

SCRUTINY COMMISSION FOR HEALTH ISSUES

THURSDAY 21 JUNE 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 the meeting held on 26 March 2012	1 - 8
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. Equality Delivery System	9 - 20
6. Adult Social Care - Post Transfer Update	21 - 26
7. Redesign of Mental Health Services - Action to Monitor Implementation of the Proposals	27 - 28
8. Review of Work Undertaken in 2011-2012 and Work Programme for 2012-2013	29 - 40
9. Forward Plan of Key Decisions	41 - 54
10. Date of Next Meeting	

Tuesday, 17 July 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

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Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), J Stokes, McKean, K Sharp, N Shabbir, Sylvester

Substitutes: Councillors: Maqbool, D Harrington, M Jamil

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 COUNCIL CHAMBER - TOWN HALL ON 26 MARCH 2012**

- Present:** Councillors B Rush (Chairman), G Elsey, N Shabbir, K Sharp, J Stokes and M Todd
- Also Present:** Councillor W Fitzgerald, Cabinet Member for Adult Social Care
Barbara Cork, Peterborough LINK
Katie Baxter, Peterborough Youth Council
Alex Hall, Peterborough Youth Council
- NHS Peterborough:** Dr Sushil Jathanna, Chief Executive
Peter Wightman, Interim Director of Primary Care
Jessica Bawden, Joint Director of Communications and Patient Experience
Sarah Shuttlewood, Director of Acute Commissioning
- Officers Present:** Terry Rich, Interim Executive Director of Adult Social Services
Tina Hornsby, Assistant Director Quality, Information and Performance
Ruth Griffiths, Lawyer
Dania Castagliuolo, Governance Officer
Louise Tyers, Compliance Manager

1. Apologies

An apology for absence was received from Councillor Lamb. Councillor Todd was in attendance as substitute.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting Held on 17 January 2012

The minutes of the meeting held on 17 January 2012 were approved as a correct record.

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

There were no requests for call-in to consider.

5. Primary Care and Urgent Care Strategy

The report provided an update on the Primary and Urgent Care Strategy.

Following our meeting in September 2011, the PCT had been informed that the Cooperation and Competition Panel (CCP) had decided to accept for investigation a complaint that they had received from 3Well Medical which alleged that the PCT's conduct and process had breached national Principles and Rules of Cooperation and Competition. The CCP investigated breaches of the Principles and Rules and made independent recommendations to the Department for Health on how such breaches should be resolved.

The CCP had undertaken a three month investigation into the complaint and following investigation had found in favour of the PCT on the majority of issues, specifically that NHS Peterborough:

- Had followed a process for developing and consulting on its strategy which engaged widely and in a meaningful manner
- Did not discriminate against 3Well in terms of the management of their contract or considering possible options for the future
- Met its requirements to commission services from those providers best placed to provide the service, i.e. it had considered a full range of options and adapted the options following feedback
- The strategy appropriately offered patients choice and ensured competition

However the CCP also concluded that NHS Peterborough had failed to manage a potential conflict of interest resulting from the involvement in its consultation process of two lead clinicians who were partners in GP practices that would be directly affected. The CCP had recommended that an independent panel of clinicians should review the clinical case for reconfiguration and that NHS Peterborough put in place measures to manage conflicts of interest. Following these recommendations the PCT had received a letter from Earl Howe at the Department of Health stating that he agreed that NHS Peterborough should have better managed potential conflicts of interests and that measures should be put in place to ensure that potential conflicts were managed more effectively going forward. He did not require NHS Peterborough to undertake an independent clinical review.

Whilst NHS Peterborough were not required to undertake an independent review they did commission Collingham Healthcare Education Centre to undertake a review to provide maximum assurance for the Board and the people of Peterborough. Their summary conclusion was that either the original or revised Option 3 (the recommended change) would be clinically desirable and appropriate.

A number of practice changes had also happened since September 2011. The Orton Medical Practice had closed in December 2011 and patients had now registered with Orton Bushfield or other nearby practices. The PCT had reached an agreement with Nene Valley Medical Centre for them to be aligned to the Longueville Court Care Home and lead the provision of medical care to residents at the home, a role previously fulfilled by Orton Medical Practice.

The proposal by the Alma Road, Burghley Road and Church Walk practices to join together as one team at the Healthy Living Centre as an alternative to closure had now been withdrawn by the practices.

The provider of caretaking services at Parnwell Health Centre had given notice that they were not able to continue the service beyond June 2012 and the PCT would seek to procure a replacement provider until the new practice premises were available. During the consultation concern had been expressed for Parnwell residents that two buses would be needed to access the area assigned for the proposed new surgery. Following requests by the PCT and City Council, Stagecoach had changed the bus route from Parnwell to travel down Eastfield Road, close to the potential surgery site.

The Hampton practice had been refurbished enabling them to reopen their list in September 2011 and providing sufficient physical capacity to accommodate forecast growth for another two years.

The three practices at the Thomas Walker Centre had previously indicated their wish to merge to form one team; however this proposal had now been withdrawn by the practices.

The Commission still had to take a view on a number of the recommendations made in the Strategy one of which was around the procurement of the integrated urgent care service. Once the new integrated service had been procured and was operational in April 2013 the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.

Observations and questions were raised as follows:

- *How did the proposed GP in the Accident and Emergency Department at the hospital fit in with the Strategy?* There had been an increase in the number of patients attending at the Emergency Department but that had now plateaued. A GP would be placed in the Department in the short term to find out why patients were attending at the hospital, redirecting them to the appropriate help and also supporting the Hospital Trust in seeing some patients.
- *Councillor Todd thanked NHS Peterborough for resolving the issues in Parnwell. However she believed that the PCT may find it a struggle to find GPs for 2014 and urged them to do everything in their power to ensure GPs were appointed.* The PCT confirmed that they would do everything they could to procure a provider but it was difficult to recruit on a caretaking basis.
- *Some members still had concerns with the process especially around the potential conflicts of interest and hoped the PCT would make an effort to address this in the future. The consultation should have started a long time ago and it was felt that the PCT had left themselves open to criticism with the process which had been followed. It was important that the PCT learnt the lessons from what had happened.* Dr Jathanna accepted that lessons had been learnt and thanked members for their comments. He apologised for the mistakes that had happened.
- *Some services would be moving out of the City Care Centre to the City Hospital, would the City Care Centre building still be viable?* The PCT had received no formal notification that services would be moving out of the Centre. A system wide estates programme to maximise facilities would be undertaken and all areas of the system would work in partnership.

RECOMMENDATIONS

The Scrutiny Commission for Health Issues now supports the following recommendations:

(i) Recommendation 6.2 – Procure the Integrated Urgent Care Service

That NHS Peterborough undertake a competitive procurement exercise to appoint a provider and that once the new integrated urgent care service has been procured and is operational (April 2013) the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.

(ii) Recommendation 6.3 – Primary Care Strategy

That NHS Peterborough adopts the primary care vision described in the strategy for consultation in May 2011.

(iii) Recommendation 6.5 – Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road Practices

That NHS Peterborough adopts the recommendations in relation to the Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road practices.

Dr Jathanna wished to thank the Commission for their involvement in this process.

6. Adult Social Services Overview

The report provided an overview of the new Adult Social Care department.

Until 1 March 2012 adult social care had been delivered on the City Council's behalf by NHS Peterborough under a Partnership Agreement. This Partnership Agreement included all aspects of adult social care commissioning and service delivery. Subsequently the delivery side of the functions had been transferred by Peterborough PCT to Peterborough Community Services, the local NHS provider arm. The Director of Adult Social Care was a joint appointment between the PCT and the City Council.

A number of factors had led to the City Council and NHS Peterborough concluding that the partnership should come to an end. These included the proposed abolition of PCTs, the merging of Peterborough Community Services with Cambridgeshire Community Services and a range of operational, performance and financial issues.

Whilst the ending of the Partnership Agreement marked a return of the formal managerial responsibility for statutory adult social care functions to the City Council, it had not meant an end to partnership working. The strengths and benefits achieved through the former partnership agreement including multidisciplinary teams and co-location of health and social care staff would continue, wherever it could be demonstrated to be delivering benefits. Similarly a number of areas of joint commissioning activity had been maintained to ensure that health and social care investment was aligned to best meet the needs of Peterborough residents.

The Adult Social Care Department now represented close to a third of the Council's direct workforce and was responsible for approximately a third of the overall revenue budget spend and 490 staff transferred under TUPE arrangements to the Council on the 1st March. A further 20 adult social care staff remained seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust where they worked within an integrated model of service delivery.

The Department had established three key priorities for its first year of operation:

- To promote and support people to maintain their independence
 - This included developing and extending access to "reablement" services and other ways to reduce the reliance on long term care
- To deliver a personalised approach to care
 - This included giving people more choice and control over how their care was delivered and extending the use of "direct payments"
- To empower people to engage with their communities and have fulfilled lives
 - This included brokering access to mainstream community resources and reducing the need for separate institutional provision. It also included promoting work opportunities for people with learning disabilities or recovering from mental ill health.

Adult Social Care referred to the services that were provided to help individuals, who due to disability or frailty (either permanent or temporary), needed support with their activities of daily living. Following an assessment of individual needs, usually undertaken with a social worker or care manager the following were examples of the social care services that might be provided or commissioned:

- Domiciliary care (formerly known as home care)
- Day care (older people and LD in the main)
- Support to carers
- Respite care (short term breaks)
- Rehabilitative services (e.g. Reablement)

- Occupational Therapy (including physical aids and equipment)
- Supported living schemes including extra care housing
- Adult placement scheme
- Residential and Nursing home care

The numbers of Peterborough residents who used adult social care services was significant. The last audited figures were for the year ending April 2011 and showed that 5937 people received some social care services. During that year 2664 people contacted the service seeking assistance of which 2054 went on to receive an assessment of their needs. Of those 576 were aged between 18 and 64 whilst the majority (1,478) were over 65 (older people). The outcome of those assessments led to 1601 people receiving social care support. All of the indications were that during 2011/12 there had been increasing demand on our services and the numbers receiving care across all client groups had continued to grow.

Adult Social Care could be seen as comprising of three major elements:

1. Commissioning: this comprised of understanding the overall social care needs of the community and through management of the local market, specifying and procuring a range of services to meet community needs
2. Assessment and care planning: this was the interface between the citizen and the department in relation to assessment of needs and agreement around the ways in which those needs might be met. Social workers, care managers, occupational therapists were the key professionals involved in this work.
3. Care service provision: This was the "hands-on" care delivered to meet assessed needs delivered by care workers usually within people's own homes, or in day centres, supported living schemes or in some cases within care homes.

In Peterborough those three elements were provided as follows:

1. Commissioning of services:
 - This was a core responsibility and function of the City Council Adult Social Care Department.
 - In a number of areas commissioning was undertaken as a joint activity across health and social care - for example in the area of Learning Disabilities where the Council commissioned services on behalf of NHS Peterborough.
2. Assessment and care management:
 - This was a core responsibility and function of the City Council Adult Social Care Department. It was delivered by community and hospital based teams who worked closely with their colleagues within the community and hospital health services.
 - For people with mental health problems these services were delivered by Peterborough Adult Social Care staff (social workers) seconded to the Cambridgeshire and Peterborough (Mental Health) Foundation Trust.
3. Care Service provision:
 - The majority of care services were commissioned from a range of independent sector providers – domiciliary care agencies, nursing home and care home providers.
 - The voluntary sector were also commissioned and funded to provide a range of services including information and advice services, sitting services and day services.
 - The Department also provided a range of direct care service provision, including two residential care homes (Welland and Greenwood) day centres for older people and for people with learning disabilities, and the reablement team.

The challenges for the department over the coming year centred upon the pressures of increasing demand and managing within the resources available including delivering of savings and efficiencies. During the final year of the Partnership Agreement it had become apparent that demands on the service were increasing and that the budget was coming under significant pressure. This matter had been subject to detailed consideration by members in the period leading up to the setting of the budget for the coming financial year.

Observations and questions were asked around the following:

- *Had all of the consultation with staff finished by 1 March?* It had all been finished. There had been a change in the number of staff transferring and this had been concluded by mid-February.
- *In relation to the Cambridgeshire and Peterborough Foundation Trust, was the Director happy that our high standards of care would be maintained or would Peterborough be brought down to the level of Cambridgeshire?* The Director had met with the Trust and was instrumental in the development of a board level post of Director of Social Care which Peterborough had seen as a deficit. There was a new agreement with the Trust to maintain services and he was confident that our good performance could be maintained.

ACTION AGREED

To note the overview of the Adult Social Care department.

7. Quarterly Performance Report on Adult Social Care Services in Peterborough

The report provided an update on the delivery of adult social care services in Peterborough against the four outcome domains contained in the national Adult Social Care outcomes framework and information of Safeguarding adults at risk.

Key areas where performance had improved since the last report were:

- The number of people receiving self direct support via a personal budget was increasing, although was still behind target. The target needed to be revised in light of the new model of working, and in particular re-ablement as it did not take account of people receiving focussed services for a short period and then leaving before a permanent self directed support plan was needed. Performance at 52.8% was greater than last years top quartile for all Councils (35.2%)
- The percentage of adults with learning disabilities in settled accommodation was increasing and was now just below target at 74.3% (target was 75%). The top quartile for all England councils was 70.2%.
- The numbers delayed in being discharged from hospital was back under the target maximum, and continued to be in line with top quartile of all council's performance. In December there had been no delays from mental health beds.
- The numbers of carers receiving assessment and services had increased, but at 28.7% it was still below the target of 36%. 28.7% was the national average. An audit of two months assessments was being undertaken to ensure that carers were appropriately assessed.

Key areas where performance had declined since the last report were:

- The number of new people coming on to direct payments was lower this year than last year and we were investigating the potential causes of the drop. Overall numbers receiving direct payments were still at a comparable level to other Councils.
- Permanent admissions to residential care from adults aged 18-64 were up on last year, but still comparatively low. There had only been 11 placements, therefore a

brief audit of these cases would be undertaken to ensure there was no underlying gap in community service provision.

Councillor Fitzgerald, the Cabinet Member for Adult Social Care, advised that it needed to be noted that the shortfall in some of the targets was against the stretch targets that the Council had set itself and was not failing to meet the national averages.

ACTION AGREED

To note the latest performance report.

8. 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.

CHAIRMAN
7.00 - 7.46 pm

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
21 JUNE 2012	Public Report

Report of the Executive Director of NHS Peterborough (NHSP) and Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

Contact Officer(s): Geeta Pankhania, Public Health Specialist, NHSP and Joan Tiplady, Senior Manager, PSHFT

**Contact Details: Geeta - Tel: 01733 758592, email: Geeta.pankhania@peterboroughpct.nhs.uk
Joan - Tel: 01733 677522, email: Joan.tiplady@pbh-tr.nhs.uk**

EQUALITY DELIVERY SYSTEM (EDS)

1. PURPOSE

- 1.1 As per the Equality Delivery System (EDS) for the NHS guidance there is a Department of Health requirement that the EDS ratings are “seen by the Health Overview and Scrutiny Committee – and approved”.

2. RECOMMENDATIONS

- 2.1 The Commission is being asked to approve the rating templates of NHSP and PSHFT.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Sustainable Community priority of Creating opportunities – tackling inequalities through Equality and Diversity, Engagement, Inclusion.

4. BACKGROUND

- 4.1 The Equality Delivery System (EDS) is the framework by which all NHS organisations have to implement the Equality Act 2010. As part of the process NHS organisations are required to involve staff and community groups representing those with the nine protected characteristics. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex and sexual orientation. NHSP and PSHFT have worked closely together in respect of the EDS and held two workshops in December 2011 and January 2012. The community representatives were asked to rate (grade) the statements of NHSP and PSHFT in relation to the eighteen outcomes across the four goals. Based on the results of the ratings, they then helped formulate four objectives for PSHFT; one per goal. This then enabled an Improvement Plan to be prepared for 2012/13. LINKs have been involved and informed throughout the process. It is the Grading Templates which are being presented to the committee for approval. The Progress and Objectives for PSHFT are presented for information.

5. KEY ISSUES

- 5.1 The Commission may wish to consider the community engagement/involvement and the ratings themselves.

6. IMPLICATIONS

- 6.1 The EDS outcomes support the Human Rights Act 1998 and the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy.

Implications are city wide.

7. CONSULTATION

- 7.1 The implementation of the EDS requires consultation, as described above. In addition there has been liaison with PCC and other Cambridgeshire NHS organisations.

8. NEXT STEPS

- 8.1 NHSP and PSHFT will now seek to embed the principles of the EDS within the organisations and implement the improvement plans. In addition further engagement is planned. Current Department of Health guidance suggests that the process will be repeated in 2012/13.

Subject to Department of Health guidance, the expectation is to present the 2012/13 grading results next year.

9. BACKGROUND DOCUMENTS

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

- 9.1 The Equality Delivery System for the NHS and associated documents.

10. APPENDICES

- 10.1
- NHSP Grading Template – Appendix 1
 - NHSP Progress and Objectives – Appendix 2
 - PSHFT Grading Template – Appendix 3
 - PSHFT Progress and Objectives – Appendix 4

APPENDIX 1

**Equality Delivery System – Goals and Outcomes
Grading Template**

Goal	Outcome	R	A	G	P
1 Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities				
	(a) *NHSC JSNA		A		
	(b) Weight Management – Children/LGM	R			
	(c) Commissioning of LD services			G	
	(d) NHSP JSNA	R			
	(e) Autism	R			
	(f) Long Term Conditions			A	
	(g) Cancer health inequalities	R			
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways				
	(a) *Needs Assessment				G
	(b) EACH			A	
	(c) Screening – Digital retinopathy				G
	(d) NHS Health Checks	R			
(e) Cancer needs assessment	R				
1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly					
(a) Engagement/Comms			A		

2	Improved patient access and experience	(b) Long Term Conditions – Cardiac/Stroke rehab		A		
		(c) Change of cancer services	R			
		1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all				
		(a) *Patient Safety			G	
		1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups				
		(a) PH Vaccs and screening programme			G	
		(b) Cancer screening programmes	R			
		2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds				
		(a) Access to cancer services		A		
		(b) Interpretation services			G	
		2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment				
		(a) PALS		A		
		(b) Patient choice/support		A		
		2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised				
(a) Patient experience			G			
2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently						
(a) Complaints		A				

3	Empowered, engaged and well-supported staff	3.1	Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades							
		(a)	*Recruitment and selection – NHSP/C						G	
		3.2	Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay							
		(a)	Levels of pay, terms and conditions etc						G	
		3.3	Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately							
		(a)	*Staff support, Learning and Development					A		
3.4	Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all									
(a)	Policies re harassment, bullying, abuse etc						A			
3.5	Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)									
(a)	Flexible working								G	
3.6	The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population									
(a)	Workforce health and wellbeing							R		
4	Inclusive leadership at all levels	4.1	Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond							
		(a)	Boards commitment to E&D						R	
		4.2	Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination							
(a)	Top down awareness/commitment to E&D							R		

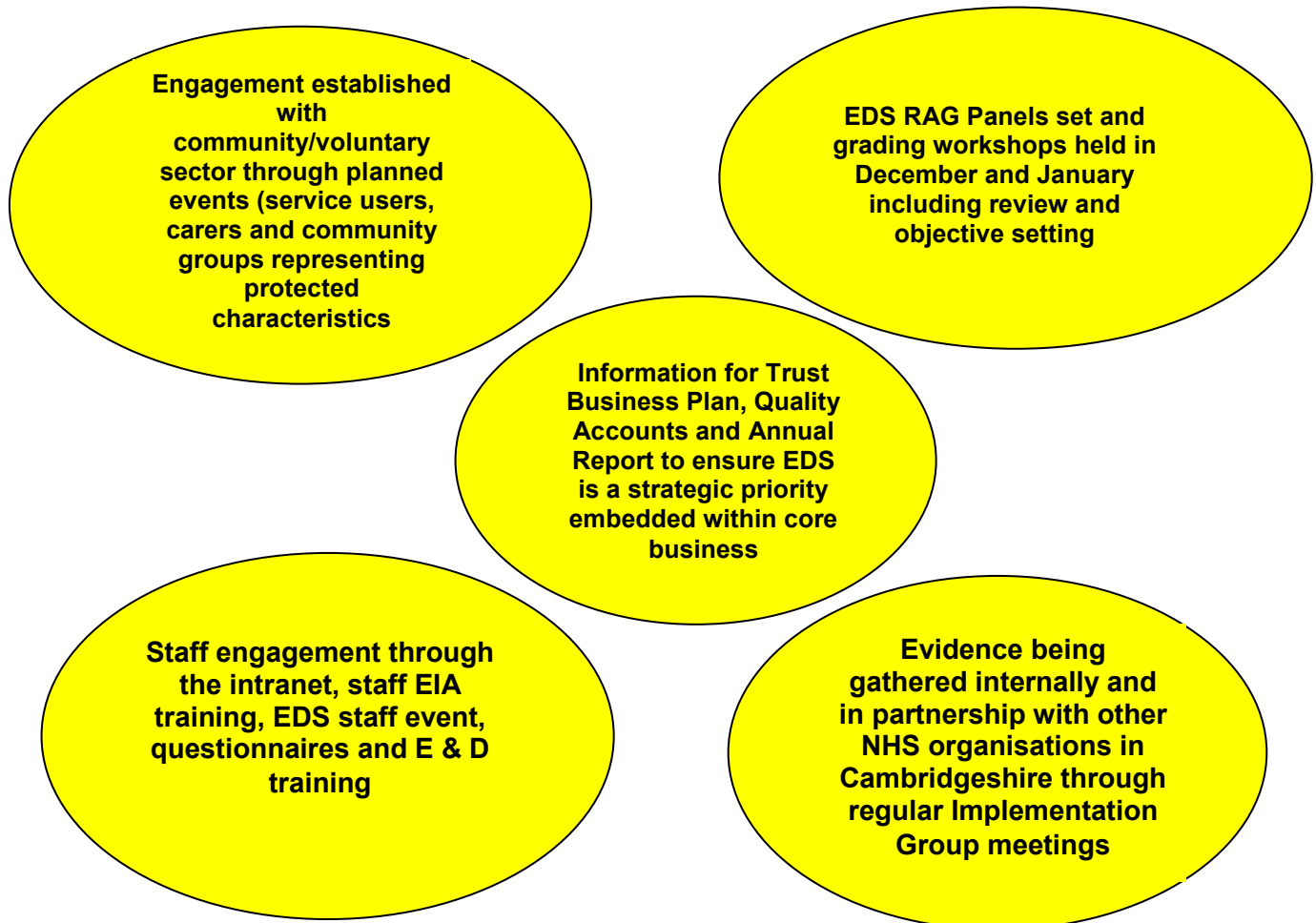
4.3	The organisation uses the 'Competency Framework for Equality and Diversity Leadership' to recruit, develop and support strategic leaders to advance equality outcomes					
	(a) Use of Competency framework to recruit, support strategic leaders		A			

Key: * Joint NHSC

Ratings: **Red** – undeveloped
Amber – developing
Green – achieving
Purple - excelling



NHS Cambridgeshire and NHS Peterborough
working in partnership



GOAL 1 – Better Health Outcomes

OBJECTIVE

To review key areas of improvement through feedback from engagement and rating days inviting participation of protected groups

GOAL 2 – Improved Patient Access & Experience

OBJECTIVE

Work with protected and disadvantaged groups to identify specific needs and to ensure patients are aware of services available to eliminate any inequalities and improve access and experience

GOAL 3 – Empowered, Engaged & Supported Staff

OBJECTIVE

A requirement for commissioning organisations to provide mandatory Equality & Diversity (E&D) training face to face and or online. This must be for all staff at all levels including provider organisations to ensure all staff are trained & skilled to deliver personal, fair and diverse services competently.

GOAL 4 – Inclusive Leadership at all Levels

OBJECTIVE

Embed the Competency Framework for Equality and Diversity from Leadership down to support improved equality in health outcomes and workforce diversity. Transform & embed the culture of the organisation to be Equality friendly.

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Grading Template

Goal	Outcome	R	A	G	P
1. Better health outcomes for all	1.1 Services are commissioned, designed and procured to meet the health needs of local communities, promote well-being, and reduce health inequalities				
	1.2 Individual patients' health needs are assessed, and resulting services provided, in appropriate and effective ways				
	1.3 Changes across services for individual patients are discussed with them, and transitions are made smoothly				
	1.4 The safety of patients is prioritised and assured. In particular, patients are free from abuse, harassment, bullying, violence from other patients and staff, with redress being open and fair to all				
	1.5 Public health, vaccination and screening programmes reach and benefit all local communities and groups				
2. Improved patient access and experience	2.1 Patients, carers and communities can readily access services, and should not be denied access on unreasonable grounds				
	2.2 Patients are informed and supported to be as involved as they wish to be in their diagnoses and decisions about their care, and to exercise choice about treatments and places of treatment				
	2.3 Patients and carers report positive experiences of their treatment and care outcomes and of being listened to and respected and of how their privacy and dignity is prioritised				
	2.4 Patients' and carers' complaints about services, and subsequent claims for redress, should be handled respectfully and efficiently				
3. Empowered, engaged and well-supported staff	3.1 Recruitment and selection processes are fair, inclusive and transparent so that the workforce becomes as diverse as it can be within all occupations and grades				

Goal	Outcome	R	A	G	P
	3.2 Levels of pay and related terms and conditions are fairly determined for all posts, with staff doing equal work and work rated as of equal value being entitled to equal pay				
	3.3 Through support, training, personal development and performance appraisal, staff are confident and competent to do their work, so that services are commissioned or provided appropriately				
	3.4 Staff are free from abuse, harassment, bullying, violence from both patients and their relatives and colleagues, with redress being open and fair to all				
	3.5 Flexible working options are made available to all staff, consistent with the needs of the service, and the way that people lead their lives. (Flexible working may be a reasonable adjustment for disabled members of staff or carers.)				
	3.6 The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population				
4. Inclusive leadership at all levels	4.1 Boards and senior leaders conduct and plan their business so that equality is advanced, and good relations fostered, within their organisations and beyond				
	4.2 Middle managers and other line managers support and motivate their staff to work in culturally competent ways within a work environment free from discrimination				
	4.3 The organisation uses the “Competency Framework for Equality and Diversity Leadership” to recruit, develop and support strategic leaders to advance equality outcomes				

15.3.12

R = Red = Undeveloped
A = Amber = Developing
G = Green = Achieving
P = Purple = Excelling

Appendix 4 Equality Delivery System (EDS) Progress and Objectives



GOAL 1 – Better Health Outcomes

OBJECTIVE

To improve the health outcomes of the protected groups that are less good than the general population. We will do this by working with NHS Peterborough and the Clinical Commissioning Group to identify the needs and priorities of those groups.

GOAL 2 – Improved Patient Access & Experience

OBJECTIVE

To ensure patients are aware of services available to them in order to eliminate any unfairness and improve access and experience. We will do this by working in partnership with protected groups.

GOAL 3 – Empowered, Engaged & Supported Staff

OBJECTIVE

To ensure staff are confident to challenge inequalities and competent to deliver personal, fair and diverse services. We will do this by improving Equality and Diversity (E&D) training and introduce E&D e-learning for staff. We will engage staff in consultations.

GOAL 4 – Inclusive Leadership at all Levels

OBJECTIVE

To ensure that equality is everyone’s business. We will do this by supporting and motivating staff to work in culturally competent ways in an environment free from discrimination

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
21 JUNE 2012	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Terry Rich
Contact Details - 01733 758444

ADULT SOCIAL CARE – POST TRANSFER UPDATE

1. PURPOSE

- 1.1 Adult social care services transferred back to the City Council from NHS Peterborough on 1 March 2012. This report provides an update of how that transfer happened and the current situation in relation to adult social care three months post transfer.

2. RECOMMENDATIONS

- 2.1 To note the report and to indicate any areas of adult social care that the Scrutiny Commission would wish to explore further during the course of the coming municipal year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Adult social care contributes to many aspects of the Single Delivery Plan and Sustainable Communities Strategy including:

There are a number of national indicators that adult social care is measured against and these are covered in a biennial performance report to this Committee, the next of which is due at the July meeting.

4. BACKGROUND

4.1 End of partnership and transfer

- 4.1.1 On 29 February, the End of Partnership Agreement was signed following complex, and often tense, 11th hour negotiations. This paved the way for some 490 staff to transfer from the NHS to the City Council on 1 March under the provisions of TUPE, together with all of the adult social care services previously delivered on the Council's behalf by NHSP.
- 4.1.2 Continuity of service delivery was a major priority during the transfer project and there were no interruptions to service delivery arising from the transfer and no indications that service users and the general public experienced any detriment or added difficulty in accessing health or social care services as a consequence.
- 4.1.3 Prior to the transfer, some groups of staff had indicated an anxiety around transferring to the City Council, in particular the Occupational Therapy Service. In the event, there have been no significant issues for that, or other services, arising from the transfer and staff have settled in to the Council and the new department well.
- 4.1.4 Inevitably, there have been some frustrations and teething problems, including ICT systems. Currently, work is progressing to effect a migration of adult social care staff away from the NHS systems on to the City Council systems. Once completed, this will reduce frustrations and make things far more efficient for our staff throughout the service.

4.2 Learning Disability Section 75

4.2.1 At the same time as the End of Partnership Agreement, a new Section 75 Agreement for Learning Disabilities was completed and signed. This is a three-year agreement for the Council to deliver health and social care learning disability services and be lead commissioner for the service. A number of health staff, including Speech and Language Therapists and specialist LD Nurses who will continue to perform specialist health functions, were transferred under TUPE to the Council.

4.3 CPFT Section 75

4.3.1 A new Section 75 Agreement between PCC and Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) has been drafted and is close to being finalised. It provides for a continuation of the secondment of adult social care staff to CPFT to provide a joined-up community mental health service for Peterborough residents, but with increased safeguards concerning budgetary control and with greater contact and engagement between CPFT and the Council.

4.3.2 Discussions with CPFT have resulted in the creation of a Board-level Director of Social Care in the Mental Health Trust. This post will have a dotted-line accountability to the Director of Adult Social Care at the City Council (and to Cambridgeshire County Council). This post will greatly assist in ensuring an appropriate emphasis on the social care aspects of supporting people living with, or recovering from, enduring mental health problems.

4.4 Joint Working Protocol – CCS/PCC

4.4.1 A Joint Working Protocol has been drawn up and signed between the City Council and Cambridgeshire Community Services reaffirming the commitment to maintaining joint working wherever it is evident that this is of benefit to service delivery and our residents. Operational leads are responsible for abiding by that protocol and escalating any issues arising to Director level. To date, no significant issues have arisen.

4.4.2 In particular, our Transfer of Care Team based at the City Hospital still operates effectively in partnership with Cambridge Community Services and Peterborough & Stamford Hospitals Trust staff and we maintain strong performance on avoiding delayed discharges of patients from acute care.

5. **KEY ISSUES**

5.1 Performance Issues

5.1.1 The organisation and management of the social care system at the point of transfer has required considerable work to ensure that it could quickly become effective and fit for purpose. There were bottlenecks and blockages leading to backlogs in work. Performance information was not being used effectively to manage the system.

5.1.2 This is requiring significant work and, whilst changes made are already showing marked performance improvements, it will take some time to deliver a fully effective system.

5.1.3 Concerted efforts are being made to tackle backlogs of work in the areas of safeguarding, care plan reviews and cases awaiting completion of an assessment.

5.1.4 Risk assessing, prioritising and dealing with these backlogs is a top priority at this time and is requiring significant investment of resources to bring things back to a steady state.

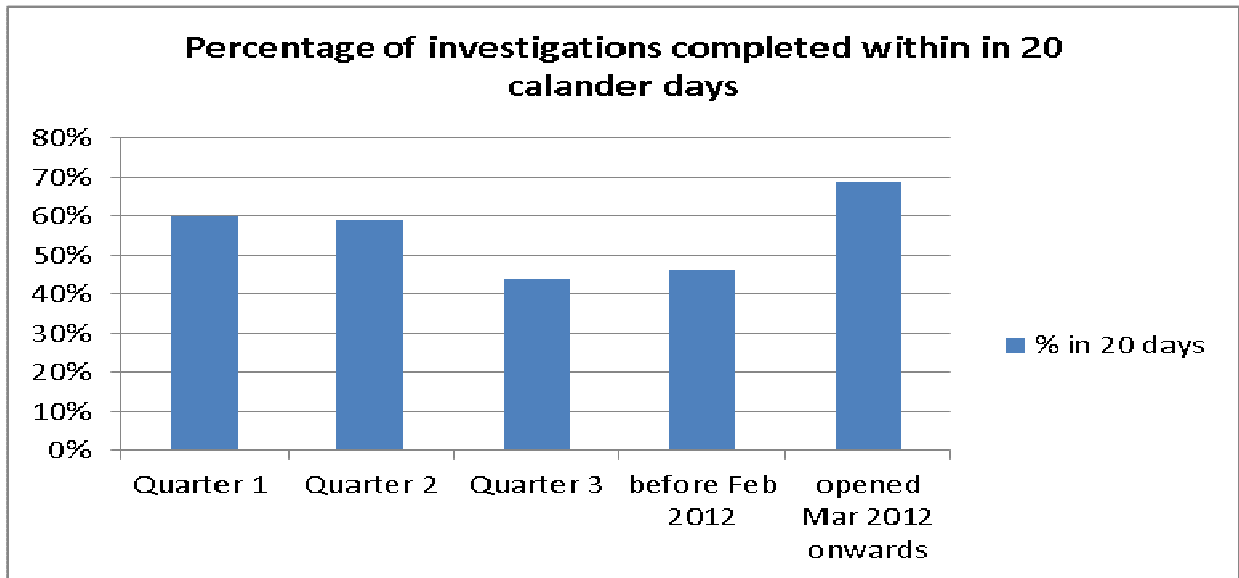
5.2 Safeguarding

5.2.1 The most pressing priority has been to manage the safeguarding backlog, ensuring cases are closed where possible and that outstanding issues are urgently investigated and protection

plans put in place.

5.2.2 There were in excess of 450 open safeguarding cases when the service transferred. All have now been assessed and completed, with most having been closed. 25 cases requiring further ongoing work now have protection plans in place. The total number of all safeguarding cases currently open stands at 54 across all services representing the focus applied to this area of activity.

5.2.3 Close monitoring of new referrals and alerts is being maintained and the number of cases where investigations are completed in 20 days has risen to 65%. However, our aim is for this to reach 80%.



5.3 Reviews

5.3.1 More than 750 cases had reviews overdue at the point of transfer. The priority given to dealing with outstanding safeguarding cases has impacted on our ability to address the backlog of reviews. However, the number of reviews being completed each month is equal to the number of new reviews becoming due each month. The number of reviews completed each month has risen post transfer. However, the number of outstanding reviews remains at 750. Additional social worker/care management capacity has been secured to focus on clearing the backlog over the next three months.

5.4 Unallocated referrals

5.4.1 At transfer, there were 250 new referrals unallocated and awaiting an assessment of need. By the end of May, this had reduced to 61 and there are now no outstanding unallocated cases.

5.5 Assessments

5.5.1 The timeliness of completion of assessments has emerged as a significant problem with around a third of new referrals taking longer than 28 days. This is particularly prevalent in the community teams (32% waiting over 28 days) where capacity (reducing staff numbers) and workflow management have been particular factors. Throughput of work and completion of assessments has remained at a high level of performance in the transfer of care team (less than 3% waiting over 28 days) and in the occupational therapy service (less than 10% waiting over 28 days) where capacity issues have not been as significant. During May, only 14 cases took longer than 28 days for the assessment to be completed.

5.6 Direct Payments

5.6.1 Another area of concern post transfer has been direct payments. There was an urgent need to

review and revise the guidance for staff and service users on what direct payments can be used for, and to commence a number of reviews where it has emerged that direct payment recipients have been building up surplus funds.

- 5.6.2 Direct payments are an important part of our approach to offering choice and control and it is vital that we provide clear guidance so that people can make best use of the funds in ways that directly meet their assessed care needs.

5.7 Performance Framework

The department has developed a comprehensive performance framework which tracks a range of business activity and performance measures. These enable required external reporting as well as providing key business information to directly assist managers in driving the business. In addition, a sub-set of information has been pulled together to provide an overall top-level dashboard of the health of the business. This is being monitored and reported on a month-by-month basis to assess the impact of the transfer on key performance areas and track the impact of the transformation work underway.

5.8 Financial matters

5.8.1 Section 256 for Social Care funding

A business case outlining how the PCT's Social Care allocation of £1.993m for transfer to the City Council will be used has been provided to the PCT. This sum was netted off the final settlement figure paid to the PCT.

5.8.2 Section 256 for Reablement funding

Funds made available to the PCT for investment in reablement services have also been the subject of detailed discussion and a plan has been agreed to invest this resource in scaling up the reablement service offered by adult social care, with the intended outcomes of reducing demand for long term care and supporting further improvements in admission avoidance and early discharge from acute care.

5.8.3 LD Valuing People Now funding review

We have agreed with the PCT to review the 2010 Valuing People Now LD transfer, given that the sum transferred from PCT to PCC was a significant outlier across the region and nationally. The effect of a change would be a further transfer of learning disabilities budget and spend from the PCT to the Council and should be budget-neutral in-year. The overriding significance for the Council is that it enables the Council to fulfil its lead commissioning role for learning disabilities more fully and means that it benefits from funding released over time through service change and attrition, thus contributing towards the costs of new LD entrants into the care system, who in a previous generation might have received care through the NHS.

5.9 Other shared services

- 5.9.1 There are a number of areas where we have continued to seek to maintain a joint approach to delivering services, where it seemed of no benefit to disaggregate arrangements. Areas include carers' support, where we have a shared Carers' Lead who transferred to the Council. We are in discussions with the PCT around the scope of joint working on carers' issues. A revised Carers' Strategy is currently in production and will come to the Scrutiny Commission in due course.

5.10 Future Health & Social Care joint working

- 5.10.1 Now that the transfer has been concluded, greater emphasis has been able to be turned to looking at how adult social care and the City Council will work with the emerging NHS organisational structures and, in particular, the new Clinical Commissioning Group.

- 5.10.2 The impact of the current proposal for a single CCG covering the whole of Cambridgeshire and Peterborough is a matter of some concern, with potential risks for a loss of focus on the needs of the residents of Peterborough and its surrounding areas.
- 5.10.3 Work has commenced between the Director of Adult Social Care, the Chief Operating Officer of the shadow CCG and the GP leadership of Peterborough City and Borderline LCGs to explore how best to work together across the three commissioning groups (CCG, LCG and PCC) to ensure that the opportunities for stronger joint commissioning across social care and health, as set out in the Health & Social Care Act, are realised for Peterborough.

6. IMPLICATIONS

- 6.1 The transfer back of adult social care into the City Council has had implications across all corporate areas – finance, legal, human resources, ICT, property and procurement.
- 6.2 The department accounts for around 32.6% of the annual revenue budget of the Council and currently employs around a third of the Council's workforce. The majority of its budget is spent on care services delivered by independent sector contractors, which equates to circa £35m or 75% of the overall total adult social care budget.
- 6.3 Adult Social Care is relevant across all wards of the City.

7. CONSULTATION

- 7.1 Not applicable.

8. NEXT STEPS

- 8.1 Not applicable.

9. BACKGROUND DOCUMENTS

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

- 9.1 None.

10. APPENDICES

- 10.1 None.

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
21 JUNE 2012	Public Report

Report of the Solicitor to the Council

Contact Officer(s) – Paulina Ford, Senior Governance Officer, Scrutiny
Contact Details - Tel: 01733 452508 or email paulina.ford@peterborough.gov.uk

REDESIGN OF MENTAL HEALTH SERVICES ACROSS CAMBRIDGESHIRE AND PETERBOROUGH: OVERVIEW AND SCRUTINY COMMITTEE ACTION TO MONITOR THE IMPLEMENTATION OF THE PROPOSALS

1. PURPOSE

- 1.1 To agree arrangements for Overview and Scrutiny follow up of the implementation of the redesign of mental health services in Cambridgeshire and Peterborough.

2. RECOMMENDATIONS

- 2.1 That the Commission agrees to:

- The setting up of a joint working group consisting of members of the Cambridgeshire County Council Adults Wellbeing and Health Overview and Scrutiny Committee and the Scrutiny Commission for Health Issues, to monitor implementation of the redesign of mental health services, follow up issues of common concern, and report back to the respective Committees as appropriate
- The Commission nominate up to 5 members to the working group

3. BACKGROUND

- 3.1 The Mental Health Services in Cambridgeshire and Peterborough Joint Overview and Scrutiny Committee was set up in October 2011 by Cambridgeshire County Council and Peterborough City Council with the following remit:

- 3.2 “ to consider NHS Cambridgeshire, NHS Peterborough and Cambridgeshire and Peterborough NHS Foundation Trust’s proposals for the redesign of mental health services across Cambridgeshire and Peterborough, in relation to:

- The extent to which they are in the interests of the health service in Cambridgeshire and Peterborough
- The impact on the proposals on patient and carer experience and outcomes and on their health and well-being.
- The quality of the clinical evidence underlying the proposals
- The extent to which the proposals are financially sustainable

- 3.3 To make a response and recommendations to NHS Cambridgeshire, NHS Peterborough and Cambridgeshire and Peterborough NHS Foundation Trust and other appropriate agencies on the above.

- 3.4 To consider and comment on the extent to which NHS Cambridgeshire, NHS Peterborough and Cambridgeshire and Peterborough NHS Foundation Trust has fulfilled the requirements under Sec 242 of the NHS Act 2006 to involve users in the planning of the provision of the services, the development and consideration of proposals for changes to the way those services are provided, and decisions to be made affecting the operation of those services.

- 3.5 To consider and comment on the extent to which the views of patients and the public, and the views of the Committee, have been taken into account”
- 3.6 Peterborough’s Joint OSC members were:
Councillors B Rush; D Lamb, J Stokes, Harrington and Shabbir
- Substitute members were:
Councillors M Todd and K Sharp
- 3.7 The Joint OSC met three times during November and December 2011 to consider the proposals and agree its response; members also met with mental health staff who provided acute care in Cambridgeshire and Peterborough. It had a final meeting on 19 April 2012 to consider the outcome of the consultation.
- 3.8 Having completed its task as set out in the remit above, the joint OSC has now disbanded. The responsibility for scrutiny follow up of the implementation of the proposals and issues arising from the consultation now rests with the individual health Overview and Scrutiny committees of Cambridgeshire County Council and Peterborough City Council.
- 3.9 At its final meeting, the Joint OSC agreed to recommend to Cambridgeshire County Councils Adults Wellbeing and Health OSC and Peterborough City Council Scrutiny Commission for Health Issues that a joint working group was established to follow up issues of common concern related to the implementation of the changes. It further recommended that there be a continuity of membership between the new group and the disbanding joint OSC.

4. NEXT STEPS

- 4.1 If the Commission agree to the setting up of a Joint Working Group to monitor the implementation of the changes to the Mental Health Services nominations of up to five Members will be required. Nominations received will then be passed on to the Governance Officer at Cambridgeshire County Council to co-ordinate the new Joint Working Group.

5. BACKGROUND DOCUMENTS

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

- 5.1 Reports and minutes Mental Health Services in Cambridgeshire and Peterborough Joint Overview and Scrutiny Committee 19 April 2012

6. APPENDICES

- 6.1 None

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
21 JUNE 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

REVIEW OF WORK UNDERTAKEN IN 2011-2012 AND WORK PROGRAMME FOR 2012-2013

1. PURPOSE

- 1.1 To provide the Commission with a review of the work undertaken during 2011/12 and to develop a work programme for 2012/13.

2. RECOMMENDATIONS

- 2.1 That the Commission considers the 2011-2012 year in review and makes recommendations on the future monitoring of these items where necessary; and
- 2.2 That the Commission determines its priorities, and prepares a work programme, for the forthcoming year.

3. REVIEW OF 2011/12

- 3.1 The Scrutiny Commission for Health Issues was established by Council at its annual meeting on 18 May 2009. During the year 2011/2012 the Scrutiny Commission for Health Issues considered the following issues:

- Primary Care and Urgent Care Review
- Primary Care and Urgent Care Review – Outcome of Consultation
- Future Provision of Emergency Hormonal Contraception to Young People
- QIPP (Quality, Innovation, Productivity and Prevention) Plan
- Teenage Pregnancy Strategy Update And Evaluation Of Peterborough Young Men's Project
- Scrutiny Review of Mental Health Services – Establish Joint Committee with Cambridgeshire County Council
- Update Report On Peterborough And Stamford Hospitals NHS Foundation Trust
- Quality of Care Homes in Peterborough
- Clinical Commissioning Group Configuration
- Budget 2012/13 and Medium Term Financial Plan
- Quarterly Performance Report on Adult Social Care Services in Peterborough
- PCT transfer to PCC – Update Report

- 3.2 For the information of the Commission copies of the recommendations made during the year are attached at Appendix 1.

4. WORK PROGRAMME 2012/13

- 4.1 The Commission is asked to consider the work undertaken during 2011-2012 and make recommendations on the future monitoring of any of these items where necessary.

4.2 In preparing a work programme for 2012-2013, the Commission is requested to consider its functions as set out in the terms of reference:

- To discharge overview and scrutiny functions, including call-in, in relation to any area within the remit of the Scrutiny Committees which has potential for significant impact on the health of the communities of Peterborough.
- Hold the Executive to account for the discharge of functions in the following ways:
 - by exercising the right to call-in, for reconsideration, decisions made but not yet implemented by the Executive or key decisions which have been delegated to an officer
 - by scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan
 - by scrutinising Executive decisions after they have been implemented, as part of a wider policy review
- To review and scrutinise the planning, decisions, policy development, service provision and performance relating to the following service areas:
 - Adult Social Care
 - Public Health
 - Safeguarding Adults
 - Scrutiny of the NHS
- To scrutinise the agencies, mechanisms and processes involved in delivering services which have an impact on the health of communities.
- To contribute to the development of policies, strategies and plans in relation to the delivery of health services.
- To establish time limited working groups to undertake specific enquiries.
- To undertake all of the Council's statutory functions in accordance with section 244 of the National Health Service Act 2006, to review and scrutinise matters relating to the health service within the Council's area and to make reports and recommendations to local NHS bodies. This will include appointing members, from within the membership of the Commission, to any joint health overview and scrutiny committees with other local authorities.
- To consider any appeals from petition organisers who are not satisfied with the outcome of the Council's consideration of their petition.

4.3 In accordance with the constitution, the Commission is reminded that the following items are designated as 'excluded matters' and may not be included on any agenda:

- a) Any matter relating to a licensing or planning decision;
- b) Any matter relating to an individual body where there is already a statutory right to a review or appeal (other than the right to complain to the Local government Ombudsman); and
- c) Any matter which is vexatious, discriminatory or not reasonable to be included on the agenda for, or to be discussed at, a meeting of the Commission.

4.4 A draft work programme which shows the items which are currently scheduled along with items carried over from last year is attached at Appendix 2.

5. **BACKGROUND DOCUMENTS**

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

5.1 Minutes of the meetings of the Scrutiny Commission for Health Issues held on: 14 June, 27 June, 19 July, 13 September, 15 November 2011, 17 January, and 26 March 2012.

6 Appendices

6.1 Appendix 1 - Recommendations made during 2011/2012
Appendix 2 – Draft Work Programme 2012/13

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**SCRUTINY COMMISSION FOR HEALTH ISSUES
RECOMMENDATIONS MADE DURING 2011-2012**

APPENDIX 1

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
13 SEPTEMBER 2011			
Scrutiny Review of Mental health Services – Joint Committee	The Commission recommended that a Joint Health Committee between Cambridgeshire County Council and Peterborough be set up for the purpose of scrutinising the proposals for the redesign of mental health services.	Senior Governance Officer	The Mental Health Services in Cambridgeshire and Peterborough Joint Overview and Scrutiny Committee was set up in October 2011. The Joint OSC met three times during November and December 2011 to consider the proposals and agree its response; members also met with mental health staff who provided acute care in Cambridgeshire and Peterborough. It had a final meeting on 19 April 2012 to consider the outcome of the consultation.
Interim Report on Outcome of the Consultation for Primary and Urgent Care Services	The Scrutiny Commission for Health Issues recommends that the NHS Peterborough Board are asked to consider and respond to the following recommendations from the Scrutiny Commission for Health Issues in relation to the recommended strategy proposed by NHS Peterborough following the outcome of the Primary Care and Urgent Care Strategy Consultation. 1. The Proposed Urgent Care Vision.	NHS Peterborough Board	Having completed its task as set out in its remit the joint OSC has now disbanded.

APPENDIX 1

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
	<p>The Commission agree by a majority of 6 voting in favour and 1 abstention to support the adoption of the proposed Urgent Care Vision.</p> <p>2. Urgent Care Services</p> <p>The Commission agree by a majority of 6 voting against and 1 abstention not to recommend the proposal for Urgent Care Services as it believes that it can not support it without consideration of the detailed business case in relation to the proposals for services at Burghley Road, Alma Road and Church Walk</p> <p>3. Four New Health Centres</p> <p>The Commission supports the proposals for four new Health Centres at</p> <ul style="list-style-type: none"> • City Centre (63 Lincoln Road and North Street) • East and Dogsthorpe Wards • Hampton • Orton Bushfield 		<p>1/2 – The PCT is finalising the procurement arrangements. The process will include lay representation on the procurement panel. The process remains on track to ensure the new integrated urgent care centre is mobilised by end of March 2013.</p> <p>3. The PCT has invited practices to prepare full business cases for the four new health centres. The PCT is in detailed conversations with each of the practices with regards to their full business case. The PCT expects the first full business cases to be presented for approval at its Board meeting in July.</p>

APPENDIX 1

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
	<p>4. Services at Burghley Road, Alma Road and Church Walk</p> <p>The Commission can not take a view on this proposal until such time as it has considered the detailed business case at its meeting on 15 November 2011.</p> <p>5. Other Primary Care Commission matters</p> <p>The Commission support in principal the proposals for other primary care commission matters subject to NHS Peterborough considering the observations and comments made at the meeting held on 13 September 2011.</p>		<p>4. Burghley Rd/Church Walk: The timing of these changes depend on the agreement of the full business case for the building in East/Dogsthorpe. The PCT and practices will communicate with patients when the specific location and timing for the new premises are confirmed.</p> <p>Alma Rd - The PCT will communicate with patients when the timing for the new urgent care service is confirmed (i.e. during the procurement process).</p> <p>5. The PCT continues to work with each of the practices with poor ratings from patients with regard to their access to the practice. Each practice has a recovery plan in place agreed with the PCT and which has involved their patient group.</p>
26 MARCH 2012			
Primary Care and Urgent Care Strategy	<p>The Scrutiny Commission for Health Issues now supports the following recommendations:</p> <p>(i) Recommendation 6.2 – Procure the Integrated Urgent Care Service</p> <p>That NHS Peterborough undertake a competitive procurement exercise to appoint a provider and that once the new</p>	NHS Peterborough Board	(i) See above

ITEM	RECOMMENDATION	REFERRED TO	RESPONSE TO RECOMMENDATIONS
	<p>integrated urgent care service has been procured and is operational (April 2013) the Equitable Access Centre at Alma Road would close and the registered patient list dispersed.</p> <p>(ii) Recommendation 6.3 – Primary Care Strategy</p> <p>That NHS Peterborough adopts the primary care vision described in the strategy for consultation in May 2011.</p> <p>(iii) Recommendation 6.5 – Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road Practices</p> <p>That NHS Peterborough adopts the recommendations in relation to the Dogsthorpe, Welland, Church Walk, Parnwell and Burghley Road practices.</p>		<p>(ii) See above</p> <p>(iii) See above.</p> <p>At Parnwell, the PCT has run a procurement process to select a practice to undertake the caretaking service until the new premises are open (following a notice to withdraw from the previous caretakers). The PCT has selected a practice and is finalising the contract agreement. The new caretaking practice is expected to commence on 1 July 2012, subject to agreement of the contract.</p>

**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2012/13**

Meeting Date	Item	Progress
<p>21 June 2012 <i>Draft report 6 June</i> <i>Final report 12 June</i></p>	<p>Equality Delivery System (EDS) To scrutinise and approve the EDS rating templates of NHSP and PSHFT and make any recommendations. Contact Officer: Joan Tiplady, Senior Manager</p>	
	<p>Redesign of mental health services across Cambridgeshire and Peterborough: Overview and Scrutiny Committee action to monitor the implementation of the proposals To agree arrangements for Overview and Scrutiny follow up of the implementation of the redesign of mental health services in Cambridgeshire and Peterborough. Contact Officer: Paulina Ford</p>	
	<p>Adult Social Care – Update Report To receive a progress report on the recent transfer of Adult Social Care from the Primary Care Trust to Peterborough City Council Contact Officer: Terry Rich, Director of Adult Social Services</p>	
	<p>Review of 2011/12 and Future Work Programme 2012/13 To review the work undertaken during 2011/12 and to consider the future work programme of the Committee. Contact Officer: Paulina Ford</p>	

Meeting Date	Item	Progress
17 July 2012 <i>Draft report 29 June</i> <i>Final report 6 July</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. Contact Officer: Tina Hornsby, NHS Peterborough	
20 September 2012 <i>Draft report 4 Sept</i> <i>Final report 11 Sept</i>	Peterborough and Stamford Hospitals NHS Foundation Trust Contact Officer: Interim CEO, Dr Peter Reading	
13 November 2012 <i>Draft report 26 Oct</i> <i>Final report 2 Nov</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. Contact Officer: Tina Hornsby, NHS Peterborough	
23 January 2013 <i>Draft report 7 Jan</i> <i>Final report 14 Jan</i>		

Meeting Date	Item	Progress
9 or 21 January 2013 (Joint Meeting of the Scrutiny Committees and Commissions)	<p>Budget 2013/14 and Medium Term Financial Plan</p> <p>To scrutinise the Executive's proposals for the Budget 2012/13 and Medium Term Financial Plan.</p> <p>Contact Officer: John Harrison/Steven Pilsworth</p>	
12 March 2013 <i>Draft report 22 Feb</i> <i>Final report 1 March</i>	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To scrutinise the performance on adult social care services and make any appropriate recommendations.</p> <p>Contact Officer: Tina Hornsby, NHS Peterborough</p>	

To be programmed into work programme:

2012/2013

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

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
21 JUNE 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.
- 3.4 A new version of the Forward Plan will be issued on 15 June and copies will be tabled at the meeting.

4. CONSULTATION

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

5. BACKGROUND DOCUMENTS

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

None

6. APPENDICES

Appendix 1 – Forward Plan of Executive Decisions

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**PETERBOROUGH CITY
COUNCIL'S FORWARD PLAN
1 JUNE 2012 TO 30 SEPTEMBER 2012**



FORWARD PLAN OF KEY DECISIONS - 1 JUNE 2012 TO 30 SEPTEMBER 2012

During the period from 1 June 2012 To 30 September 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:

Energy from Waste Facility and associated works and services - KEY/01JUN/12
Street Lighting Efficiency Programme (2012/13 and 2013/14) and Street Lighting Column Replacement Programme (2012/13) - KEY/02JUN/12
Opportunity Peterborough Business Plan - KEY/03JUN/12
Roundabout Junction 5 and Boongate West Widening Scheme - Contract Award - KEY/04JUN/12
Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12

JUNE							
KEY DECISION REQUIRED	DATE OF DECISION	DECISION MAKER	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	REPORTS	
<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>	June 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: 01 733 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>	June 2012	Cabinet Member for Adult Social Care	Health Issues	Internal and external stakeholders as appropriate.	Terry Rich Executive Director Adult Social Services (interim) Tel: 01 733 758444 terry.rich@peterborough.gov.uk	A public report will be available from the Governance Team one week before the decision is taken.	

<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>June 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>Traffic Signals LED Project - award of contract - KEY/03SEP/11 Contract to replace all traffic signal head lamps in Peterborough with LED Heads.</p>	<p>June 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Environment Capital</p>	<p>Internal and external stakeholders as appropriate</p>	<p>Amy Wardell Team Manager - Passenger Transport Projects Tel: 01733 317481 amy.wardell@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Cowgate Enhancement Scheme - KEY/05JAN/12 To award the contract to undertake engineering works as part of the Cowgate Enhancement Scheme.</p>	<p>June 2012</p>	<p>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement</p>	<p>Sustainable Growth / Strong and Supportive Communities</p>	<p>Relevant internal and external stakeholders</p>	<p>Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<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>June 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@peterborou.gh.gov.uk</p>	<p>A public report will be available from the Governance team one week before the decision is taken.</p>
<p>Award of a Framework for Temporary Staff for Children's Services - KEY/04MAR/12 To expand the current framework for temporary staff to support Children's Services improvement following the Ofsted inspection.</p>	<p>June 2012</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate including social care staff.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborou.gh.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 for Drugs and Alcohol Services - KEY/05MAR/12 To approve the 75 agreement with NHS Peterborough for the transfer of funds for the provision of Adult drugs and alcohol services.</p>	<p>June 2012</p>	<p>Cabinet Member for Community Cohesion and Safety</p>	<p>Health Issues</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Adrian Chapman Head of Neighbourhood Services Tel: 01733 863887 adrian.chapman@peterborou.gh.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Award of Contract - Bus Shelter Provision and Maintenance - KEY/01APR/12 Award of contract for the provision, installation, cleaning and maintenance of Bus Shelters.</p>	<p>June 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Darren Deadman Travel Information and Monitoring Officer Tel: 01733 317464 darren.deadman@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Award of Transport Contracts - KEY/02APR/12 To award contracts for Mainstream, Special Educational Needs and Children in Social Care.</p>	<p>June 2012</p>	<p>Cabinet Member for Education, Skills and University</p>	<p>Sustainable Growth</p>	<p>Internal departments as appropriate.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Moy's End Stand Demolition and Reconstruction - KEY/03APR/12 Award of Contract for the Demolition of the Moy's End Stand and Reconstruction</p>	<p>June 2012</p>	<p>Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p>	<p>Sustainable Growth</p>	<p>Internal and External Stakeholders as appropriate.</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Clare Lodge – additional four lounge areas - KEY/04APR/12 To award the contract for the construction of four new lounge areas.</p>	<p>June 2012</p>	<p>Cabinet Member for Children’s Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal stakeholders as appropriate</p>	<p>Sharon Bishop Assets Officer Tel: 01733 863997 sharon.bishop@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/05APR/12 To consider potential future developments of energy related products</p>	<p>June 2012</p>	<p>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>Organic and Food Waste Treatment Services Contract - KEY/01MAY/12 To Award a contract for Organic and Food Waste Treatment Services.</p>	<p>June 2012</p>	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	<p>Sustainable Growth</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Amy Nebel Recycling Contracts Officer Tel: 01733 864727 amy.nebel@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team on week before the decision is taken.</p>

<p>Bridge Street Public Realm Improvements - KEY/02MAY/12 To award the contract to undertake engineering works as part of the Bridge Street Public Realm Improvement works.</p>	<p>June 2012</p>	<p>Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development and Business Engagement</p>	<p>Sustainable Growth</p>	<p>Internal and 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 from Waste Facility and associated works and services - KEY/01JUN/12 To appoint a preferred bidder and award the contract for an energy from waste facility along with associated works and services.</p>	<p>June 2012</p>	<p>Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning</p>	<p>Environment Capital</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Margaret Welton Principal Lawyer (Special Projects/Waste 2020) Tel: 01733 452226 margaret.welton@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Street Lighting Efficiency Programme (2012/13 and 2013/14) and Street Lighting Column Replacement Programme (2012/13) - KEY/02JUN/12 To approve the award of a contract for Street Lighting Works.</p>	<p>June 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Environment Capital</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Sally Savage Senior Project Support Worker sally.savage@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

<p>Opportunity Peterborough Business Plan - KEY/03JUN/12 To approve the Business Plan for Opportunity Peterborough for 2012/13.</p>	<p>June 2012</p>	<p>Cabinet</p>	<p>Sustainable Growth</p>	<p>Relevant internal and external stakeholders.</p>	<p>Neil Darwin Director of Economic Development neil.darwin@opportunitypeterborough.co.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Roundabout Junction 5 and Boongate West Widening Scheme - Contract Award - KEY/04JUN/12 To approve the award of a contract for construction of the Roundabout Junction 5 and Boongate West Widening Scheme to the successful Midlands Highways Alliance (MHA) contractor (tbc).</p>	<p>June 2012</p>	<p>Cabinet Member for Housing, Neighbourhoods and Planning</p>	<p>Environment Capital</p>	<p>Consultation on scheme was carried out in 2010 /11 Financial Year and budget allocated in the Medium Term Financial Strategy for implementation in the 2012/13 Financial Year.</p>	<p>Stuart Mounfield Senior Engineer Tel: 01733 453598 stuart.mounfield@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

JULY						
<p>KEY DECISION REQUIRED</p>	<p>DATE OF DECISION</p>	<p>DECISION MAKER</p>	<p>RELEVANT SCRUTINY COMMITTEE</p>	<p>CONSULTATION</p>	<p>CONTACT DETAILS / REPORT AUTHORS</p>	<p>REPORTS</p>

<p>Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12 To approve the list for independent fostering agencies.</p>	<p>July 2012</p>	<p>Cabinet Member for Children's Services</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Wendi Ogle-Welbourn Assistant Director for Strategy, Commissioning and Prevention wendi.ogle-welbourn@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>
<p>Consultation on the Review of the Older Peoples Accommodation Strategy and options for the future of Care Homes in Peterborough - KEY/02JUL/12 – To approve the consultation on the outcomes of the review of the Older Peoples Accommodation Strategy and options for the way forward.</p>	<p>July 2012</p>	<p>Cabinet</p>	<p>Scrutiny Commission for Health Issues</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Tim Bishop, Assistant Director Strategic Commissioning. Tim.bishop@peterborough.gov.uk</p>	<p>A public report will be available from the Governance Team one week before the decision is taken.</p>

AUGUST

There are currently no Key Decisions scheduled for August.

SEPTEMBER

There are currently no Key Decisions scheduled for September.

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

Communications
Strategic Growth and Development Services
Legal and Governance 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
Strategic Commissioning & Prevention

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

Planning Transport & Engineering (Development Management, Construction & Compliance, Infrastructure Planning & Delivery, Network Management, Passenger Transport)

Commercial Operations (Strategic Parking and Commercial CCTV, City Centre, Markets & Commercial Trading, Tourism)

Neighbourhoods (Strategic Regulatory Services, Safer Peterborough, Strategic Housing, Cohesion, Social Inclusion, Neighbourhood Management)

Operations Business Support (Finance)

ADULT SOCIAL CARE DEPARTMENT Town Hall, Bridge Street, Peterborough, PE1 1FA

Care Services Delivery

Strategic Commissioning

Performance, Quality and Information