiotherapists
- Support workers/carers
- Mental health support workers.



Mrs W came to the re-ablement service on 30th June 2011, she had been admitted to hospital with severe diarrhoea and vomiting, and then contracted pneumonia so had spent approximately three weeks in hospital. When she joined our service she was extremely upset, fatigued and was unable to climb her stairs, unable to carry out her own personal care or food preparation. At first she was very anxious about doing any tasks for herself and took a lot of encouragement to carry out any personal care or food preparation. Within three weeks of being with the service she was making it halfway up the stairs and back again but only when staff were present, as she did not feel safe to practise this goal when on her own. This was a big step for Mrs W. She was also starting to do certain tasks of food preparation without any prompting from our re-ablement staff.

At the 4/5 week visit Mrs W was a different person, she was now going up and down her stairs independently, had returned to sleeping in her bedroom and was carrying out all her own personal care. Mrs W had gained over half a stone in weight since her discharge from hospital and was very happy with the progress she had made. Mrs W was discharged from the service on 19th August requiring no further care.

Musculoskeletal service in the heart of the community – 12 month pilot (April 2011-March 2012)

Cambridgeshire Community Services NHS Trust staff based in Peterborough, primary care colleagues and NHS Peterborough are undertaking a joint initiative to redesign the musculoskeletal pathway for people living in Peterborough. Musculoskeletal is the medical term for a wide range of conditions that cause pains and other problems in the arms, legs, back, neck, hips and feet.

Local residents who go to their GP with a musculoskeletal problem will now be managed in the following way:

- For those conditions that can be managed by their GP, additional support and information would be provided within Primary Care
- People whose clinical needs cannot be met within general practice, can now be referred through a single point of access which then directs the patient to the most appropriate clinician or service including specialist physiotherapists, podiatrists, doctors and an orthopaedic consultant.
- Improve access and waiting times for routine physiotherapy and podiatry
- Provide access to specialist clinicians in the community who can arrange appropriate investigations, such as x-rays
- For most referrals, treatment can be managed within a community setting. However the team of specialist clinicians have the experience to identify serious problems which might require hospital treatment and refer them to hospital directly
- Following a consultation, your condition will be explained to you and together with the clinician a plan of treatment will be agreed.

The pilot aims to:

- Reduce the need for unnecessary trips to hospital to see a consultant

Shared lives scheme

Cambridgeshire Community Services NHS Trust's Peterborough-based shared lives scheme is where carers offer their home as a place for vulnerable adults to live or be cared for.

This could be for a short break, day care or a more permanent living arrangement. The adult needing the service may have learning disabilities, be an older person who needs help, or someone with a physical sensory disability. The scheme is very

similar to fostering, but for adults instead of children. The scheme is known to be better for users and is a cost effective alternative to institutional services.

Nicky

Nicky has been a carer for many years and provides long-term care for people with learning disabilities and has two vulnerable adults living with her. Recently she assisted one of the adults to realise lifelong ambition – to go abroad on holiday. Nicky helped her book the holiday, organise her spending money and clothes and liaised with the holiday company about the support she would need once she arrived. The holiday was a great success, she had a fantastic time and has many photographs to prove it!

Nicky said: "I enjoy providing support to people and helping them to eventually move on to independent living. It can be stressful and demanding at times, but the benefits far outweigh the negatives. I feel rewarded offering this service and I enjoy the company of the adults who come to live with me."

Mental health

Mental health services are provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and these have undergone significant transformation and modernisation over recent years. In particular, new services that have been developed in the past ten years include:-

- Primary care mental health teams (including “Increased Access to Psychological Therapies (IAPT”) for people with mild to moderate mental health problems;
- Crisis and intermediate care teams providing intensive support to people at home rather than in hospital;
- Other more specialist services such as rehabilitation and recovery teams, eating disorders etc.

This has meant that we are able to support far more people at home and in the community. However one consequence of this success is that currently those people requiring an in-patient admission are likely to be more acutely ill and require greater skilled care from a wider range of clinical practitioners and in a more secure environment than was the case previously.

Through extensive consultation with GPs, service users and other stakeholders, we are planning :

1. A shift in emphasis, in line with national policy and best practice, towards prevention, early intervention, self-help and patient driven care.
2. Reconfiguration of community mental health services by development of an Advice and Brief Intervention Centre with a single point of access for all services,
3. Implementation of a number of lifespan pathways: eating disorders, early intervention in psychosis and Aspergers / ADHD. With plans to develop similar pathways for personality and affective disorders.
4. A more assertive and outward-focused model of rehabilitation, with service users moving out of long stay rehabilitation units into more appropriate accommodation
5. Streamlining in-patient care for adults, including short-term admissions
6. Closure of some older people’s beds due to overcapacity following successful previous implementation of community models of care.

Pharmacy initiatives delivering results

Peterborough and Stamford Hospitals NHS Foundation Trusts’ (PSHFT) City Hospital pharmacy team’s Quality, Innovation, Productivity and Prevention (QIPP) schemes are starting to produce results. Their schemes cover purchasing and usage of drugs, wastage, and how the department can be more efficient.

Claire McIntyre, chief pharmacist said: “Our trust-wide drugs spend is over £14m per year and we currently have seven QIPP schemes looking for savings and reviewing the services we provide. The team has been working with colleagues on a range of initiatives looking at the clinical appropriateness of the drugs we use, how we can use our medicines more effectively and where we can introduce new services. By working with ward staff they have already reduced the average cost of prescribing per patient by 14 per cent since March.”



What is the thinking behind these plans?

Our shared vision for Peterborough is that by 2014/15:

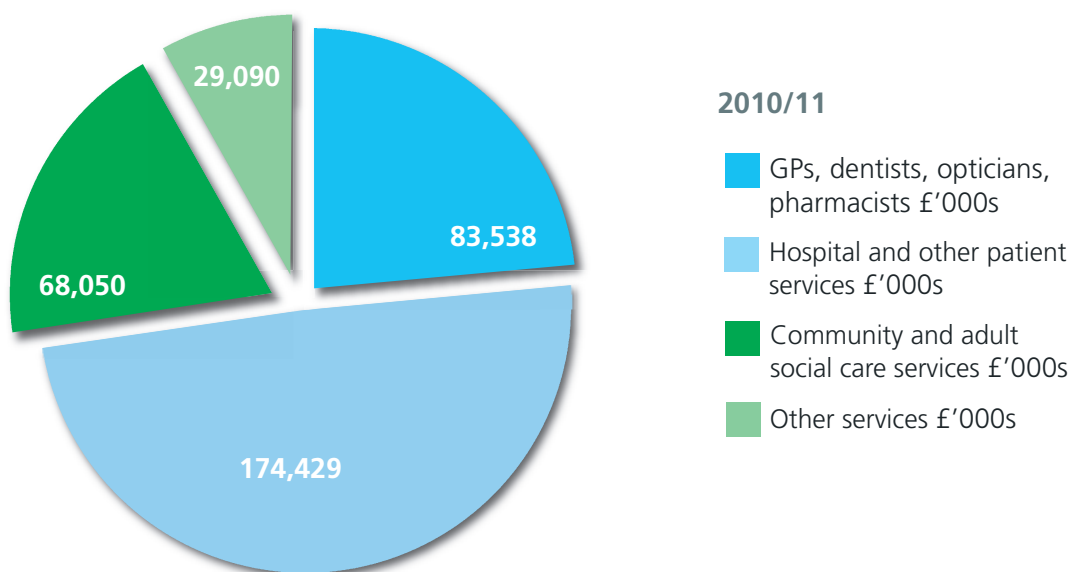
- Clinically-led commissioning will be well established and matured
- The new hospital will continue to deliver high quality and safe services and achieve its business strategy
- Services, where clinically appropriate, will be provided closer to home to the same high quality
- Patient education and a more pro-active approach by providers of health services will have significantly improved the management of long term conditions
- We are working with local people to ensure that they have the most appropriate treatment at the right time and only have surgery when that is the best solution for their illness

- Schemes which help prevent illnesses will have improved the overall health of our population
- We will embed innovation and system wide planning in how we do business; and
- We will work closer with our hospital and community services to provide more efficient and sustainable services.

The health and social care system, which includes hospitals, GPs, community services, local authorities and others, will need to work even more closely and creatively. We will redesign some services, develop new ones and stop investing in others that are not clinically effective, do not provide quality or value for money.

What are we spending?

NHS Peterborough has had a small increase in budget for 2010/11 and is expecting a modest growth in resources in 2011/12 and 2014/15. However, the impact of the economic recession on public sector finances will be significant over the next few years and the system will need to respond flexibly, and in partnership, to ensure that services are maintained and improved for the benefit of patients.



In Peterborough we have on average £2,305 to spend on healthcare for each person each year.

We have identified a challenge of £100.34 million. We have also identified a number of opportunities which amount to £128.56 million. This means we have some flexibility, or a built-in safety net of £28.22 million.

What impact will these plans have on NHS staff?

For the Peterborough health system, our workforce plans from March 2011 to March 2015 show a six percent reduction in the pay bill in our acute hospital (Peterborough and Stamford Hospitals NHS Foundation Trust). The pay bill for staff working for a community provider is expected to reduce by about 12 per cent – this reflects staff transferring to other local providers such as Cambridge and Peterborough NHS Foundation Trust, and local government as well as, subject to the successful outcome of ongoing contract negotiations, Cambridgeshire Community Services NHS Trust.

The pay bill for Peterborough Community Services provided by Cambridgeshire Community Services NHS Trust, subject to successful contract negotiations, is expected to increase in 2011/12 by approximately 23 per cent as we intend more care to be delivered in the community and less in acute settings.

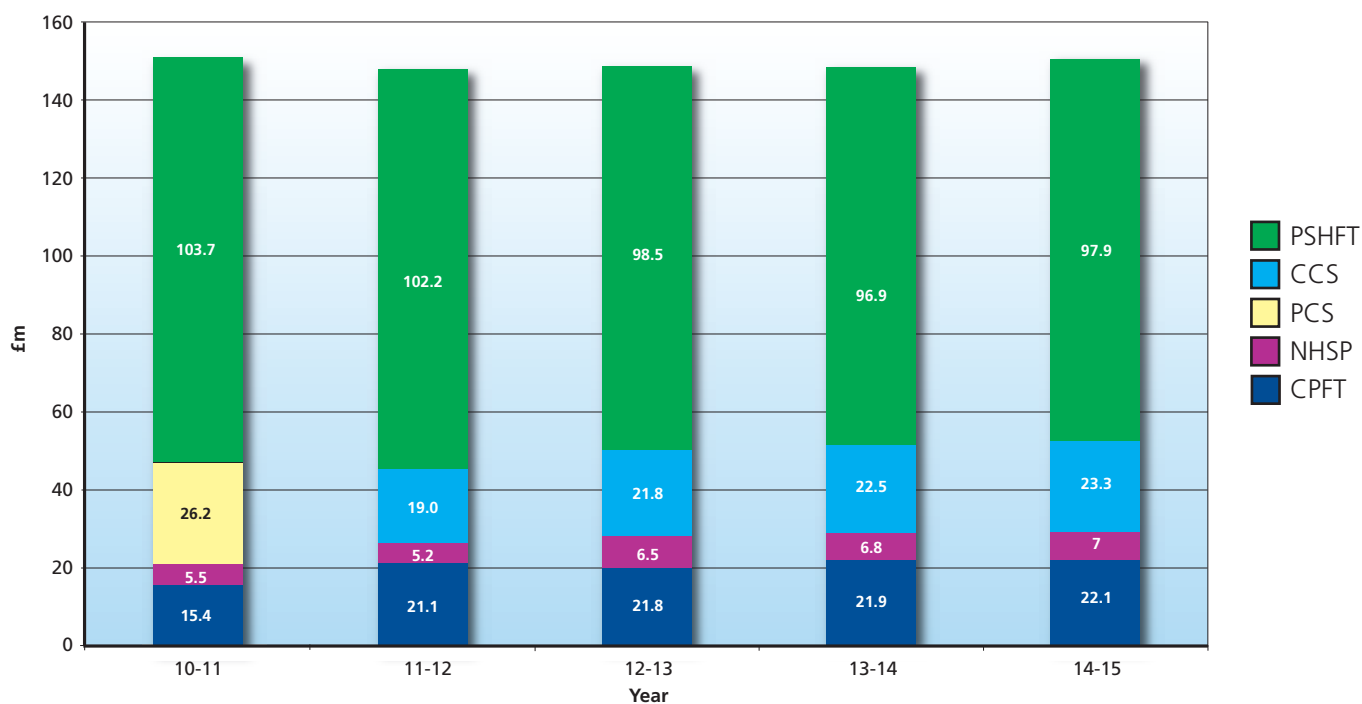
Similarly, the pay bill for mental health services, which are provided by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is expected to increase by 43 per cent over the same period and this reflects the transfer of staff from local community providers.

Local NHS employers are ensuring that the skill mix of their workforce is appropriate to meet local service redesign developments. Staff may therefore be supported to develop new skills to reflect care delivered in new ways and also in different settings.

Local NHS employers will manage changes in partnership with local healthcare commissioners.



Peterborough health system pay bill analysis



Ensuring quality

Quality is at the heart of everything we do in healthcare throughout Peterborough. We want to ensure that the services we provide for you have systems in place to ensure that they are continually improving, provide ways of listening to what you say about services and building your comments into any changes.

In Peterborough, improving your experience of health services is a top priority and through these

plans we expect to see improvements over the next four years using your experiences to help drive change. We expect to see you, local people, at the heart of change.

There are key areas for improvement identified by all the healthcare providers in Peterborough and these are set out below:

Peterborough and Stamford Hospitals NHS Foundation Trust plans are about improving quality while reducing cost. It will deliver this by making sure it does the right thing for patients at the right time, improving productivity and changing service delivery where this will improve patient care.

- Outpatient management – reducing outpatient cancellations and making clinics more efficient
- Bed utilisation – improving systems to maximise bed usage and ensure patients get the right care in the right place
- Theatre efficiency – making sure theatres are used effectively
- Pharmacy expenditure – improved working alongside wards.

For Cambridgeshire Community Services NHS Trust (which currently provides adult health and social care services), the focus is on:

- Adult services: supporting people to manage their long term condition; ensuring timely access to unscheduled care and crisis interventions in the community; introducing re-ablement services; and improving end of life care.
- Older people’s homes: implementing a modernisation programme to offer every older person in Peterborough who lives in a care home a better standard of living with modern facilities.
- Learning Disabilities: redesigning services to ensure the needs of this group of service users are met.
- A continued emphasis on personalisation, linked to self directed support and personal health plans.

For Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) which provides mental health services to all age groups and all community services for children:

- Use technology to improve access to care through an advice and brief intervention centre
- Introduce systems that will manage referrals and improve the patient journey through our care
- Redesign community services for people of all ages
- Introduce new health and wellbeing services, with a focus on prevention through the primary care mental health team
- Reduce the number of rehabilitation beds to a number closer to the average across the region, and undertake a number of initiatives to reduce length of stay and improve the efficiency of inpatient wards
- Work with partners to develop better services for life-long conditions such as autism.

Underlying all of these improvements is our belief that patients want to access as wide a range of services as close to home as possible. We are also working to reduce unfairness in the services you receive.

Reform and vision

In Peterborough GPs are also taking on a new leadership role, putting patients at the very heart of developments. GPs in Peterborough and surrounding areas are now actively involved in helping to develop healthcare services for the future.

We have four local clusters:

- Central city healthcare group
- North, central and park commissioning
- Central and north practice based commissioning
- Borderline commissioning.

These four locality clusters are the foundation for the city's new GP sub-committee which is taking the lead on three key areas of buying healthcare services:

- Acute commissioning
- Referral management
- Primary care prescribing.

As part of this work we are looking at how we support GP commissioning as well as reducing our running costs by £4 million by 2013.

We currently have two Foundation Trusts within Peterborough, Cambridgeshire and Peterborough NHS Foundation Trust which provides mental health services and community children's services and Peterborough and Stamford Hospitals NHS Foundation Trust providing acute care at Peterborough City Hospital and Stamford Hospital.

Will I be involved in decisions about the local NHS

NHS Peterborough has a duty to engage and is genuinely committed to involving the local population and ensuring that the patient voice is heard. We will ensure that local people are involved in decision making and are working with

Clinical Commissioning Groups to ensure that this will continue after 2013 when the consortia take over responsibility for budgets and decision making from the NHS Peterborough.

How will I find out what is happening?

We will update our website (www.peterborough.nhs.uk) regularly and inform relevant patient groups and stakeholders when we

look at a particular service for transformation. No decision about me, without me.

NHS Peterborough's QIPP and reform plan is a partnership between:

- NHS Peterborough
- Peterborough City Council
- Cambridgeshire Community Services NHS Trust
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

How to get in touch

If you have any further queries you can contact the NHS Peterborough Patient Advice and Liaison Service:

How do I contact PALS?

By telephone: Patient Advice and Liaison Helpline 01733 776283. If we are out of the office, or you phone out of office hours, please leave a message on our answer phone. We aim to return calls by the next working day.

In writing: PALS, City Care Centre, Thorpe Road, Peterborough, PE3 6DB

By fax: 01733 776101 (this is not a confidential fax)

By email: PALSTeam@peterboroughpct.nhs.uk

Cover picture: Peterborough City Care Centre

NHS Peterborough – September 2011



SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
17 JANUARY 2012	Public Report

Report of the Director of Communications & Engagement, NHS Cambridgeshire & NHS Peterborough

Contact Officer(s):

Dr Mike Caskey, Chair of the Clinical Commissioning Sub-Committee of the NHS Peterborough Board

Jessica Bawden, Director of Communications & Engagement, NHS Cambridgeshire & NHS Peterborough

DEVELOPING CLINICAL COMMISSIONING IN CAMBRIDGESHIRE & PETERBOROUGH

1. PURPOSE

- 1.1 This report is to update the Scrutiny Commission for Health Issues on the developments clinical commissioning in Peterborough following the publication of the Health and Social Care Bill.

2. RECOMMENDATIONS

- 2.1 The Commission to note the presentation and the local focus that clinical commissioning will bring to Peterborough.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 This report links to the Creating Opportunities – Tackling Inequalities Priority in the Sustainable Community Strategy

Improving health – so that everyone can enjoy a life expectancy of the national average or above and benefit from speedier access to high quality local health and social care services.

4. BACKGROUND

- 4.1 The white paper, Equity and Excellence: Liberating the NHS, was published in July 2010, and sets out the Government's long-term vision for the future of the NHS.

It set out how the NHS will:

- Put patients at the heart of everything the NHS does
- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

At the heart of the reforms is clinically led commissioning. NHS Peterborough has been working with local GPs to develop a local commissioning group for Peterborough that will focus on commissioning healthcare that will deliver the best outcomes for the people of Peterborough.

5. KEY ISSUES

- 5.1 Subject to the passing of the Health and Social Care Bill, Primary Care Trusts will cease to exist in April 2013.

Commissioning of many health services will then pass to Clinical Commissioning Groups. The National Commissioning Board will take on primary care commissioning.

Work is underway to establish a shadow Clinical Commissioning Group for Cambridgeshire and Peterborough and a Local Commissioning Group for Peterborough.

There will be a Health and Well Being Board for Peterborough which will work with the Local Commissioning Group and help set the direction for healthcare in Peterborough.

A local Healthwatch will also be established to represent the patient voice and influence improvements in services.

6. IMPLICATIONS

- 6.1 While much is still to be decided by legislation, this is a time of change for the NHS and it is important that the Scrutiny Commission for Health Issues is kept abreast of developments.

7. CONSULTATION

- 7.1 The Department of Health ran an extensive listening exercise on the White Paper from July to October 2010. NHS Peterborough is briefing Peterborough Local Involvement Network, elected representatives, the NHS Peterborough Consultation Forum and other interested groups as Clinical Commissioning develops in Peterborough.

8. NEXT STEPS

- 8.1 That the Commission note the presentation and it is suggested that there are regular updates as Clinical Commissioning progresses.

9. BACKGROUND DOCUMENTS

- 9.1 None

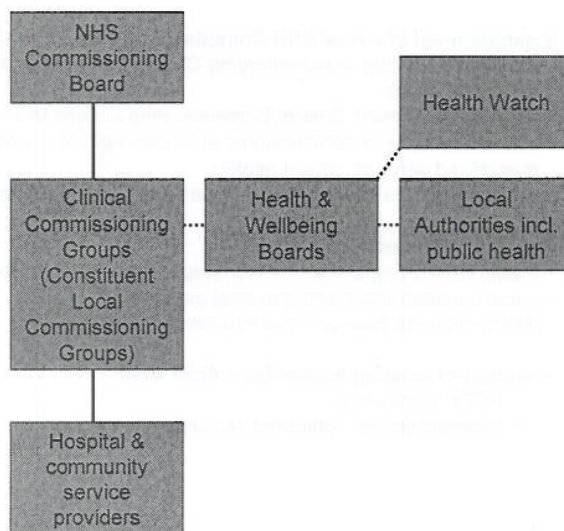
10. APPENDICES


- 10.1 Appendix 1 – Presentation - Developing clinical commissioning in Cambridgeshire & Peterborough


Developing clinical commissioning in Cambridgeshire & Peterborough

update for Scrutiny Commission for Health Issues
17 January 2012

The proposed structure







NHS Cambridgeshire and NHS Peterborough
working in partnership


What will change? (1/2)


Establishment of new Clinical Commissioning Groups (CCGs) 2013


- based on groupings of GP practices, clinically led
- will take on the majority of commissioning from PCTs. Required to commission for the population, i.e. registered and unregistered patients
- will be established on April 2013. Before establishment, NHS Commissioning Board will seek views of the Health & Wellbeing Board
- Governing Body to have at least 2 lay members (for public involvement and governance), one Nurse and one Hospital Doctor
- Required to meet in public and publish minutes and details of contracts

Establishment of new Health & Wellbeing Boards

- Key vehicle for joint working: agree Health & Well-Being Strategy
- close partnership with Clinical Commissioning Groups
- will have a role in establishing Clinical Commissioning Groups







NHS Cambridgeshire and NHS Peterborough
working in partnership

What will change? (2/2)

Establishment of a new NHS Commissioning Board in Oct 2012


- will decide whether or not emerging Clinical Commissioning Groups are ready to take on duties
- will hold 'authorised' Clinical Commissioning Groups to account
- will also be a major commissioner in its own right (e.g. primary care, specialised services, prison health)
- will operate from 4 sub-national offices and 50 local offices

Public health functions transferring

- Public Health England a new Non Departmental Public Body
- Local functions transferring to local government
- Will continue to have an input into clinical commissioning

Abolition of existing bodies from April 2013

- PCTs (50 clusters)
- Strategic Health Authorities (4 clusters)



NHS
NHS Cambridgeshire and NHS Peterborough
working in partnership

Our local proposals

- One Clinical Commissioning Group for Cambridgeshire and Peterborough
- The CCG will be made up of a federation of a number of (8) Local Commissioning Groups (LCG)
- There will remain a strong focus on Peterborough and the needs of its residents
- LCGs will be enabled and supported by the CCG to make local change happen and manage resources through delegated budgets
- LCGs will be able to take on different responsibilities and operate at different speeds
- The CCG Governing Body will ensure that statutory duties are met, hold LCGs to account, and ensure probity
- All the above is subject to authorisation by the NHS Commissioning Board in autumn 2012

NHS

NHS
NHS Cambridgeshire and NHS Peterborough
working in partnership

LOCAL COMMISSIONING GROUPS

LCG	LCG Population
Cam Health	73,635
Hunts Care Partners	110,828
Hunts Health	73,911
Isle of Ely	86,881
Wisbech	45,845
Borderline	97,602
Peterborough	144,119
CATCH (Cambridge)	222,758
Total CCG	855,579

NHS

Why a CCG for Cambridgeshire & Peterborough?

- CCG are membership organisations - GPs have discussed the options and wish to create a Cambs & Peterborough CCG with a strong local focus delivered through LCGs
- Clinical leadership and engagement with patients at local level will improve services and health outcomes, whilst the CCG manages relationships with the NHS Commissioning Board, large provider organisations
- Supports partnership working with Local Authorities, Health & Well-Being Boards
- Commissioning health services needs both local focus and strategic overview to deliver the best service for patients, and make the most effective use of public funds
- Financial challenges now and in the future can be managed better by a larger CCG, specifically sharing and managing financial risk

Why Local Commissioning Groups are important

- Focused on local needs and enables meaningful engagement with **patients** – on a scale in which patients identify with 'community'
- The 'local' scale capitalises on the motivation of all **clinicians and staff** to see the impact of their daily efforts on improvements for patients
- Achieves practice-level engagement, enables mutual trust across **practices** which helps drive improvements in practice performance
- Enables local **partnership** working
- **Flexibility** - does not impose a 'one size fits all' , or a 'one pace for all' model
- The ideal 'test-bed' for **innovation** - scale of risk inherent in trialling new approaches is manageable

Local Commissioning Group Board/Committee

Membership varies, but could include:

- GPs
- Practice manager
- Nurse representation
- Patient representation
- Local authority representation
- Management function heads e.g. prescribing, commissioning, etc.

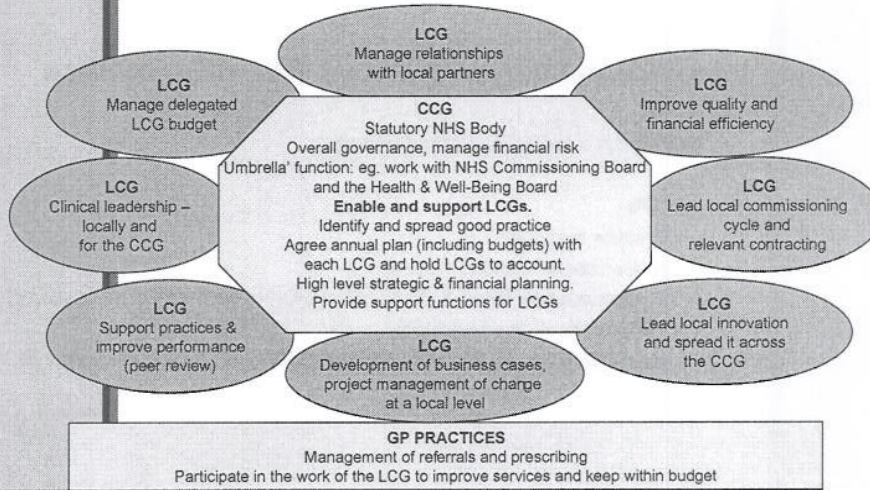
Where are we now in Peterborough?

- We have been implementing clinically led commissioning for some time
- The PCT Board has already delegated significant commissioning responsibility to local GPs
- We have a Clinical Commissioning Sub Committee of elected GPs to take a strategic overview for Peterborough
- Participating in the work of the shadow Health & Well-Being Board

Proposed Clinical Commissioning Group and Local Commissioning Group roles



NHS Cambridgeshire and NHS Peterborough
working in partnership



NHS Cambridgeshire and NHS Peterborough
working in partnership

Questions?

We welcome your views on the development of the Clinical Commissioning Group and the Local Commissioning Group for Peterborough.



SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
17 JANUARY 2012	Public Report

Report of the Solicitor to the Council

Report Author – Paulina Ford, Senior Governance Officer, Scrutiny

Contact Details – 01733 452508 or email paulina.ford@peterborough.gov.uk

FORWARD PLAN OF KEY DECISIONS

1. PURPOSE

- 1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the 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

This page is intentionally left blank

**PETERBOROUGH CITY
COUNCIL'S FORWARD PLAN
1 JANUARY 2012 TO 30 APRIL 2012**

FORWARD PLAN OF KEY DECISIONS - 1 JANUARY 2012 TO 30 APRIL 2012

During the period from 1 January 2012 To 30 April 2012 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:

City of Peterborough Academy – Free School Academy and free special school - KEY/03JAN/12

Clare Lodge Refurbishment - KEY/04JAN/12

Cowgate Enhancement Scheme - KEY/05JAN/12

Local Broadband Plan - KEY/06JAN/12

Eye C of E Primary School Extension - KEY/02FEB/12

All Saints Junior School - Extension of Age Range - KEY/03FEB/12

School Term Dates 2013-2014 - KEY/03MAR/12

JANUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>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</p>	<p>January 2012</p>	<p>Cabinet Member for Resources</p>	<p>Sustainable Growth</p>	<p>Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate</p>	<p>Andrew Edwards Head of Peterborough Delivery Partnership Tel: 01733 452303 andrew.edwards@peterborough.gov.uk</p>	<p>A public report will be available from the governance team one week before the decision is taken</p>
<p>Energy Services Company - KEY/03JUL/11 To consider potential future developments of energy related products.</p>	<p>January 2012</p>	<p>Cabinet Member for Environment Capital, Cabinet Member for Resources</p>	<p>Environment Capital</p>	<p>Internal and External Stakeholders</p>	<p>John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Sale of surplus former residential care home - Eye - KEY/01OCT/11 To authorise the Chief Executive, in consultation with the Solicitor to the Council, Executive Director – Strategic Resources, the Corporate Property Officer and the Cabinet Member for Resources, to negotiate and conclude the sale of a former care home now surplus to requirement -The Croft, Eye.</p>	January 2012	Cabinet Member for Resources	Sustainable Growth	Consultation will take place with the Cabinet Member, & Ward councillors, as appropriate	Simon Webber Capital Receipts Officer Tel: 01733 384545 simon.webber@peterborough.gov.uk	A public report will be available from the Governance team one week before the decision is taken.
<p>Section 75 agreement with Cambridge and Peterborough Foundation Trust - KEY/03OCT/11 To approve the section 75 agreement with CPFT for the provision of mental health services.</p>	January 2012	Cabinet Member for Adult Social Care	Health Issues	Internal and external stakeholders as appropriate.	Terry Rich Executive Director Adult Social Services (interim) Tel: 01733 758444	A public report will be available from the Governance Team one week before the decision is taken.
<p>Hampton Community School - KEY/07OCT/11 To vary the Ormiston Bushfield Academy (OBA) Design and Build Contract with Kier Eastern to allow for the design and build of Hampton Community School.</p>	January 2012	Cabinet Member for Education, Skills and University, Cabinet Member for Resources	Creating Opportunities and Tackling Inequalities	Public, ward councillors and internal departments	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken

<p>Review of Play Centres in Peterborough - KEY/09OCT/11 To approve recommendations for changes in play centre delivery.</p>	<p>January 2012</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Officers and a Councillor Reference Group</p>	<p>Karen Moody Head of Early Intervention and Prevention and Strategic Lead for Adult Learning and Skills Tel: 01733 863938 karen.moody@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Peterborough's Transport Partnership Policy for pupils aged 4-16 years - KEY/01NOV/11 To approve the new policy for September 2012.</p>	<p>January 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and public consultation</p>	<p>Isabel Clark Head of Assets and School Place Planning Tel: 01733 863914 isabel.clark@peterborough.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
<p>Children's Centres Commissioning - KEY04/NOV/11 To approve the award of contracts for the management and operation of 12 Children Centres in Peterborough.</p>	<p>January 2012</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Providers, Councillors, Staff,</p>	<p>Pam Setterfield Assistant Head of Children & Families Services (0-13) Tel: 01733 863897 pam.setterfield@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Section 75 agreement with NHS Peterborough - KEY/02DEC/11 To approve the section 75 agreement with NHSP for the commissioning and provision of learning disability services.</p>	January 2012	Cabinet Member for Adult Social Care	Health Issues	Internal and external stakeholders as appropriate	Terry Rich Executive Director Adult Social Services (interim) Tel: 01733 758444	A public report will be available from the Governance Team one week before the decision is taken.
<p>Solar Photo-voltaic (PV) Panels Framework Agreement - KEY/06DEC/11 Award of contract for design supply installation operation & maintenance of solar photovoltaic (pv) panels framework agreement.</p>	January 2012	Cabinet Member for Resources	Sustainable Growth	Relevant internal and external stakeholders.	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Traffic Signals LED Project - award of contract - KEY/03SEP/11 Contract to replace all traffic signal head lamps in Peterborough with LED Heads.</p>	January 2012	Cabinet Member for Housing, Neighbourhoods and Planning	Environment Capital	Internal and external stakeholders as appropriate	Amy Wardell Team Manager - Passenger Transport Projects Tel: 01733 317481 amy.wardell@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

<p>Heltwate Special School Extension - KEY/01JAN/12 To authorise the award of the contract for extension works to Heltwate Special School.</p>	<p>January 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Alison Chambers Principal Assets Officer (Schools) alison.chambers@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Budget and Medium Term Financial Strategy - KEY/02JAN/12 To approve the draft budget and Medium Term Financial Strategy for public consultation.</p>	<p>January 2012</p>	<p>Cabinet</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Steven Pilsworth Head of Strategic Finance Tel: 01733 384564 Steven.Pilsworth@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>City of Peterborough Academy – Free School Academy and free special school - KEY/03JAN/12 To procure a design and build contractor to carry out remodelling and refurbishment works to the existing school buildings and design and build a new special school building at the former Hereward Community College site, Reeves Way</p>	<p>January 2012</p>	<p>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Ward Councillors and local residents.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Clare Lodge Refurbishment - KEY/04JAN/12 To award a contract for the refurbishment of two courtyard areas and extension of bedroom wings to provide four additional lounge areas.</p>	January 2012	Cabinet Member for Children's Services	Creating Opportunities and Tackling Inequalities	Relevant internal and external stakeholders.	Sharon Bishop Assets Officer Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Cowgate Enhancement Scheme - KEY/05JAN/12 To award the contract to undertake engineering works as part of the Cowgate Enhancement Scheme.</p>	January 2012	Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement	Sustainable Growth / Strong and Supportive Communities	Relevant internal and external stakeholders	Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.
<p>Local Broadband Plan - KEY/06JAN/12 To approve the Local Broadband Plan for Peterborough and Cambridgeshire to release funding for Superfast Broadband.</p>	January 2012	Cabinet Member for Resources	Sustainable Growth	Relevant internal and external stakeholders.	Heather Darwin Head of Service Improvement Tel: 01733 452495 heather.darwin@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

FEBRUARY

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Single Equality Scheme - KEY/02SEP/11 To approve the Single Equality Scheme.</p>	February 2012	Cabinet	Creating Opportunities and Tackling Inequalities.	Public consultation via stakeholders and partnerships.	Paul Phillipson Executive Director Operations Tel: 01733 453455 paul.phillipson@peterborough.gov.uk	A public report will be available from the governance team one week before the decision is taken.
<p>Budget 2012/13 and Medium Term Financial Strategy 2022/2023 - KEY/01FEB/12 To approve the final proposed budget including Council Tax for submission to full Council.</p>	February 2012	Cabinet	Sustainable Growth	Internal and external 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.
<p>Eye C of E Primary School Extension - KEY/02FEB/12 Award of contract for 3 additional classrooms and an additional staffroom with refurbishment of reception area.</p>	February 2012	Cabinet Member for Education, Skills and University	Creating Opportunities and Tackling Inequalities	Relevant Internal and External Stakeholders.	Sharon Bishop Assets Officer Tel: 01733 863997 sharon.bishop@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.

<p>All Saints Junior School - Extension of Age Range - KEY/03FEB/12 To commission a new all through Voluntary Aided Primary School to enable the extension of the age range of All Saints Junior School.</p>	<p>February 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal stakeholders as appropriate.</p>	<p>Alison Chambers Principal Assets Officer (Schools) Tel: 01733 863975 alison.chambers@peterborough.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
---	----------------------	---	---	---	---	--

MARCH

KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS
<p>Local Transport Plan Capital Programme of Works (CPW) 2012/13 - KEY/01MAR/12 To approve the Capital Programme of Works for financial year 2012/13.</p>	<p>March 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Sustainable Growth</p>	<p>Neighbourhood Committees, internal and external stakeholders.</p>	<p>Michael Stevenson Project Engineer Tel: 01733 317473 michael.stevenson@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Statement of Community Involvement (including Neighbourhood Planning guidance) - draft - KEY/02MAR/12</p> <p>To approve the draft Statement of Community Involvement (including Neighbourhood Planning guidance) for public consultation.</p>	<p>March 2012</p>	<p>Cabinet</p>	<p>Sustainable Growth</p>	<p>Internal and external as appropriate.</p>	<p>Richard Kay Policy and Strategy Manager</p> <p>richard.kay@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
---	-------------------	-----------------------	---------------------------	--	---	--

CHIEF EXECUTIVE'S DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1HG

Communications
Strategic Growth and Development Services
Legal and Democratic Services
Policy and Research
Economic and Community Regeneration
HR Business Relations, Training & Development, Occupational Health & Reward & Policy

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

Finance
Internal Audit
Information Communications Technology (ICT)
Business Transformation
Strategic Improvement
Strategic Property
Waste
Customer Services
Business Support
Shared Transactional Services
Cultural Trust Client

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

Safeguarding, Family & Communities
Education & Resources
Children's Community Health

OPERATIONS DEPARTMENT Bridge House, Town Bridge, PE1 1HB

Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management)
Commercial Operations (Resilience, Strategic Parking and Commercial CCTV, City Centre, Markets & Commercial Trading, Passenger Transport)
Neighbourhoods (Strategic Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion)
Operations Business Support (Finance)
Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management)

**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2011/12**

Meeting Date	Item	Progress
14 June 2011 <i>Draft report 3 June</i> <i>Final report 27 May</i>	Primary Care and Urgent Care Review To be consulted on the Primary Care and Urgent Care Review and make any recommendations. Contact Officer: Peter Wightman, NHS Peterborough	Meeting adjourned.
27 June 2011	Primary Care and Urgent Care Review – reconvened meeting from 14 June 2011	Outcome of the consultation to be presented at the meeting of the Commission on 13 September 2011.
19 July 2011 <i>Draft report 1 July</i> <i>Final report 8 July</i>	Future Provision of Emergency Hormonal Contraception to Young People To consider the review of the provision of contraceptive and sexual health services. Contact Officer: Sue Mitchell/Cheryl. McGuire, 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	
	QIPP (Quality, Innovation, Productivity and Prevention) Plan To receive a report on the new Quality Innovation Productivity and Prevention Plan which lays out the system wide work over the next four years to deliver significant quality improvement in the context of the financial pressures on the health system. Contact Officer: Russ Platt, Interim Chief Operating Officer, NHS Peterborough	

Meeting Date	Item	Progress
	<p>Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Office: Denise Radley</p>	
<p>13 September 2011 <i>Draft report 26 August</i> <i>Final report 2 Sept</i></p>	<p>Teenage Pregnancy Strategy Update And Evaluation Of Peterborough Young Men’s Project To scrutinise the evaluation of the NACRO Young Men’s Project and progress of the Teenage Pregnancy Strategy. Contact Officer: Sherry Peck</p>	
	<p>Scrutiny Review of Mental Health Services – Joint Committee To establish a Joint Scrutiny Committee with Cambridgeshire County Council. Contact Officer: Paulina Ford</p>	
	<p>Primary Care and Urgent Care Review – Outcome of Consultation To scrutinise the outcome of the Primary Care and Urgent Care Review Consultation. Contact Officer: Peter Wightman, NHS Peterborough</p>	
<p>15 November 2011 <i>Draft report 28 Oct</i> <i>Final report 4 Nov</i></p>	<p>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</p>	
	<p>Update Report On Peterborough And Stamford Hospitals NHS Foundation Trust To scrutinise the Peterborough and Stamford Trust - Turnaround Plan and make any recommendations.</p>	

Meeting Date	Item	Progress
	Contact Officer: Jane Pigg	
17 January 2012 <i>Final report 30 Dec</i>	Quality of Care Homes in Peterborough To consider the quality of the care homes in the City, including dementia care Contact Officer: Tim Bishop	
	QIPP (Quality, Innovation, Productivity and Prevention) Plan – Progress Report To scrutinise the Quality Innovation Productivity and Prevention Plan and make any recommendations. Contact Officer: Russ Platt, Interim Chief Operating Officer	
	Clinical Commissioning Group Configuration To scrutinise the developing clinical commissioning in Cambridgeshire and Peterborough Contact Officer: Jessica Bawden/Russ Platt	
30 January 2012 (Joint Meeting of the Scrutiny Committees and Commissions)	Budget 2012/13 and Medium Term Financial Plan To scrutinise the Executive’s proposals for the Budget 2011/12 and Medium Term Financial Plan. Contact Officer: John Harrison/Steven Pilsworth	
13 March 2012 <i>Draft report 24 Feb</i>	Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations.	

Meeting Date	Item	Progress
<i>Final report 2 March</i>	Contact Officer: Tina Hornsby, NHS Peterborough	
	Peterborough Safeguarding Adults – Quarterly Report To scrutinise the latest Safeguarding Adults quarterly report. Contact Officer: Denise Radley	
	Primary Care and Urgent Care Strategy Contact Officer: Peter Wightman, NHS Peterborough	

To be programmed into work programme:

- Review of Day Services - To consider and scrutinise the review of day services -