PETERBOROUGH CITY COUNCIL

SCRUTINY COMMISSION FOR HEALTH ISSUES

TUESDAY 12 MARCH 2013
7.00 PM

Bourges/Viersen Room - Town Hall

AGENDA

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Committee Members:

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

Substitutes: Councillors: D Harrington, M Jamil and Y Maqbool

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

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 23 JANUARY 2013

Present:	Councillors D McKean (Chairman), Serluca, Casey, J Stokes, K Sharp, N Shabbir and A Sylvester
Also present	Councillor Fitzgerald, Cabinet Member for Adult Social Care David Whiles, LINks Representative Katie Baxter, Youth Council Representative Paul Leaman, Associate Director, East of England Ambulance Service Phil Parr, Area General Manager, East of England Ambulance Service Peter Reading, Interim CEO, Peterborough & Stamford Hospitals NHS Foundation Trust Chris Wilkinson, Director of Care Quality & Chief Nurse, Peterborough & Stamford Hospitals NHS Foundation Trust Chris Preston, Director of Finance & Performance, Peterborough & Stamford Hospitals NHS Foundation Trust
Officers Present:	Terry Rich, Director of Adult Social Care Jana Burton, Assistant Director, Care Services Delivery Andrew MacTaggart , Strategic Safeguarding Adults Manager Mark Gedney, Financial Systems Manager Tina Hornsby, Assistant Director, Quality Information & Performance Paulina Ford, Senior Governance Officer Marie Southgate, Lawyer Gulvinder Kaur, Lawyer

Appointment of Chairman

Due to the absence of the Chairman and Vice Chairman of the Commission the appointment of a Chair took place. The Senior Governance Officer asked for nominations and Councillor McKean was nominated by Councillor Casey and seconded by Councillor Serluca. All Members voted in favour of the appointment. Councillor McKean therefore took the position of Chairman for the meeting.

1. Apologies

Apologies for absence were received from Councillor Rush and Councillor Lamb.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meetings held on:

- 1 November 2012
- 13 November 2012

The minutes of the meetings held on 1 November 2012 and 13 November 2012 were approved as an accurate record.

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

There were no requests for Call-in to consider.

5. East of England Ambulance Service

The Associate Director and the Area General Manager of the East of England Ambulance Service addressed the Commission and explained their roles within the East of England Ambulance Service and went through the report highlighting the following points.

The East of England Ambulance Service served a population of approximately six million people in the East of England, 4000 staff and 2000 volunteers.

All 999 calls for the Cambridgeshire area went through the Bedford Office and crews were dispatched from there. Cambridgeshire had made dramatic improvement to its core standards over the past twelve months and its estate had been updated in many areas and was now considered to be a top performer on a consistent basis regarding infection prevention and control.

Category A calls were classed as a life threatening nature e.g. chest pain, chocking, severe allergic reaction, cardiac arrest. The target set for the service was to reach 75% of Category A calls within 8 minutes. In the Peterborough PCT area 85% was being achieved.

Category A19 calls were Category A calls that needed to be reached with a transportable resource within nineteen minutes. The target for these calls was to reach 95% of Category A19 calls within nineteen minutes. In the Peterborough PCT area 98% was being achieved.

Services provided were responding to 999 calls, non emergency services which provided transport for elderly people to out-patient hospital appointments, primary care services, the new 111 non emergency help line and primary care out of hour's services.

There would be a rota redesign in Peterborough which would mean that more hours per week of emergency cover would be provided.

The service operated Rapid Response Vehicle Cars which were solo responders and double staffed ambulances. Local managers continued to work with alternative care pathway providers to identify ways to avoid inappropriate admissions to hospital when options to manage patients in a more suitable setting existed. Examples of these included work with intermediate care service beds at the City Care Centre and the potential to refer patients to specific Mental Health Services.

Challenges ahead were:

- Improve quality of service
- Improve performance standards
- Demand which was increasing year on year by 6% for 999 calls.
- Finances - £50m cost improvement saving over the next five years

Observations and questions were raised and discussed including:

- Members were concerned that in an emergency call the telephone assessment would delay patients getting to hospital. *Members were informed that the call handlers were experienced and would obtain a clear picture of what response was required within 30*

seconds by asking a series of set questions. The clinical support desk would only deal with non life threatening calls of low acuity.

- When did the 8 minute response start? *Members were advised that it started from when BT connected the call through to the ambulance response unit.*
- The report mentioned the development of standby locations around the city for crews. Members sought clarification of what this meant. *Members were informed that a network of standby posts would be developed. The standby posts would enable response vehicles to get to patients in a quicker response time. Crews would be placed around the city in various locations e.g. Werrington, Bretton.*
- Was there a location issue in rural areas where it would be difficult to achieve an 8 minute response time? *Members were informed that geography was a significant challenge. There would be some areas that would be impossible to reach within 8 minutes but the call rate from those areas would be less. Standby posts were placed in areas that were more difficult to reach to try and reduce the response time.*
- Members sought clarification of what UCAS was. *Members were advised that UCAS was an Urgent Care Ambulance Service which was a vehicle that allowed the transportation of multiple patients at the same time. A qualified crew would travel around and transport a number of patients who had been identified as stable by a first responder to hospital. The service was being trialled in Cambridge.*
- Members sought clarification as to when the new rota redesign would be implemented. *Members were advised that it would commence on 11 March 2013.*
- Members wanted to know if paramedics could administer the new drug called Tranexamic acid which reduced blood loss for severely injured trauma patients. *Members were advised that the paramedics could administer the drug.*
- Was the emergency ambulance service responsible for returning people home from the hospital? *Members were advised that the emergency ambulance service responsibility ended at delivery to hospital. Once the patient had been seen or omitted to hospital the responsibility then lay with the patient via the hospital. If the hospital believed that transport home was necessary then non emergency transport would be requested by the hospital.*
- The Chair had received a request from the Scrutiny Commission for Rural Communities to look into the provision for Community First Response and first aid provision in rural areas and therefore took the opportunity to ask the officers present. *Members were informed that in Cambridgeshire there were 42 schemes of Community First Responders (CFR) who were all volunteers. The CFR's operated in the more rural areas and were trained by the Ambulance Service to enable them to go to the Category A life threatening calls. The CFR would be dispatched at the same time as an ambulance response and would often arrive at rural calls before the ambulance offering initial assessment and treatment which could result in life saving treatment.*
- What were the challenges facing the ambulance service over the next year? *Members were informed of the following challenges:*

    - *To increase the clinical efficiency of the staff*
    - *To bring in new and more paramedics via normal staff recruitment and also through university placements.*
    - *To deal with the rising demand in 999 calls.*
    - *To work with the nineteen new Clinical Commissioning Groups.*
    - *To make £50M of savings.*

The Chair thanked the officers for attending and providing an interesting and informative report.

ACTIONS AGREED

1. The Commission noted the report and requested that the Associate Director, East of England Ambulance Service provide the Commission with a list of where the Community First Responders were located in the rural areas of Peterborough.

2. The Commission also requested that the East of England Ambulance Service report back to the Commission in one year. The report to include information on the Community First Responders and performance information on the non emergency service.

6. Peterborough and Stamford Hospitals NHS Foundation Trust – Quality Account Progress Report

The Director of Care Quality & Chief Nurse, Peterborough & Stamford Hospitals NHS Foundation Trust introduced the report which provided the Commission with an update on quality performance in year. The report demonstrated some positive quality improvements achieved in year, including:

- 97.3% harm free care for hospital associated care as measured by the Safety Thermometer
- Good progress in the wards engaged in the 'Stop the Pressure' collaborative to reduce the risks of pressure ulcer formation
- Good progress in the national CQUIN work around early dementia assessment and diagnosis.

Areas where there had been particular challenges were around the number of hospital acquired *Clostridium difficile* infections, falls, and pressure ulcers.

Observations and questions were raised and discussed including:

- Members commented that the Quality Report was difficult to understand and would like to see further explanation around the graphs in future reports.
- What was the main reason for falls in the hospital*? Members were advised that the falls mainly occurred when patients either went to or from the toilet. This might be because there was a sense of urgency or maybe because they were mobilising independently when supervision was required.*
- Members commented that the falls may have increased partly due to the design of the wards in the new hospital making it difficult for the nurses to monitor patients. *Members were informed that pressure mats with sensor pads were being used in some cases.*
- Members referred to the 'reduction in prescribing errors' section of the report and in particular a graph showing 'Incidents by Incident Date (Month) and Adverse Event Pick Code' and queried the substantial increase shown in October. *Members were advised that this referred to omitted doses and there had been a particular focus on monitoring omitted doses in October. This was an area that the Trust paid particular attention to and most of the incidents were picked up before they caused any harm. Examples of omitted doses could be about immediacy of supply or people requiring particular drugs from the pharmacy that were not usually held on the ward that they were admitted to.*
- Members sought clarification of what the Friends and Family Test was as mentioned in the Quality Report under Patient Experience. *Members were informed that the test was also known as the Net Promoter Score. It was an overarching question that was being asked of patients to gain a sense of patient satisfaction. The question was "would you recommend this service to friend or family". It would be rolled out nationally across all hospitals and accident and emergency departments.*
- Members noted that the report had shown that in terms of benchmarking with other Trusts in the Midlands and East SHA the Trust was ranked 39 of 46 for the C diff rate per thousand bed days. It was also noted that there had been three cases reported in November. Had this improved? *Members were advised that it had improved and in December only two infections had been reported. Other hospitals had also struggled with the c.dif target.*
- Members were concerned that the Friends and Family Test had raised a concern that patients did not feel that there were enough nurses on duty. *Members were advised that*

a large piece of work had recently been undertaken to look at staffing levels and in particular nursing staff. Some of this related to having single rooms where the patients could not see the staff on duty and was therefore a perception issue. The Director of Care Quality & Chief Nurse advised that staffing levels were very carefully monitored in respect of patients safety, efficiency and effectiveness of care being given and to make sure patients did not feel too isolated in the single rooms. Staffing levels were not being reduced.

- Members were concerned that 'patients leaving hospital without test results' came out worse compared to other Trusts in the Emergency Department national patient Survey report. *The Director of Care Quality & Chief Nurse informed Members that the Accident and Emergency Department were looking into this.*

ACTIONS AGREED

The Commission noted the report and requested that the Director of Care Quality & Chief Nurse ensure that the Commission are included in the consultation on the final draft of the Quality Account when ready in April 2013.

7. Financial Position of Peterborough and Stamford Hospitals NHS Foundation Trust

The report provided the Commission with an overview of the Trusts current financial position. The Trust had set itself a plan for the year which showed a deficit of £54.2M. It was anticipated that there would be a £3.2M improvement over the year. The two key risk areas were:

- The CIP Programme. The target was to deliver £13.2M of cost improvement efficiencies during the year but not all schemes to delivery the efficiencies had been identified yet.
- Cash and Liquidity. This required external funding from the Department of Health but at the time of writing the report confirmation had not been received that this would be received. Confirmation had since been received that additional funding would be provided.

Members were also advised that there had been considerably more activity coming through the hospital than had been anticipated and would have an impact on funding. Agency staffing was also an issue and plans were in place to reduce these. Another area of concern was capacity issues over the winter months regarding the increased length of stay of patients.

Observations and questions were raised and discussed including:

- Members sought clarification of how the penalties worked and what was meant by a release from bad debt provision due to the recovery of a number of large historic debts. *The Director of Finance & Performance referred Members to the list of penalties within the income table in the report and explained what they meant. Members were advised that the bad debt had been recovered. Debts of a certain age were not written off and actions were still taken to try and recover them.*
- Members wanted to know what was happening with the sale of the old hospital site. *Members were advised that a variety of schemes had been put forward by the hospital Trust for selling the site over the years but had come to nothing. The site had therefore been put on the open market and a bidder had come forward. Negotiations were in the final stages and it was hoped that the deal would be concluded in the first part of the financial year.*
- Members were concerned that the report had listed as one of the key financial risks the 'ability of Lincolnshire to pay for activity'. *Members were advised that Lincolnshire were paying their bills but because of the restructure of the PCT the payment process had slowed down.*
- What percentage of nurses is employed by the Trust and what percentage were contracted in. *Members were advised that the majority were employed by the Trust but exact figures would have to be provided after the meeting.*

- What was the ideal model for the mix of staff*? Members were informed that the ideal model for a ward establishment was to have 5% of the funded establishment as temporary staff to allow for variation at quiet and busy times. Therefore 95% of the staff was permanent employees and 5% temporary. The aim was to have the 5% as bank staff with no agency.*

ACTIONS AGREED

1. The Commission noted the report and requested a further update report in six months time.

2. The Commission requested that the Director of Care Quality & Chief Nurse provide the Commission with details of staffing levels regarding permanent and temporary nursing staff.

8. Consultation on Proposed Changes to Eligibility Criteria and Charges for Adult Social Care

The Cabinet Member for Adult Social Care introduced the report which informed the Commission of the consultation with social care service users, carers and partners on proposals to revise the Council's eligibility criteria for Council supported social care services, to make changes to the charges levied for social care services and to remove the subsidy from the home meals service. The Commission were asked to comment on these issues and suggest any measures that should be taken to promote a more preventative approach if the Council decided to revise eligibility as proposed.

Observations and questions were raised and discussed including:

- Members sought clarification on the level of need eligibility criteria known as 'High Moderate". *Members were advised that the Department of Health had four categories which were Critical, Substantial, Moderate and Low. 86% of Local Authorities had eligibility criteria of Critical and Substantial. Peterborough had been unusual in that it had a category of High Moderate which was why until there was a review it was unknown who out of the existing people would come under the category Substantial against the national criteria or whether they would no longer be eligible..*
- Why had the consultation process been extended to 13 February*? Members were advised that there had been an extension to the consultation following feed back from Members and members of the public.*
- Members were concerned that the consultation letters been sent out after the first two public consultation meetings had taken place. *Members were informed that the letters that had been sent out had gone out in batches from 9 January. Some of the letters had been delayed and sent out at a later date following feedback from Members regarding the venues for the public meetings. The first focus group was however attended by carers and service users which indicated that people were aware of the consultation.*
- Members were advised that all questions during the consultation asked via email, voicemail and at all of the Focus groups and meetings held were recorded and responses given.
- How many people would be affected by this review? *Members were advised that it would be difficult to say until each individual had been reviewed. It may affect approximately 800 people who were in the High Moderate category.*
- The report stated that "*it is proposed that the service user will have a right to appeal to an independent panel if they are dissatisfied with a decision on their Disability Related Expenditure disregard".* Did this refer to an appeal against the eligibility criteria? *Members were advised that this referred to an appeal regarding the charging mechanisms not an appeal against the eligibility criteria.*
- Was there a right to appeal against the eligibility criteria? *Members were advised that currently there was no right to appeal. What happened in practice was that the Social*

Worker or Care Co-ordinator attended the persons home to undertake the assessment with that person so that it was done jointly. Usually this provided a mutual agreement and the service user and or their carer would sign the agreement to indicate that they had agreed and understood it. If there were discrepancies or concerns about the agreement it would be referred to the team manager. There was also the Social Services Complaints process which was different to the Council Corporate Complaints process.

- Members wanted to know how the consultation process was going and if there had been a good response. *Members were advised that there had been some very interesting and positive responses particularly in relation to prevention.*
- Members requested that a breakdown of the outcome of the consultation be presented to the Commission. *The Director of Adult Social Care advised members that the consultation would feed into the new Prevention Strategy which would be brought to the Commission in the early part of the year.*
- Members sought clarification regarding the three different bandings offered for the Disability Related Expenditure disregard and were advised of the variable options.

ACTION AGREED

The Commission noted the report and requested that the Director of Adult Social Care bring the Prevention Strategy to the Commission in June 2013.

9. Safeguarding Vulnerable Adults board Annual Report 2011/2012

The report was presented to the Commission to provide evidence of the achievements of the Safeguarding Adults Board and developments in the field of safeguarding adults during 2011/2012. The Assistant Director, Quality Information & Performance went through the report highlighting monitoring and quality assurance activity, challenges faced and priorities for the coming year. Members were advised that the new permanent Strategic Safeguarding Adults Manager, Andrew MacTaggart was now in post and this would ensure continuity going forward.

Observations and questions were raised and discussed including:

- Members were concerned about people advertising for carers in local shops and what could be done to avoid this. *Members were advised that an on line directory was being developed where providers would register on the directory. This would mean that the council would know who the providers were. There would also be a feed back mechanism to enable service users to comment about the providers. The council would promote the directory as the first place to go to find a carer. Additional work would be done to raise awareness of safe ways to get care.*
- Members wanted to know if officers were working with the Safer Peterborough Partnership with regard to safeguarding awareness. *Members were informed that the Chair of the Safer Peterborough Partnership was a member of the Safeguarding Adults Board*.
- The Director of Adult Social Care advised the Members that the report had been presented to the Commission far too late and it had described an unacceptable level of safeguarding in Peterborough. Any future reports should be presented much sooner and the covering report should highlight the improvements made.
- The Director also highlighted that Members had not received any Adult Safeguarding Training and this would need to be arranged to ensure that Members understood how to identify issues and concerns to provide effective scrutiny.

RECOMMENDATION

The Commission noted the report and recommended that Adult Safeguarding Training should be provided for all Members of the Scrutiny Commission for Health Issues. The

Strategic Safeguarding Adults Manager to ensure that this is delivered before the start of the next round of meetings in June 2013.

The Commission also recommended that all Members of the council receive Adult Safeguarding Training. The Strategic Safeguarding Adults Manager to arrange training for all Members of the council.

ACTIONS AGREED

The Commission requested that the next Safeguarding Vulnerable Adults Board Annual Report be presented to the Commission in September 2013.

10. Notice of Intention to Take Key Decisions

The Commission received the latest version of the Council's Notice of Intention to Take Key Decisions, 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 Notice of Intention to Take Key Decisions and, where appropriate, identify any relevant areas for inclusion in the Commissions work programme.

ACTION AGREED

The Commission noted the Notice of Intention to Take Key Decisions.

11. Work Programme

Members considered the Commissions Work Programme for 2012/13 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2012/13 and the Senior Governance Officer to include any additional items as requested during the meeting.

12. Date of Next Meeting

Wednesday, 6 February 2013 – Joint Scrutiny of the Budget
Tuesday, 12 March 2013 – Scrutiny Commission for Health Issues

The meeting began at 7.00pm and finished at 9.55pm CHAIRMAN

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
12 MARCH 2013	Public Report

Report of the Cabinet Member for Adult Social Care

Contact Officer(s) – Terry Rich, Executive Director, Adult Social Care
Contact Details - 01733 452407

ADULT SOCIAL CARE – ONE YEAR ON

1. PURPOSE

1.1 This report provides an update of the work of the Adult Social Care department one year post transfer back from the NHS, and covers key performance, transformation plans, major commissioning activity and financial management.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission is asked to note and comment upon the progress made over the last twelve months and priorities and challenges facing the department in the coming year.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 There are a number of local and National Indicators that relate to Adult Social Care. These are referred to within the body of this report.

4. BACKGROUND

4.1 Adult Social Care had, until 1 March 2012, been delivered on the City Council's behalf under a Partnership Agreement with NHS Peterborough. This Partnership Agreement included all aspects of adult social care commissioning and service delivery.

4.2 A report to Scrutiny Commission in March 2012 outlined the transfer and the challenges facing the new department. A further report in June 2012 set out a range of performance concerns that had come to light post transfer and the actions being taken to resolve these issues.

4.3 This report summarises progress to date in terms of addressing areas of poor performance, developing commissioning plans and strategies, modernising services and setting priorities for the coming year.

5. KEY ISSUES

5.1 **Performance issues**

5.1.1 In previous progress reports, the work being undertaken to identify and recover poor performance amongst services taken back from the NHS has been covered. At the time of the last report in September, the department was beginning to move into a steady state of operation, whereby it was managing the throughput of new and current work, and had largely managed the inherited backlogs.

5.1.2 The quarterly performance report elsewhere on the agenda, documents the progress made regarding the current performance in key areas.

5.1.3 **Safeguarding**

As well as improvements in the management and tracking of safeguarding casework, I am pleased to report that the multi-agency Safeguarding Board has developed well during the last year. The appointment of a permanent Strategic Safeguarding Manager has assisted in this, providing much needed continuity to this critical area of work.

5.1.4 Flick Schofield, the Board's Independent Chair, has agreed to stay on for a further year and is expressing far greater confidence in the overall management of safeguarding. A successful Board development day in December was a positive example of increasing multi-agency ownership of safeguarding. I was also delighted to note that members of the Scrutiny Commission have said that they consider Safeguarding Awareness Training as important for all elected members.

5.1.5 **Referrals, Assessments and Reviews**

The performance report covers the improved performance in relation to people being offered an assessment of their needs in a timely fashion, and of reviews being undertaken when they should be.

5.1.6 **Framework-i implementation**

Framework-i, our new Social Care Information System, was implemented at the beginning of December and is improving the way that work is managed. It has allowed the creation of well structured workflows that must be adhered to by workers. This ensures established processes are followed and assessments and reviews are completed within appropriate timescales. Workflows also result in more reliable performance reporting, allowing for easy extraction of useful management information.

5.1.7 Framework-i also enables us to get a more accurate picture of the eligibility level of referrals received and will assist us in ensuring that resources are being targeted appropriately at those with greatest needs..

5.2 **Quality assurance**

5.2.1 As well as ensuring that referrals, assessments and reviews are undertaken in a timely manner, we have also been developing a quality assurance framework, under the guidance of our Quality Assurance Manager. This covers all areas of professional practice and includes a schedule of quality audits of casework activity which will take place on a rolling basis across all teams.

5.2.2 We have reviewed our professional training arrangements ensuring that more of our training budget is invested on improving and maintaining the skills of our professional workforce. Previously, most of the budget was spent providing free training to independent sector providers. A changed approach provides financial support towards provider training but requires agencies to take responsibility for their own training needs.

5.2.3 Over the past year, a total of 140 policy and procedure documents, inherited when the services returned from the NHS, have been reviewed, updated, replaced, or identified as no longer relevant. Staff are now working to a consistent and relevant set of procedures. A significant example of this related to Direct Payments. More than £350,000 of unused and overpaid Direct Payments have been recovered from service users as a result of

implementing a more rigorous and effective process.

5.2.4 As part of the drive to improve access to information, a new online care and support directory is being developed. The directory will grow to be a comprehensive resource for people searching for care and support services and products. It is planned to launch the directory to the public at the end of March 2013. A "YouTube" video clip explaining about the Directory can be viewed at: http://www.youtube.com/watch?v=sn0PG2TqZ_M&feature=youtu.be

5.2.5 An improved complaints process has been developed in conjunction with the Peterborough City Council in-house complaints team. The procedure has been publicised through leaflets and the Peterborough City Council website.

5.2.6 Alongside analysing complaints data, monitoring and reporting on service user and carer experience is a priority. During November 2012, we participated in a national survey of carers, the results of which are currently being analysed. We are currently participating in a national survey of Adult Social Care service users.

5.3 **Commissioning and service redesign**

5.3.1 The identification of needs, researching service models and options, drawing up detailed specifications and service requirements, initiating procurement and contracting is at the heart of Adult Social Care. This was not an area of strength during the period that the service was managed within the NHS.

5.3.2 Building capacity and expertise within the team has been a priority over the last year. Recruitment to the senior tier of strategic leads is now in place and we have worked with SERCO to enhance our contracting and procurement skills base. Aligned commissioning with the NHS (CCG) is also being explored.

5.4 **Older People Accommodation Strategy**

5.4.1 The closure of the remaining older people's residential care homes has been completed successfully with all residents being relocated to homes which both meet their assessed needs and family choice.

5.4.2 Replacement day care provision has been arranged using under-used facilities in a Cross Keys sheltered housing scheme at Mellows Close and is proving to be popular.

5.4.3 Respite and interim beds have been commissioned in the independent sector and despite the housing being under significant pressure to manage demand over the winter, these arrangements have been working well.

5.4.4 Work to confirm the specification of a future Dementia Resource Centre is well advanced and a report is elsewhere on this agenda giving further detail. Tendering for a new service commences in April.

5.4.5 Work is also progressing to encourage the development of additional supply of extra care housing – the alternative to residential care. Close working with Cross Keys has resulted in their bidding for additional DH monies to support a further scheme in Peterborough. Liaison with Strategic Property Services has also explored ways of securing maximum benefit from vacated residential care home sites to secure further supply to meet developing demographic demand for older people's accommodation with care.

5.4.6 We are working with the Clinical Commissioning Group around improving access to health

care for older people. This includes participating in multi-agency pilots aimed at preventing avoidable hospital admissions and maximising the potential for out of hospital care.

5.5 **Learning Disabilities**

5.5.1 Support for people with learning disabilities accounts for a major proportion of the department's expenditure and is the fastest growing area, with a year on year net increase in the numbers of people in need of care and support.

5.5.2 A major review of LD day services has commenced which aims to enhance the emphasis on engagement with mainstream community services and a reduction in reliance on separate provision. The review will be exploring how we can enhance independence, community engagement and, wherever possible, support into employment for as many people with learning disabilities as is practicable.

5.5.3 The review will result in proposals for change being drawn up and being the subject of detailed consultation with service users and their families. Any significant changes, including changes to the numbers of functions of day centres, will only take place following consultation, most likely in the autumn of 2013.

5.5.4 We are also working to review and strengthen our transition planning for young people graduating from children's disability services into adulthood. This is a major financial risk annually with as many as 40 young people known to Children's Social Care reaching 18 each year. We want to expand the "Shared Lives Scheme" which currently only provides for those with lower or moderate levels of need.

5.6 **Mental Health services**

5.6.1 Far closer working has been established between ASC and CPFT, with quarterly meetings with Trust Directors and regular engagement of operational managers at CPFT with ASC financial, performance and quality forums.

5.6.2 A previous over-reliance on use of out-of-city residential care for people with mental health problems is being tackled, with a greater requirement for securing community based solutions and recovery for people post acute.

5.6.3 Our newly appointed Strategic Commissioner for Mental Health services is focusing on the supply of appropriate supported housing for people recovering from mental ill-health – thus reducing the longer term demand for high cost out-of-area residential care.

5.7 **Future priorities**

5.7.1 Year two back in the council will be one which balances the need to consolidate the successes achieved in year one, together with a further push to improve the quality of practice and the innovative and modernising our service offers.

5.7.2 A Joint ASC/SERCO Transformation Board is overseeing an ambitious portfolio of change projects which will have a significant impact on the department and its staff. These include:

- a revised customer journey with more people being able to access information, advice and guidance through the Customer Contact Centre.
- transfer of procurement and contract management functions to SERCO in return for

improved performance and savings in contractual costs over the next three years.

- a longer term project aimed at securing a pipeline of supported living accommodation for people with learning disabilities to reduce the need for people to be placed in long-term residential care out-of-city.
- the transfer of back office, financial transactions and admin support functions to SERCO.

5.7.3 The implementation of revised eligibility criteria and the new customer journey will be significant challenges in the year to come and will require careful monitoring to ensure that performance and quality are not affected during the management of change.

5.7.4 Service modernisations will continue with a major review of learning Disability day services getting underway. This is likely to result in proposals for significant changes, with the potential for reducing the reliance on separate building based services, and a greater emphasis on supporting people into employment and in engagement with mainstream leisure, culture, sports and educational facilities. We have an ambition to see Vivacity playing a far greater role in this area.

5.7.5 Similarly older people's day care will be reviewed, both in then light of changes in eligibility, the plan to commission a Dementia resource centre, and the development of the preventative offer for people below critical and substantial levels of need.

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.

6.1 Adult social care is relevant across all wards of the city.

7. CONSULTATION

7.1 Not applicable.

8. NEXT STEPS

8.1 There are no immediate next steps to be considered arising from this report.

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. 6
12 MARCH 2013	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Tina Hornsby
Contact Details – tina.hornsby@peterborough.gov.uk

ADULT SOCIAL CARE QUARTER 3 PERFORMANCE REPORT

1. PURPOSE

1.1 The attached report provides an update on the delivery of Adult Social Care services in Peterborough against the key priorities identified in the department's business plan, linked against the four outcomes domains contained within the national Adult Social Care outcomes framework.

2. RECOMMENDATIONS

2.1 The Scrutiny Commission are asked to review and comment upon the performance information within the report.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The Adult Social Care outcomes have strong links to the health and wellbeing aspects of the community strategy.

The report details performance against all available national indicators from the national outcomes framework.

4. BACKGROUND

4.1 The attached report has been constructed to provide summarised information on the following:

- An overview of progress on priority areas within the departments business plan mapped against the four national outcome domains (including Safeguarding);
- An updated position with regard to progress against national and local performance indicators;
- An update on the status of key projects which are underway to achieve these priorities
- Evidence of outcomes delivered

This report covers the third quarter of 2012-13 (1 October – 31 December 2012).

5. KEY ISSUES

5.1 ***Priority 1 – promoting and supporting people to maintain their independence***
Our operating model for Adult Social Care to promote independence and support people longer in lower care environments (more people supported at home rather than in residential or nursing home care) has been developing:-

In particular the reablement service is expanding and delivering good outcomes in respect to the levels of need with which people leave the service. The service has now reached capacity and therefore work is being taken forward to identify further capacity within the independent sector.

Work is progressing to secure additional professional support services in reablement - including appointing additional dedicated care management and Occupational Therapy posts to the service.

There are some concerns currently around the interface with health around discharges from hospital where we are seeing an increase in delays in discharge and in readmissions following discharge. Work is being undertaken to investigate the reasons for this.

5.2 **Priority 2 – delivering a personalised approach to care**

Numbers using the shared lives scheme are increasing and the recent campaign has continued to create further interest from prospective carers.

The national carer's survey has been completed, with just under one thousand carers being sent a survey and an overall return rate of around 40% of our customer base. Further to this, a randomised survey sample of 1,500 of our current customers has been collated for the Adult Social Care Survey; results will become available after May 2013.

We have also made improvements to the mechanisms for monitoring the quality of social care support being delivered through the implementation of case file auditing for care management and reviews of our contracts with independent sector providers using quality standards adopted from a Regional model contract, developed by the Association of Directors of Adult Social Services (ADASS)

The Adult Social Care complaints service was successfully relocated from Anglia Support Partnership (Serco) in Cambridge to Peterborough City Council Central Complaints Team (Serco) at the end of December 2012. A summary of complaints will now be included in quarterly reports.

During the month of October 2012 15 Opticians across Peterborough participated in the learning disability health check awareness campaign 'Eye Care Campaign'

5.3 **Priority 3 – Empowering people to engage with their communities and have fulfilled lives**

We continue to do well in supporting adults with learning disability into employment. However our numbers in settled accommodation are still comparatively low. This reflects the continued need for us to find alternatives to residential care for adults with learning disabilities who may have been in those settings for some time. Work will commence on development of an LD Housing Strategy during Quarter 4.

The online care directory project progressed as planned during Quarter 3 with most of the development completed in December 2012. We are now marketing the directory to providers with plans for a full public launch in March 2013.

Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012.

Greenwood House has now closed and Welland House will close shortly. Additional Extra care housing is being built in Stanground, and further developments are being explored. A dementia resource centre is also being developed.

5.4 **Safeguarding Vulnerable Adults**

Progress has been made in the process of conducting safeguarding investigations. The backlog of cases previously reported has now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 3 have shown that the improvements made over the last two quarters have remained consistent.

The change in case management system at the beginning of December 2012 does not seem to have impacted adversely upon the timeliness of Safeguarding investigations. The achievement of year to date targets for timeliness of the process have been impacted by the delays within

the first quarter.

Work is ongoing with partner agencies in establishing a safeguarding adults 'core data set' which will provide more focus on outcomes of safeguarding work.

6. IMPLICATIONS

6.1 This report reflects our delivery against the national outcomes framework for Adult Social Care. It covers services provided to the whole City.

7. CONSULTATION

7.1 None

8. NEXT STEPS

8.1 A report on Quarter 4 progress will be brought to the Commission in June 2013.

9. BACKGROUND DOCUMENTS

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

9.1 Adult Social Care Outcomes Framework

10. APPENDICES

10.1 Appendix 1 - Quarter 3 Performance Report.

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Adult Social Care – Quarter 3 2012-13 Performance Report **Appendix 1**

Tina Hornsby – Assistant Director Quality Information and Performance – Peterborough City Council Adult Social Care

Introduction

The following report seeks to evidence delivery against the three key priorities identified for Adult Social Care in 2012/13

Priority 1 – Promoting and supporting people to maintain their independence. This links to the national outcome Domain 2 – Delaying and reducing the need for care as support

Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support

Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.

The report also covers our key responsibility to safeguard vulnerable adults – linking to national outcome Domain 4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

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

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

Key

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

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

Direction of Travel

⇧ Improving ⇔ remaining static

⇩ Deteriortating

Priority One: Promoting and supporting people to maintain their independence. This links to the national outcome Domain 2 – Delaying and reducing the need for care as support

Overview of progress

Our operating model for Adult Social Care to promote independence and support people longer in lower care environments (more people supported at home rather than in residential or nursing home care) has been developing:-

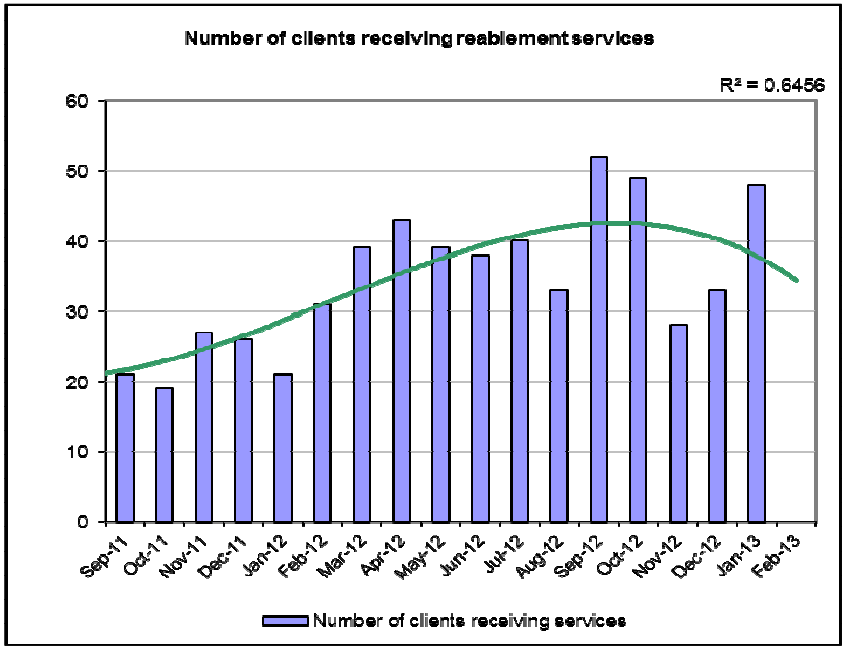
In particular the reablement service is expanding and delivering good outcomes in respect to the levels of need with which people leave the service. The service has now reached capacity and therefore work is being taken forward to identify further capacity within the independent sector.

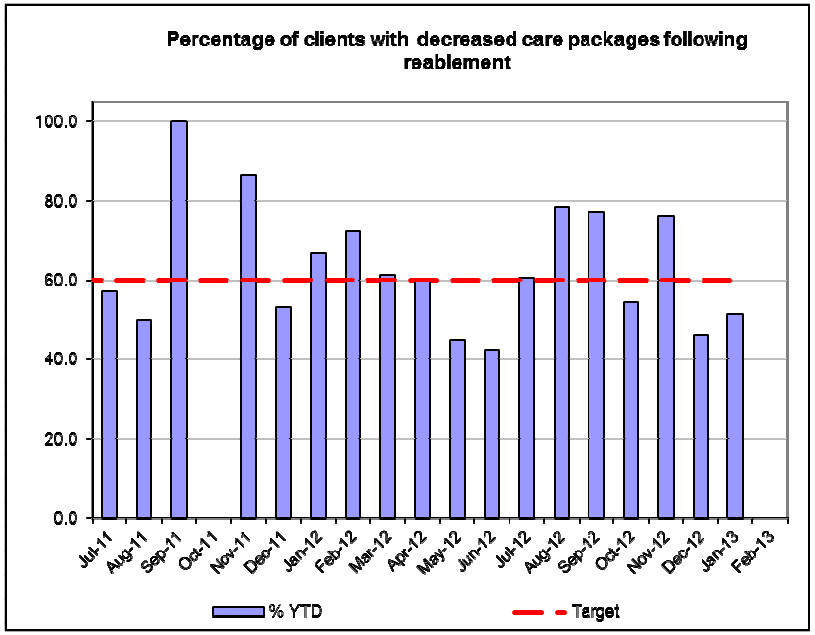
Work is progressing to secure additional professional support services in reablement - including appointing additional dedicated care management and Occupational Therapy posts to the service.

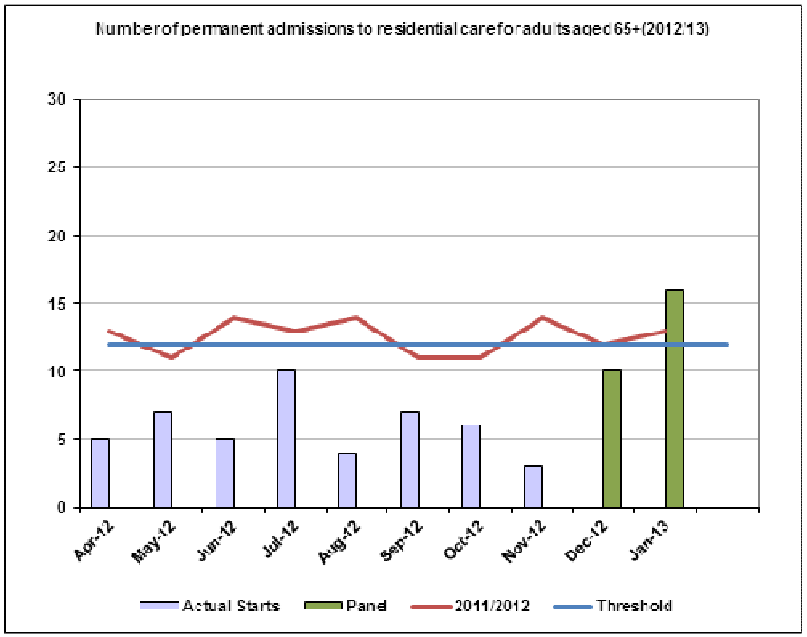
There are some concerns currently around the interface with discharges from hospital where we are seeing an increase in readmissions following discharge. Work is being undertaken to investigate the reasons for this.

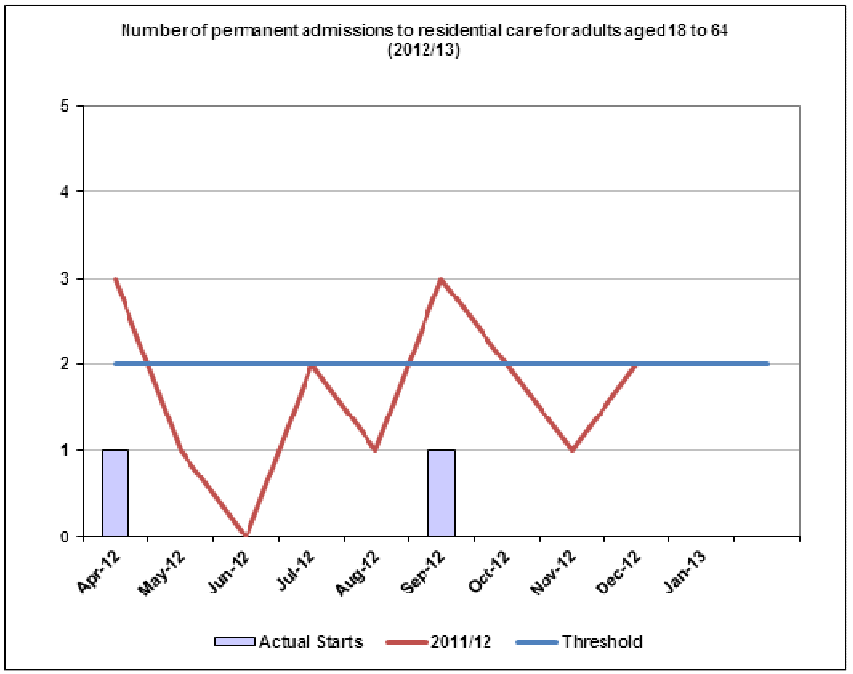
NATIONAL PERFORMANCE INDICATORS: DASHBOARD			
Indicator	**Comment**	**Direction of travel**	**Q2 RAG**
Numbers of people receiving reablement support	The reablement service which was established last year is now up to capacity. 394 people have received the service in the first 9 months, an average of 44 per month. 33 people received the service in December.	⇧	**Green**
Percentage of clients completing reablement with reduced or no care package	In December, the percentage of people completing reablement with a reduced or no care package stood at 46.2%. This figure fell from 76.1% in November, against a target of 60%. Overall for Q3 = 64.5%	⇩	**Green**
Permanent admissions to residential care homes per 1,000 population age 65+	The number of permanent admissions of older people into residential care is on target to reduce further this year. To date we have made 57 permanent social care funded new placements.	⇔	**Green**
Permanent admissions to residential care homes per 1,000 population age 18-64	There have been four permanent social care funded admissions to residential or nursing care for adults aged 18-64. within the ceiling threshold of 10 for the full year.	⇔	**Green**
Delayed transfers of care from hospitals per 100k population	Delayed transfers of care for the whole Peterborough system were increasing month on month to the end of Q3 - to a high of 11.37 in December. However only one of these has related to Adult Social Care.	⇩	**Amber**
Proportion of people achieving independence 3 months after entering intermediate care	The proportion of people achieving independence three months after entering intermediate care is increasing - standing at 82.4% as at the end of Q3. However this is still slightly below the target of 85%	⇧	**Amber**

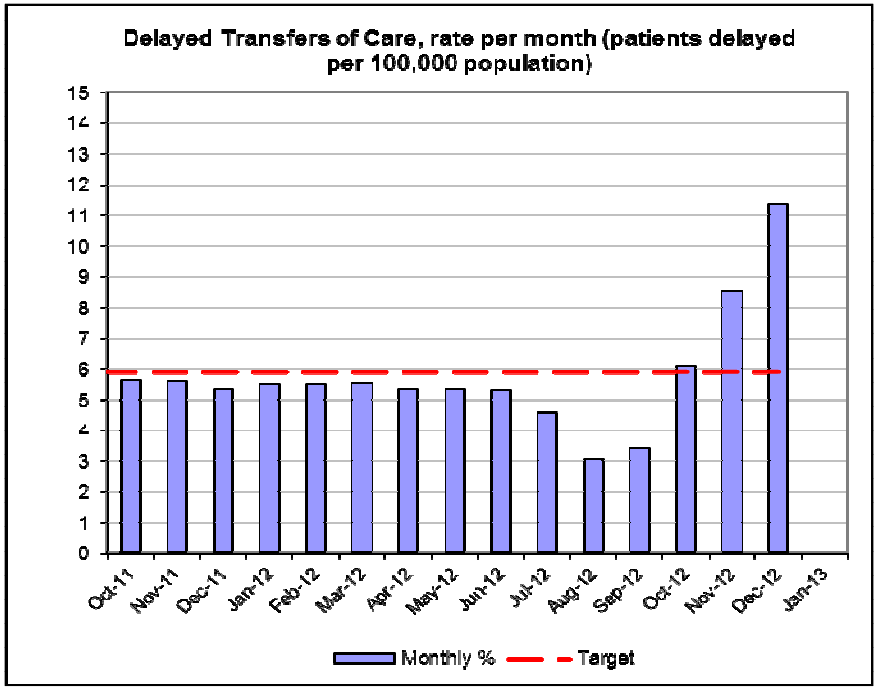
Promoting and supporting people to maintain independence – key projects			
Project	**Description**	**Progress update**	**Status**
Reablement	Use of reablement as a front door for new clients and as a service to reduce dependency for current long term clients as appropriate. Developing independent sector reablement services, overseen by the in-house service.	NHS funding has now been received to support increased capacity. Whilst independent sector providers are being used to increase the capacity of the service the availability is limited and therefore more work is needed to develop the independent sector in order to support all referrals.	**Amber**
Support Planning	Commission a specialist organisation to undertake reviews of support plans for clients who have not received a review in the previous 12 months.	The specialist agency has undertaken around 500 reviews; coupled with the implementation of Frameworki, the resulting enhanced workflows and the number of clients without a review in the previous twelve months is now negligible.	**Green**
Intensive Community Support	Continued work to bring people in long term out of area placements back to Peterborough. A scoping exercise identified 72 adults with learning disabilities living outside of Peterborough - 80% of which are in residential care. Work is also underway with the transition services to ensure that young people from Peterborough do not have to leave their families and local communities as they approach adulthood.	Work is ongoing to bring people back to Peterborough from out of area placements - to date ten people with complex needs have been successfully returned to Peterborough with eight living in their own homes by using quality personalised support - as well as generating savings The intention is for a further ten people to be returned over the coming months.	**Green**
Review of Learning Disability Day Services – Personalisation of day support	Reviewing learning disability day services with a view to linking more strongly to personalisation of day support.	Work is ongoing to review residential day services in Peterborough to ensure that services offered are more strongly tailored towards the personal needs of our customers.	**Green**

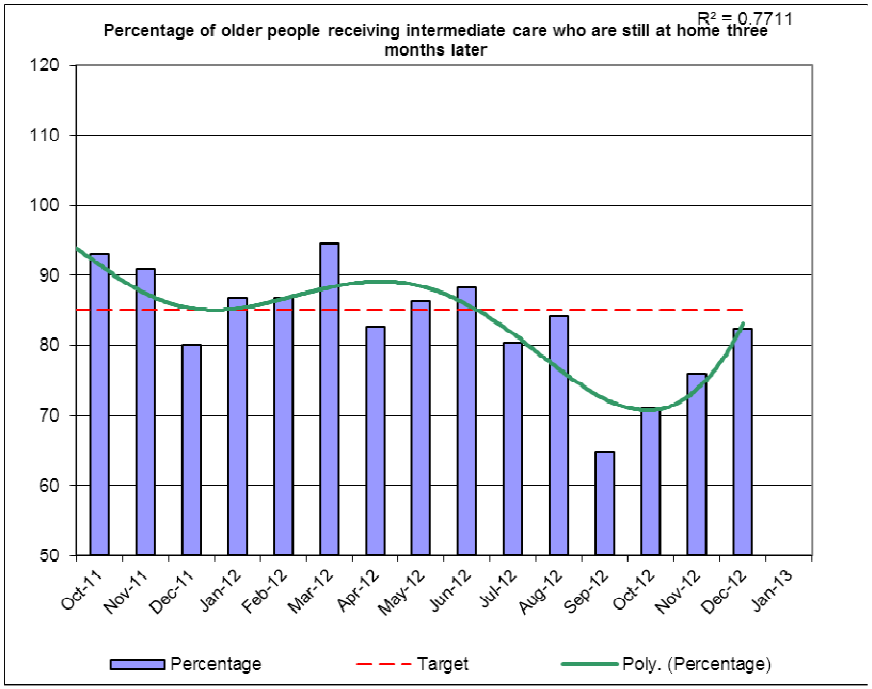

Number of clients receiving reablement services
R² = 0.6456
60
50
40
30
20
10
0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
Number of clients receiving services


Percentage of clients with decreased care packages following reablement
100.0
80.0
60.0
40.0
20.0
0.0
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Feb-13
% YTD
Target


Number of permanent admissions to residential care for adults aged 65+ (2012/13)
30
25
20
15
10
5
0
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Actual Starts
Panel
2011/2012
Threshold


Number of permanent admissions to residential care for adults aged 18 to 64 (2012/13)
5
4
3
2
1
0
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
Jan-13
Actual Starts
2011/12
Threshold





CASE STUDIES AND OUTCOME EVIDENCE

Reablement:

Mr H commenced with the reablement team with 3 x 45 minute calls per day. Mr H had been in hospital with a collapsed liver. Following this hospital admission, Mr H's level of independence was dramatically reduced upon discharge from hospital.

Mr H agreed to the goals set with the reablement Occupational Therapist and has made excellent progress week by week towards each of them. After 2 weeks, calls to Mr H were reduced down to just 2 x 45 minutes calls – one in the morning and one at lunchtime, to assist Mr H in his goals of preparing a hot meal and to manage to shower independently.

Mr H is now fully independent of his personal care, medication and food preparation and his last reablement visit was in week 5.

Mr H is very happy with the service he has received from the reablement team. He lacked confidence taking his medication but is now able to manage this independently. He commented that the service has been a success from start to finish.

Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support

Overview of progress

Numbers using the shared lives scheme is increasing and the recent campaign has continued to create further interest from prospective carers.

The national carer's survey has been completed, with just under one thousand carers being sent a survey and an overall return rate of around 40% of our customer base. Further to this, a randomised survey sample of 1,500 of our current customers has been collated for the Adult Social Care Survey; results will become available after May 2013.

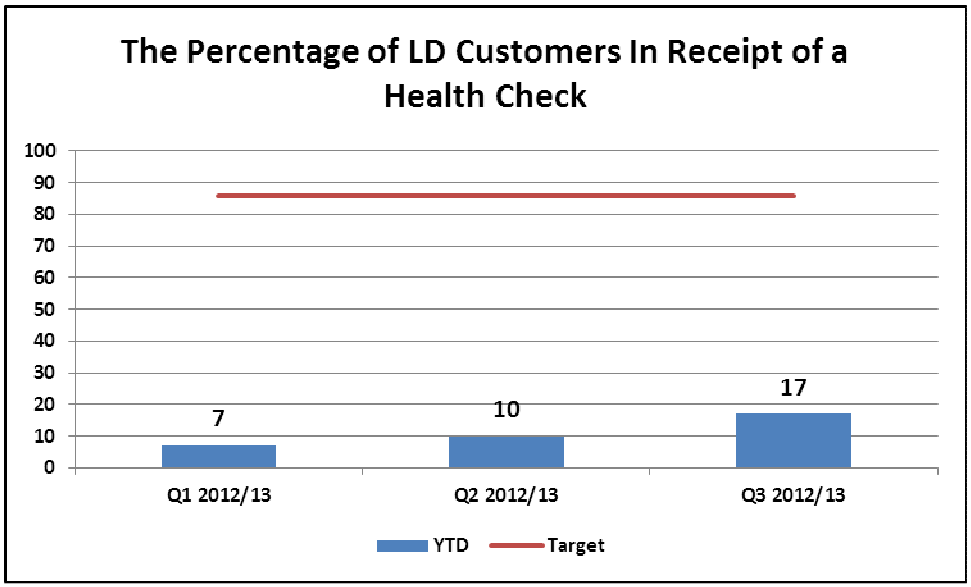
We have also made improvements to the mechanisms for monitoring the quality of social care support being delivered through the implementation of case file auditing for care management and reviews of our contracts with independent sector providers using quality standards adopted from a Regional model contract, developed by the Association of Directors of Adult Social Services (ADASS)

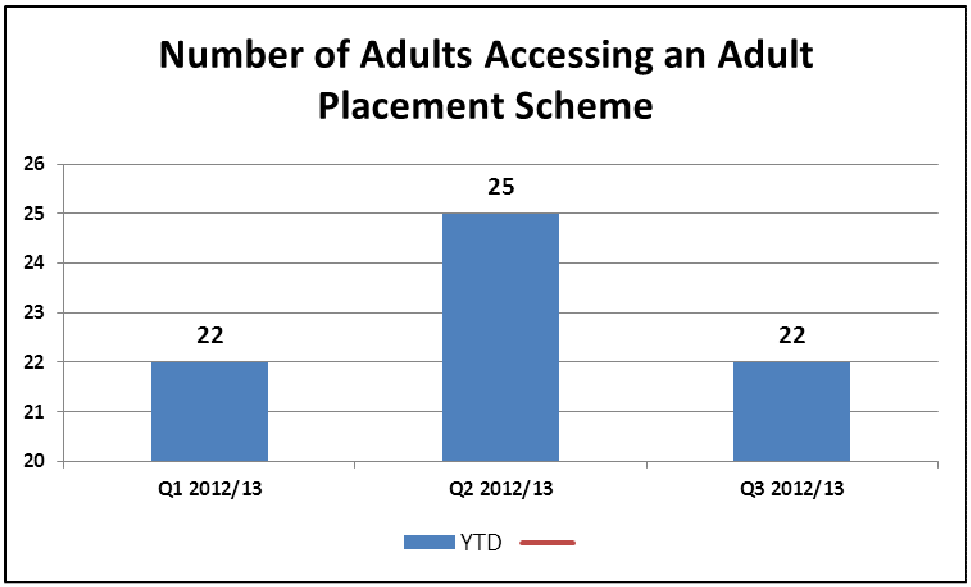
The Adult Social Care complaints service was successfully relocated from Anglia Support Partnership (Serco) in Cambridge to Peterborough City Council Central Complaints Team (Serco) at the end of December 2012. A summary of complaints will now be included in quarterly reports.

During the month of October 2012 15 Opticians across Peterborough participated in the learning disability healthcheck awareness campaign 'Eye Care Campaign'

NATIONAL PERFORMANCE INDICATORS:			
Indicator	**Comment**	**Direction of Travel**	**Q4**
Overall satisfaction with local adult social care services	In the 2011/12 survey 60.2% of those responding to the statutory survey reported being either extremely or very satisfied with the service they received - similar to the previous year of 60.8%. However this is below the national and regional average. The Adult Social Care Survey for 2012/13 is currently under way.	⇩	**Amber**
The proportion of people using social care and carers who express difficulty in finding information and advice about local services	In the 2011/12 69.4% of those responding to the statutory survey stated that they found it very easy or fairly easy to find information about the support available to them. An improvement from 53.1% in the previous year; but still below the national and regional average. Delivery of an online directory and revised web pages should help to address this.	⇧	**Amber**
The proportion of carers who have reported that they have been included or consulted in discussions about the person they care for	The Carer's Survey for 2012/13 has been undertaken, with provisional results collected. Provisional results indicate that around 68% of carers feel that they have been included or consulted in discussions about the person they care for. Submission and full benchmarking will take place after March 1st 2013.	No target set	**Provisional Update**
Number of LD Health-checks recorded by GP practices	Progress is being made in this area with performance currently standing at 17% against 10% in Q2. Most activity with regards to LD health-checks occurs in Q4, with an annual target of 86% expected to be achieved.	⇧	**Amber**
Numbers accessing the adults placement scheme	The numbers of service users accessing the adult placement scheme has decreased from 25 at the end of Q2 to 22 in Q3. No target set	⇩	**Amber**
Percentage of OT equipment delivered in 7 working days	The percentage of OT equipment delivered within 7 working days remains at a static 100% from Q2 to Q3.	⇔	**Green**

Priority 2 – Delivering a personalised approach to care. This links to the national outcome Domain 3 Ensuring people have a positive experience of care and support			
Project (Improvement Plan Work-streams)	**Description**	**Progress update**	**Status**
Roll out a programme of quality audits	As part of the development of an overall quality framework, introduce a range of methodologies for assessing standards of service delivery and monitoring outcomes for service users. Work with regional colleagues to set up peer review and learn from best practice.	Case file audit forms and process have been designed and piloted with social work team managers during December 2012. The process will be further refined in February/March 2013 and rolled out across the department once the new Quality Support Officer is in post. A Safeguarding Case File Audit form has also been developed and team managers will peer audit two cases a month. Work is still to be developed on regional peer review.	**Green**
Implementation of electronic call monitoring	The implementation of a Homecare Electronic Call Monitoring (ECM) System, which will allow remote tracking and monitoring of care delivered by paid carers in people's own homes	ECM systems have been implemented by all homecare providers; there are some on-going technical issues with some systems that have meant that not all data is being submitted to the council in an easily usable format. Improving ECM data quality is a priority for Q4 2012/13.	**Green**
Adult Placement scheme	Expand take up of Adult Placements avoiding high costs placements focussed on transition cases	On-going marketing of the scheme. There have been 12 enquiries to become Carers to date that are in the process of being progressed	**Amber**
Contract reviews	Reviewing the current contracts and re-tendering to introduce national ADASS frameworks.	Contract reviews are on-going. The major home care contracts have now had the ADASS contract monitoring requirements integrated into them. Home care contracts will be re-let by October 2013. Providers have been briefed on the Council plans to implement the ADASS contracts and standards.	**Green**
Complaints	Establish a complaints service within Peterborough City Council	The Adult Social Care complaints service was successfully relocated from Anglia Support Partnership (Serco) in Cambridge to Peterborough City Council Central Complaints Team (Serco) at the end of December 2012. Information leaflets have been provided to all teams and the Council website has been updated.	**Green**





Complaints October to December 2012

During Quarter 3 October to December 2012 the Adult Social Care Department received three formal complaints and two concerns.

	Staff Attitude	Policy	Service not to standard
Formal Complaints	1	1	1
Concerns	1	1	

Two of the three formal complaints were from the same person, a repeat complainant. The three formal complaints covered:

- Attitude of the social worker
- Dissatisfied with changeover of care agency and communications
- Dissatisfied with changes and reductions to care package

One of the concerns related to an independent sector care home and was logged as a safeguarding alert and the other one, relating to a financial assessment and funding not being approved, was closed as a concern as there was no further contact from the complainant.

Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.

Overview of progress

We continue to do well in supporting adults with learning disability into employment. However our numbers in settled accommodation are still comparatively low. This reflects the continued need for us to find alternatives to residential care for adults with learning disabilities who may have been in those settings for some time. Work will commence on development of an LD Housing Strategy during Quarter 4.

The online care directory project progressed as planned during Quarter 3 with most of the development completed in December 2012. We are now marketing the directory to providers with plans for a full public launch in March 2013.

Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012.

Greenwood House has now closed and Welland will close shortly. Additional Extra care housing is being built in Stanground, and further developments are being explored. A dementia resource centre is also being developed.

NATIONAL PERFORMANCE INDICATORS: DASHBOARD			
Indicator	**Comment**	**Direction of travel**	**Q3 RAG**
Self reported quality of life	2011/12 survey provided a combined quality score of 18.8 which was unchanged since the previous year. Slightly above national average of 18.7 for 2011/12. The Adult Social Care Survey for 2012/13 is currently under way.	⇔	**Green**
Adults with learning disabilities in paid employment	In December 2012 there were 118 people with a learning disability supported into all forms of employment. Of these 48 were in paid employment, or 9.1% of all LD customers, against a target of 10%.	⇧	**Amber**
Adults and older people receiving self directed support (SDS)	All long term community based packages other than equipment are now offered via a personal budget and self-directed support. Full and accurate reporting on these customers is currently being developed.	⇔	**Amber**
Adults in contact with mental health services in paid employment	**7%** of MH adults are currently in paid employment. This represents a small increase from Q2, and so we are still performing above the target of 6%.	⇧	**Green**
Adults with learning disabilities in settled accommodation	The percentage of adults with a learning disability in settled accommodation is 71%. This is stable compared to Q1 and Q2 2012/13, but slightly below the target of 75%.	⇔	**Amber**
Adults in contact with mental health services in settled accommodation	Currently **70.1%** of MH customers are in settled accommodation, compared to 69.8% in Q2. This is an improvement, however it is still slightly below the 74% target.	⇧	**Amber**
Carer reported quality of life	The Carer's Survey for 2012/13 has been undertaken, with provisional results collected. Provisional results indicate that around 42% are satisfied with social care services overall. Submission and full benchmarking will take place after March 1st 2013.	No target set	**Provisional Update**

Priority 3 – Empowering people to engage with their communities and have fulfilled lives – This links to national outcome Domain 1 Enhancing quality of life for people with care and support needs.			
Project	**Description**	**Progress update**	**Status**
Implement an online directory of services available in Peterborough.	Creation of an online directory to allow residents of Peterborough to search for service providers within the city	The project progressed as planned during Quarter 3 with most of the development completed in December 2012. A decision was taken to delay the formal launch to the public until the end of March 2013 to ensure that the directory will be fully tested and have a wide range of providers registered. The directory became available online for providers to enter their data at the end of January 2013 as planned and a provider preview event was held early in Quarter 4. Over 50 providers are currently registered and a promotional video is being produced, along with leaflets and posters.	***Green***
Older Peoples Accommodation Strategy	The Older Peoples Accommodation Strategy is designed to inform service provision for the people of Peterborough, to create better quality and value, whilst reducing costs	Our consultation on the recommendations for home closures arising from the Older Peoples Accommodation Strategy has recently been completed and the outcomes were reported to the Scrutiny Commission at a special meeting on 1st November 2012. The OPAS continues to be implemented in Quarter 3.Greenwood House has now closed and Welland will close shortly. Additional Extra care housing is being built in Stanground, and further developments are being explored. A dementia resource centre is also being developed.	***Green***

Safeguarding Vulnerable Adults - linking to Domain 4: Protecting from avoidable harm and caring in a safe environment

Overview of progress

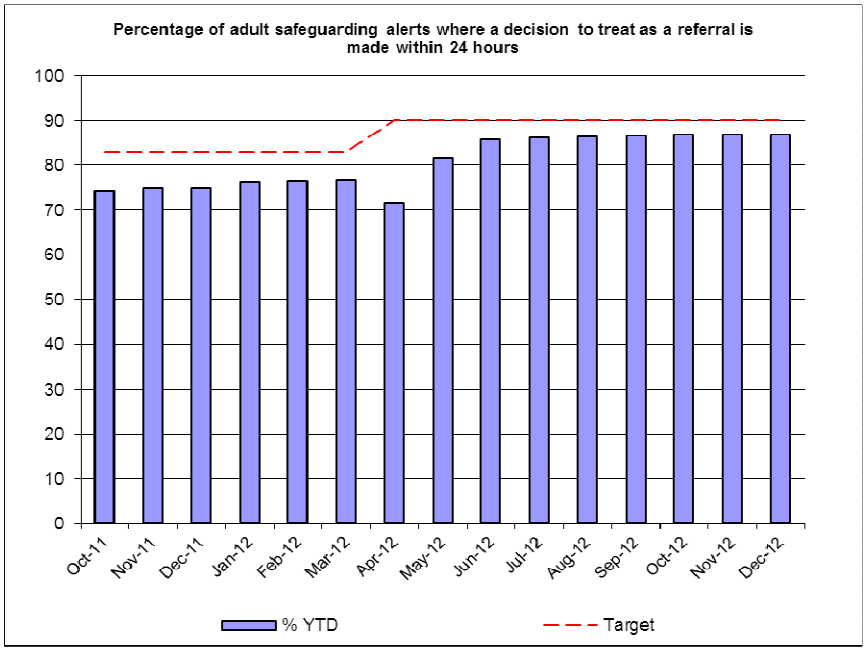
Progress has been made in the process of conducting safeguarding investigations. The backlog of cases previously reported has now been cleared and the performance against process indicators for alerts, referrals and investigations for quarter 3 have shown that the improvements made over the last two quarters have remained consistent.

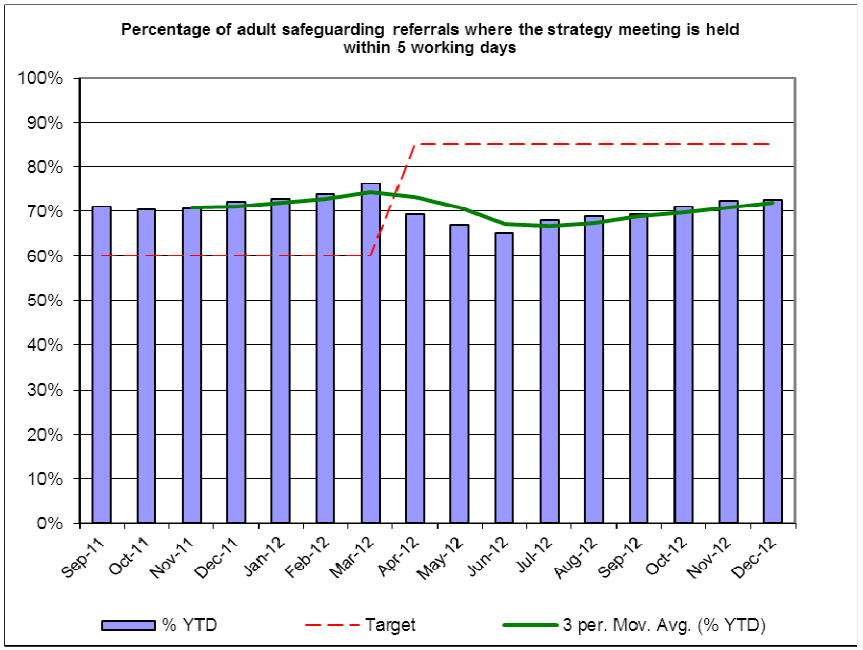
The change in case management system at the beginning of December 2012 does not seem to have impacted adversely upon the timeliness of Safeguarding investigations. The achievement of year to date targets for timeliness of the process have been impacted by the delays within the first quarter.

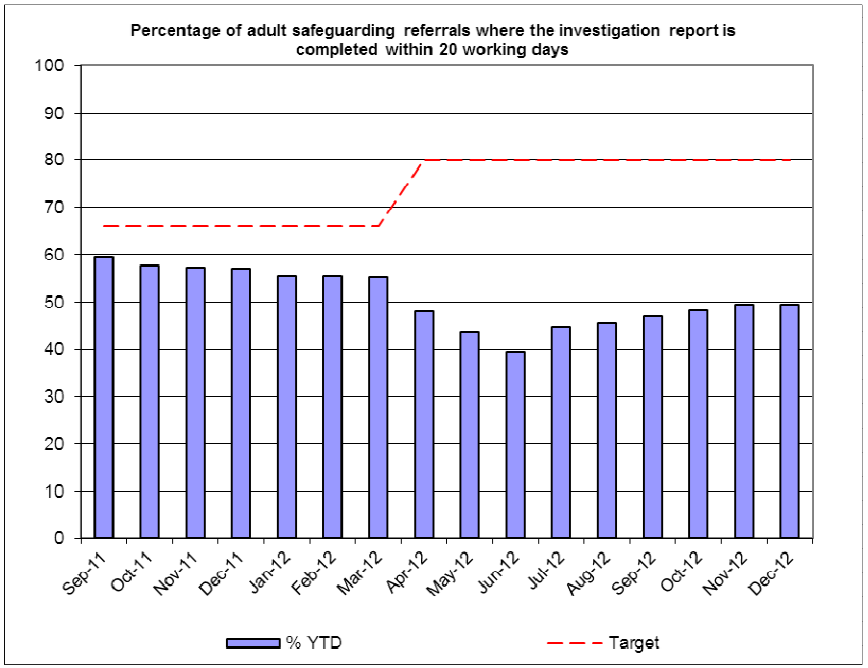
Work is ongoing with partner agencies in establishing a safeguarding adults 'core data set' which will provide more focus on outcomes of safeguarding work.

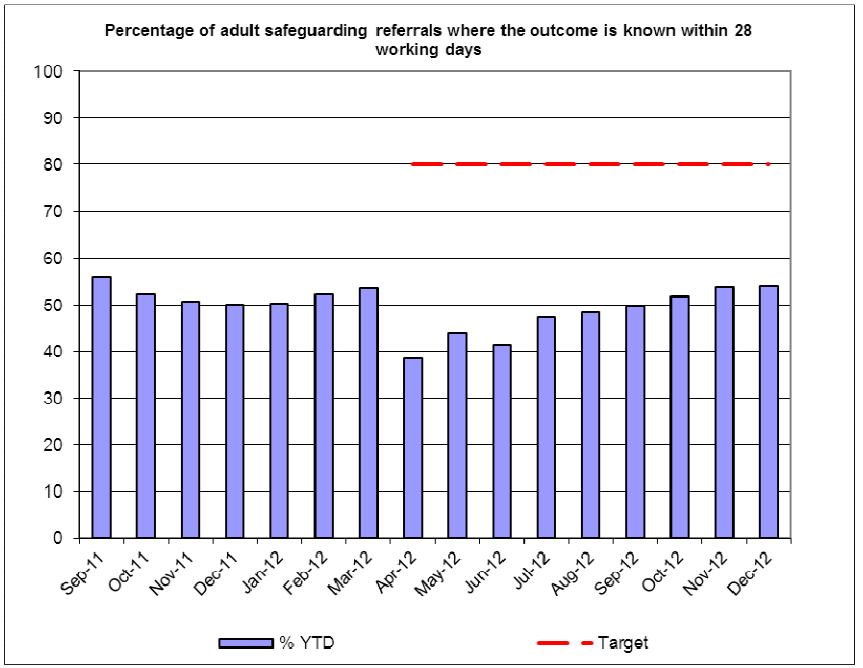
NATIONAL PERFORMANCE INDICATORS:			
Indicator	**Comment**	**Direction of Travel**	**Q2**
The proportion of people using social care services who feel secure	In the 2011/12 survey 65.9% of repondents reported feeling as safe as they wanted. This is consistent with the previous year (66%) and above the national average. The Adult Social Care Survey for 2012/13 is currently under way.	⇔	**Green**
The proportion of people using services who said those services make them feel safe and secure	68.6% of respondents to the 2011/12 statutory survey reported that the social care services they received made them feel safe and secure. This is a marked improvement on 55% in the previous year but still below the national average. The Adult Social Care Survey for 2012/13 is currently under way.	⇧	**Amber**
Safeguarding - decision to refer with 24 hours of receipt of alert	Performance has increased from 85.8% to 86.8% for the year-to-date between the end of Q2 and Q3. For the month of December, the out turn stands at 86.8% against a target of 90%.	⇧	**Amber**
Safeguarding - first strategy meeting with 5 working days	There has been a steady improvement from 69.4% to 72.5% between the end of Q2 and Q3, with performance for Q3 standing at 72.5% against a target of 85%.	⇧	**Amber**
Safeguarding - Investigation completed within 20 working days	Performance has improved from 46.9% at the end of Q2 to 49.4% for the year-to-date to December. Performance for Q3 stood at 79% for PCC against a target of 80%.	⇧	**Amber**
Safeguarding - outcome of allegation known within 28 working days.	Performance has continued to improve from 41.4% at the end of Q1 to 49.9% at the end of Q2 and now stands at 53.8% for the year-to-date to December. Performance for Q3 stood at 72% against a target of 80%	⇧	**Amber**

Protecting from avoidable harm and caring in a safe environment Related Projects			
Project (Improvement Plan Workstreams)	**Description**	**Progress update**	**Status**
Effective Multi agency processes, procedures and governance.	Role out multi-agency procedures for Peterborough in line with PAN London model.	Multi-agency procedures were implemented in Quarter 1. These have been supplemented by some targeted training. These procedures are also the basis for revised work flows which have been introduced into the new care management system. Work ongoing to look at opportunities with Cambridgeshire in developing joint procedures and guidance where possible. PAN London procedures are universally seen as the 'gold standard' of procedures nationally. The SAB will make a decision whether to end the interim status of these procedures and substantiate the procedures.	**Amber**
The SAB is confident that safeguarding concerns are reported and responded to appropriately	Improving performance monitoring and quality audit of investigations carried out.	The SAB Performance and Quality Sub-Group is established. The group continues to monitor the timescales linked to the safeguarding standards. A Quality Monitoring framework has been established which includes the quality of Safeguarding Adults work. We are now moving our focus on to quality monitoring of safeguarding adults work with the implementation of a new case file audit tool focusing on the practice and quality of safeguarding work.	**Amber**
Ensure that information about safeguarding adults is accessible and that users are involved in policy development.	Improve safeguarding information on website Implement a systematic way of involving service users and carers	PCC Safeguarding Adults website has been updated and plans are in place to update the Safeguarding Adults Board information leaflet. Work is progressing on gaining service user feedback of the safeguarding process. A feedback form and process has been developed and will be implemented shortly.	**Amber**


Percentage of adult safeguarding alerts where a decision to treat as a referral is made within 24 hours
100
90
80
70
60
50
40
30
20
10
0
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
% YTD
Target


Percentage of adult safeguarding referrals where the strategy meeting is held within 5 working days
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
% YTD
Target
3 per. Mov. Avg. (% YTD)


Percentage of adult safeguarding referrals where the investigation report is completed within 20 working days
100
90
80
70
60
50
40
30
20
10
0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
% YTD
Target


Percentage of adult safeguarding referrals where the outcome is known within 28 working days
100
90
80
70
60
50
40
30
20
10
0
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12
Jun-12
Jul-12
Aug-12
Sep-12
Oct-12
Nov-12
Dec-12
% YTD
Target

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
12 MARCH 2013	Public Report

Report of the Executive Director of Public Health

Contact Officer(s) – Dr Andy Liggins
Contact Details - 207172

TRANSFER OF PUBLIC HEALTH FUNCTIONS FROM PETERBOROUGH PRIMARY CARE TRUST (PPCT) TO PETERBOROUGH CITY COUNCIL (PCC)

1. PURPOSE

1.1 The purpose of this report is to describe the responsibilities and implications of the transfer of certain Public Health functions from Peterborough Primary Care Trust (PPCT) to the Council under the Health & Social Care Act 2012 ("the Act"), with effect from 1st April 2013.

2. RECOMMENDATIONS

2.1 **1.** To note that the Council will become responsible for the delivery of certain public health functions with effect from 1st April 2013, and will acquire statutory responsibilities under the Health & Social Care Act 2012;

2. To determine when the Scrutiny Commission for Health would prefer to receive updates following the transfer of functions.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The successful delivery of a robust public health function for Peterborough is directly linked to the Creating Opportunities – Tackling Inequalities priority, and indirectly linked to the other priorities.

Public Health will be measured through its ability to deliver the outcomes stated in the Public Health Outcomes Framework (see **Annex 1**), as opposed to the traditional National Indicators. Through the delivery of the various programmes by Public Health, **Annex 2** shows the outcomes that will be targeted.

4. BACKGROUND

4.1 The Health & Social Care Act 2012 (the "Act") set out substantial structural change to the organisation and delivery of health & social care services, including transferring the responsibility for certain public health functions to local authorities.

In support of these new responsibilities, the Council must appoint a Director of Public Health, jointly with the Secretary of State for Health, and in accordance with guidelines set out by the Department of Health, including guidance as to appointment and termination, terms and conditions, and management.

The enhanced role for local authorities includes:

i) leading joint strategic needs assessments to ensure coherent and coordinated commissioning strategies;
ii) ensuring local people's voices are heard, and the exercise of patient choice;
iii) promoting joined up commissioning of local NHS services, social care, and health improvement, and

iv) leading on health improvement and prevention activity.

5. KEY ISSUES

5.1 THE PUBLIC HEALTH RESPONSIBILITIES OF THE LOCAL AUTHORITY

Initially the Council's mechanisms for delivery of public health will be broadly the current responsibilities of the public health team (currently employed by PPCT). However it is widely recognised that the transfer is an opportunity to transform the delivery of public health, addressing the wider social determinants of health through the full range of Council functions and partnerships. An important aspect to improving health will be to pursue closer working and integration of health and social care, to respond to individual needs in a more holistic way.

Directly on commencement the Act transfers certain public health activities to the Council, relating to work within schools. It also transfers the school nursing service, that is, those working in a public health function with school–aged children and their families. This does not include responsibility for the under 5's, which will be the responsibility of the NHS Commissioning Board until 2015, when the Secretary of State has indicated that it will transfer to local authorities.

Department of Health policy documents make it clear that the provision of the additional public health services will become the responsibility of the local authority with effect from 1st April 2013, including:

- Providing appropriate access to sexual health services;
- Ensuring there are plans in place to protect the health of the population, including immunisation and screening;
- Ensuring NHS commissioners receive public health advice on matters such as health needs assessments for particular conditions or disease groups, evaluating evidence to support the clinical prioritisation for populations and individuals and new drugs and technologies in development – this advice has become known as the "core offer" from public health to Clinical Commissioning Groups; and
- The NHS Health Check programme for people between 40 and 74;
- The National Child Measurement Programme (NCMP).

The Act also places a duty on local authorities to take on the duties of the NHS for appointing medical examiners and related activities including funding and monitoring the work of medical examiners. These duties were created by the Coroners and Justice Act 2009, but are unlikely to be in force until at least April 2014. When these responsibilities come into force, they will be the responsibility of the local authority, and funded from the ring fenced public health grant.

The Director of Public Health and his team will be working closely with the CCG to agree a memorandum of understanding about the level of support and working arrangements.

The Council will receive a Public Health Grant (see Financial implications, section 9.1) from which it will be responsible for commissioning a range of services. Some services will be mandatory, and for those which are not, commissioning decisions will reflect the Joint Strategic Needs Assessment and Health & Wellbeing Strategy.

TRANSFER OF CONTRACTS TO THE COUNCIL

A range of contracts are currently held by PPCT and the NHS, which relate to the funding that will make up the Public Health Grant. Those contracts which will not expire by 31st March 2013 will need to transfer to the Council on 1st April 2013. A considerable amount of work has been undertaken with the PCT, the NHS, and within the Council, to identify the relevant contracts, and liaise with suppliers with a view to either novating transferring contracts to the Council, or entering into new contracts with effect from 1st April 2013. The majority of smaller contracts will be novated and in some cases, extended for a further period of time (not exceeding one year) to give the Council sufficient time to consider the value for money provided by the existing

provider, and consider whether it might be beneficial to re-commission the contracts.

A significant proportion of public health services are commissioned through three large provider contracts, as follows:

- Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) Agreement.
    - Under the terms of this contract GUM (genito-urinary medicine) services are commissioned from PSHFT. It was entered into by the Coordinating Commissioner PPCT on behalf of itself and its Associates, (Cambridgeshire PCT and Norfolk PCT). The contract is in practice renewed annually, and is due to expire on 31st March 2013, although historically it has been "rolled over" for many years. In practical terms, the amount of time available for the parties to extricate themselves from this arrangements, and make alternative provision, without there being a gap in service provision, make it attractive to both parties to extend the contract for a further year, and discussions are currently taking place with PPCT to agree terms.

- Peterborough Primary Care Trust (PPCT) as Coordinating Commissioner and Cambridgeshire Community Services NHS Trust (CCS)
    - The public health services provided under this contract which will pass to the Council include dietetics and obesity weight management and contraceptive and sexual health services,
    - The background to this contract is similar to that of the agreement set out above and for the same reasons it is prudent to extend this contract for a further year. Again, discussions are currently taking place with PPCT to agree terms.

- Cambridgeshire Primary Care Trust as Coordinating Commissioner (CPCT) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Agreement
    - The public health services provided under the contract which will pass to the Council include school nursing services, alcohol services and the provision of a dedicated detoxification bed. The Coordinating Commissioner also acts on behalf of itself and its Associates, which includes Peterborough PCT. Discussions are currently ongoing regarding the recommissioning of these services for a further year for the same reasons as above.

STRUCTURE & TRANSFER OF STAFF

Under the Act, the Director of Public Health (who must be an appropriately qualified and accredited public health specialist) must be a statutory chief officer of the authority and the principal adviser on all health matters to elected members and officers. Direct accountability is expected to the Chief Executive, and the person appointed must have direct access to elected members. The Director of Public Health (currently employed by the NHS) is already a member of the Council's Corporate Management Team (CMT) and this will continue.

Under the national provisions for transfer of staff, the Director of Public Health currently employed by the NHS would transfer under TUPE conditions to the Council. However, the current Director of Public Health, Dr Andy Liggins, has decided to leave his role to pursue other personal and professional interests, and will leave before 1st April 2013. The Council is under a statutory responsibility to appoint an officer as Director of Public Health, and the Chief Executive will need to take steps to ensure a temporary appointment initially, with effect from 1st April 2013, followed by a permanent appointment as soon as practicable.

The Director of Public Health will have a team of staff to deliver the Council's responsibilities. There are national provisions in place relating to the transfer of staff as a result of the transfer of

public health responsibilities, and the majority of staff currently employed by PPCT in the public health team will therefore transfer across to the Council on their existing terms and conditions including the retention of an NHS pension scheme as directed under the guidelines issued. The staff will have the same service responsibilities on transfer, although working with the team, some changes may be made to maximise efficiencies and to take the opportunity to transform public health, although the primary focus immediately upon transfer will be to ensure continuity of service and outcomes.

The majority of the current public health team will transfer to the Council with effect from 1st April 2013, and have already relocated to Bayard Place (in October 2012) to work more closely with the Neighbourhood Teams. **Annex 3** shows the current Public Health organisation chart.

6. IMPLICATIONS

6.1 Financial

The Council will receive a public health grant which it is intended should enable it to fulfil its public health responsibilities. The grant is allocated by the Department for Health using a formula developed specifically for this purpose. For 2013/14 the sum will be £8,446,100 and this will increase to £9,290,700 for 2014/15. It is currently expected that this grant will be sufficient to meet the costs of the service. As some elements of the service are demand led, the service will need the same rigorous financial monitoring applied to it as for all other council services. Quarterly reporting to the Department of Health on the usage of the grant is mandated and the local authority Chief Executive will also need to return a statement confirming that the grant has been used in line with the specified conditions.

The Council will also consider how it can take best take advantage of the benefits of closer working with neighbourhoods and improved joint commissioning to see where efficiencies can be made. Although the grant is ring fenced, some of the Council's current activities fall within its new responsibilities and the broader approach to public health, and savings can be reinvested to help improve outcomes. The financial implications of the transition itself were covered by a Cabinet Member Decision Notice (Public Health Transition - DEC12/CMDN/159)

Legal

The Council has a statutory obligation to accept the transfer of responsibility for public health, and to accept the transfer of public health staff from PPCT. The legal obligations, including those relating to existing contracts, are set out in the body of the report. It should further be noted that s12 of the Health and Social Care Act 2012 amends s2 of the National Health Service Act 2006 and imposes a new duty under s2B as follows:

"Each local authority must take such steps as it considers appropriate for improving the health of the people in its area".

Human resources

The current public health staff employed by PPCT will transfer to the Council on 1st April 2013 under the Transfer of Undertakings (Protection of Employment) Regulations 2006, and under additional transfer guidance developed by the National Concordat Steering group (a group including the Local Government Organisation, Department of Health, NHS Employers and trade unions). The Council, as receiving organisation for the staff, is obliged to act in accordance with this national guidance.

Property

The Public Health team have already moved to the 4th floor of Bayard Place. Their previous location, on the 2nd floor of the Town Hall, has therefore been vacated and the plan is for that space to be used by additional members of Adult Social Care who are looking to consolidate the number of premises used by its staff.

Risk management
The transfer is being tightly project managed to minimise the risks of the transfer of public health responsibilities to the Council. Risks associated with the transfer will continue to be reviewed by CMT on a regular basis. The risks are shared with all upper tier Councils taking on public health responsibilities, and there is national support and guidance available to minimise risks, especially from the Local Government Association.

Equality
PPCT, in conjunction with the Council, have carried out a full Equality Impact Assessment on the transition of the Public Health service into the local authority, and no negative impacts were identified.

The transfer of public health functions will provide the Council greater opportunities to work with all residents to improve their quality of life and improve outcomes for all groups, particularly those who are in some way disadvantaged. There will be opportunities to consider how the Council's current core services are delivered, and whether they can be delivered differently to improve the impact on public health outcomes. Integration of services between health and the local authority is a driving theme of the Act, and equality should be addressed by the better integration of services meeting residents' needs in a more holistic way. It is intended that the transfer of public health functions to local authorities will enable them to reduce inequalities in health and wellbeing.

Crime & Disorder Act s17
This Act requires the Council to have regard to the prevention and reduction of crime and disorder in all its strategic planning and operational delivery. The duty will extend to the delivery of the public health function. The Council is also required under the Crime and Disorder Act to work specifically to reduce the harm to the community caused by drugs and alcohol, and this will be integrated with the work of the public health team in this area.

7. CONSULTATION

7.1 There has been close consultation with PPCT, and in particular with the Director of Public Health, and his team. Wider public consultation has not been necessary, because this is a national initiative, with which the Council has no choice but to comply, and in accordance with quite strict guidelines.

The affected staff are being consulted in accordance with the Council and PPCT's respective obligations in respect of the staff transfer, as have the appropriate Trades Unions.

8. NEXT STEPS

8.1 The next step is for the responsibility for public health, and the staff currently employed by PPCT in the public health team, to transfer to the Council with effect from 1st April 2013, and from that time the Council will work to integrate public health into its current core functions, and maximise the opportunity to improve the public health outcomes for the people of Peterborough

9. BACKGROUND DOCUMENTS

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

9.1 Local Government association: Get in on the Act – Health & Social Care Act 2012

Department of Health Publications and Guidance, including Healthy Lives, healthy People: Update & Way Forward (July 2011),Transitional Working Arrangements (DH/LGA June 2012), Healthy Lives, Healthy People – Update on Public Health Funding (June 2012)

10. APPENDICES

10.1 Annex 1: Public Health Outcomes Framework
Annex 2: Local Authority Public Health Functions
Annex 3: Public Health Organisation Structure

Annex 1: Public Health Outcomes Framework

<table>
<tr><td colspan="2">Vision</td></tr>
<tr><td colspan="2">To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome measures
Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).</td></tr>
<tr><td>1 Improving the wider determinants of health</td><td>2 Health improvement</td></tr>
<tr><td>Objective
Improvements against wider factors that affect health and wellbeing and health inequalities</td><td>Objective
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</td></tr>
<tr><td>Indicators
Children in poverty
School readiness
Pupil absence
First time entrants to the youth justice system
16-18 year olds not in education, employment or training
People with mental illness or disability in settled accommodation
People in prison who have a mental illness or significant mental illness
Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
Sickness absence rate
Killed or seriously injured casualties on England's roads
Domestic abuse
Violent crime (including sexual violence)
Re-offending
The percentage of the population affected by noise
Statutory homelessness
Utilisation of green space for exercise/ health reasons
Fuel poverty
Social connectedness
Older people's perception of community safety</td><td>Indicators
Low birth weight of term babies
Breastfeeding
Smoking status at time of delivery
Under 18 conceptions
Child development at 2-2.5 years
Excess weight in 4-5 and 10-11 year olds
Hospital admissions caused by unintentional and deliberate injuries in under 18s
Emotional wellbeing of looked-after children
Smoking prevalence – 15 year olds
Hospital admissions as a result of self-harm
Diet
Excess weight in adults
Proportion of physically active and inactive adults
Smoking prevalence – adult (over 18s)
Successful completion of drug treatment
People entering prison with substance dependence issues who are previously not known to community treatment
Recorded diabetes
Alcohol-related admissions to hospital
Cancer diagnosed at stage 1 and 2
Cancer screening coverage
Access to non-cancer screening programmes
Take up of the NHS Health Check Programme – by those eligible
Self-reported wellbeing
Falls and injuries in the over 65s</td></tr>
<tr><td>3 Health protection</td><td>4 Healthcare Public Health and preventing premature mortality</td></tr>
<tr><td>Objective
The population's health is protected from major incidents and other threats, while reducing health inequalities</td><td>Objective
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</td></tr>
<tr><td>Indicators
Air pollution
Chlamydia diagnoses (15-24 year olds)
Population vaccination coverage
People presenting with HIV at a late stage of infection
Treatment completion for tuberculosis
Public sector organisations with board-approved sustainable development management plans
Comprehensive, agreed inter-agency plans for responding to Public Health incidents</td><td>Indicators
Infant mortality
Tooth decay in children aged five
Mortality from causes considered preventable
Mortality from all cardiovascular diseases (including heart disease and stroke)
Mortality from cancer
Mortality from liver disease
Mortality from respiratory diseases
Mortality from communicable diseases (Placeholder)
Excess under 75 mortality in adults with serious mental illness
Suicide
Emergency readmissions within 30 days of discharge from hospital
Preventable sight loss
Health-related quality of life for older people
Hip fractures in over 65s
Excess winter deaths
Dementia and its impacts</td></tr>
</table>

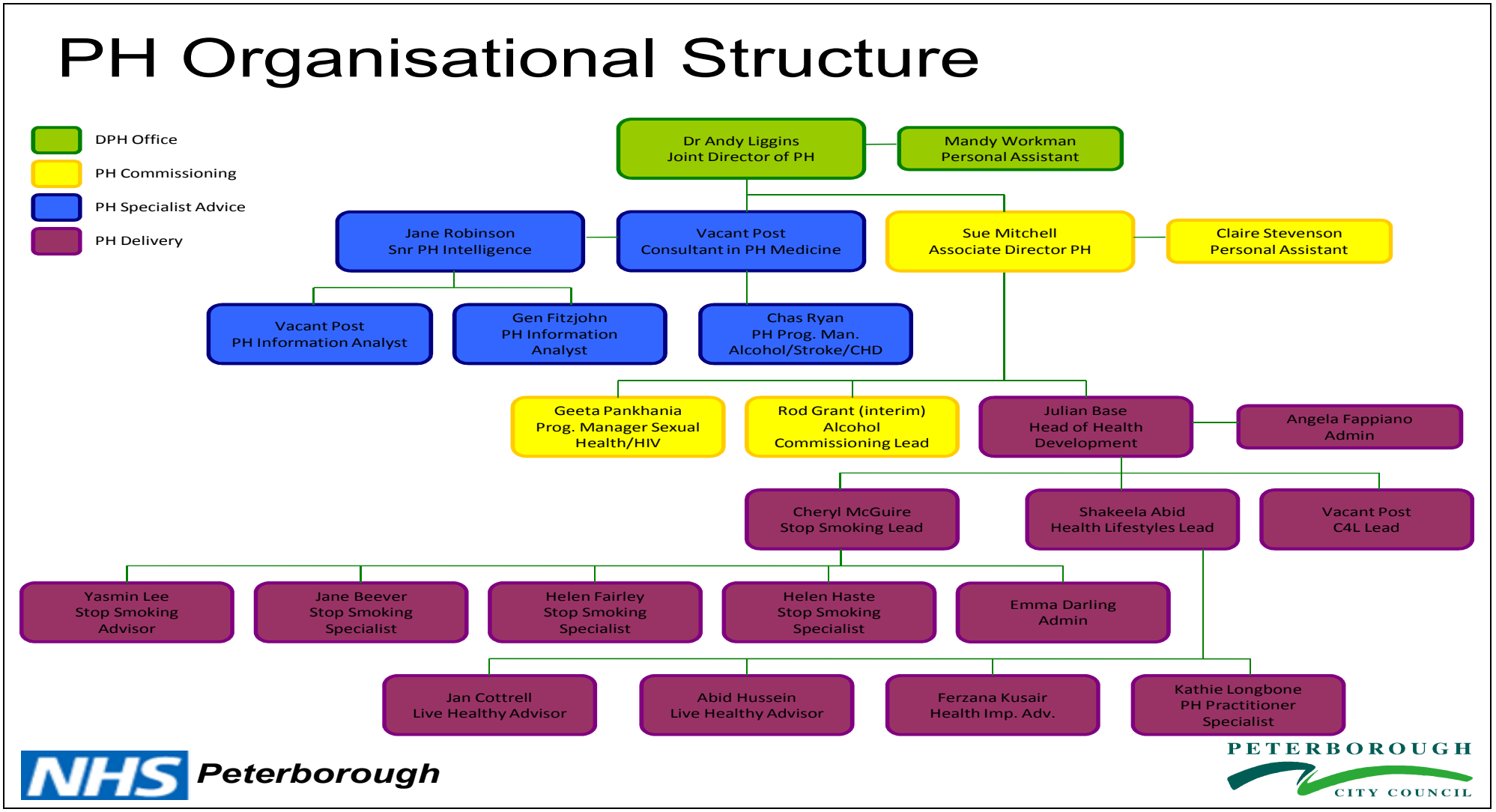
Annex 2: Local Authority Public Health Functions

Ref.	LA PH Functions	PH Outcomes	Programmes/Interventions Group	Delivery (Directorate)
PH001	Tobacco Control & Smoking Cessation	2.9 Smoking prevalence - 15 year olds 2.14 Smoking prevalence - Adults (over 18)	Stop Smoking Service	PH
			Pharmacy & GP LIS	OPS
			Illicit Sales Prevention	PH
PH002	Alcohol Misuse	2.18 Alcohol related admissions to hospital	Reducing Alcohol related admissions to hospital	OPS
PH002a	Drug Misuse	2.15 Successful completion of drug treatment	Young Peoples Drug & Alcohol	PH
			Adult Drug Treatment Service	PH
PH003	PH Services for CYP (5-19)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	5-19 Healthy Child Programme	Childrens
PH004	NCMP	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds	National Childhood Measurement Programme	PH
				OPS
PH005	Tackling Obesity	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds	Reducing Childhood Obesity: Change 4 life Alliance leadership; Carnegie Weight Management Programme; Movers & Shakers follow-on programme; Early Years nutritional standards training and implementation	OPS
				PH
		2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	Reducing Adult Obesity & Increasing Physical Activity: inc. Lets Get Moving and Lets Keep Moving Activity Programmes and GP Exercise Referral Scheme; physical activity programmes for older people	OPS
				PH

PH006	Nutrition Initiatives	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	Eat Better, Start Better - training for EYFS Nutrition standards to Children Centres	OPS
PH007	Physical Activity	2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	Reducing Adult Obesity & Increasing Physical Activity	PH OPS
PH008	NHS Health Checks	2.22 Take up of NJS Health Check Programme 4.4 Mortality from cardiovascular disease under 75s (rate per 100000)	Delivering NHS Health Checks Programme	PH
PH009	PH Mental Health Services (inc. Promotion)	4.10 Suicide Rate (per 100k of pop.) 1.15i Statutory homelessness - acceptances 1.15ii Statutory homelessness - households in temp accommodation	Mental Health Suicide Prevention Suicide Prevention Homelessness Prevention	OPS OPS OPS
PH010	PH Dental Promotion	4.2 Tooth decay in children aged 5		
PH011	Accidental Injury Prevention	2.24 Injury due to falls in people (all indicators)	Care & Repair	OPS
PH012	Reduce & Prevent Birth Defects	2.1 Low birth weight of term babies 2.1i Breastfeeding initiation 2.2i Breastfeeding prevalence at 6-8 weeks 2.3 Smoking status at time of delivery 4.1 Infant mortality rate (per 1000)	Improving the health of pregnant women and infants, reducing infant mortality: Baby Cafes; peer supporters programme	PH Childrens
PH013	Lifestyle Campaigns/Interventions that include Cancer & Long Term Conditions	1.20 Social Connectedness 2.14 Smoking Prevelence 2.11 Diet 2.23 Self reporting wellbeing	Accredited PH/HPTraining Centre delivering to health and care professionals, other public sector and voluntary and community sector Improving Community Health Through Volunteering (Community Health Champions)	PH OPS PH OPS
PH014	Workplace Health	1.9 Sickness absence rates 4.5 Mortality from cancer under 75s (rate per 100000)	Workplace health programme: health improvement interventions delivered for local business	PH OPS
PH015	Screening & Immunisation and Infectious Disease	2.19 Cancer diagnosed at stage 1 and 2 2.20i Breast screening coverage (age 50-70) 2.20ii Cervical screening coverage (age 25-64) 3.3 Population vaccination coverage	Scrutiny and challenge role	PHE

				PH
			ISVAs	PH
		1.12 Rates of violent crime (inc. sexual violence)	Integrated Offender Management	OPS
		2.4 Under 18s conception (per 1000)	Reducing under 18 conception rate	PH
		3.2 Chlamydia diagnosis 15-24 year olds (rate per 1000)	Reducing chlamydia infection in 15-24 year olds	PH
			Improving sexual health (prevention, treatment and care)	PH
			Prescribing costs (primary care)	PH
PH016	Sexual Health Services/Commissioning	3.4 People presenting with HIV at a late stage of infection	HIV Prevention	PH
PH017	Reduction in Excess Deaths through Seasonal Mortality	4.03 Mortality from causes considered preventable	Seasonal Campaigns	OPS
PH018	Health Protection	3.6 Public sector orgs with board approved management plan 3.7 Comprehensive agreed interagency plans for responding to public health	Emergency preparedness & business continuity	PH
			DV Outreach Service	OPS
PH019	Promotion of Community Safety, Violence Prevention and Emergencies	1.11 Domestic Abuse	Reducing the impact of Domestic Abuse	OPS
				PH
		1.4 First time entrants in youth justice system by 18 years old 1.5 16-18 year olds NEET	Development & delivery of healthy lifestyle interventions for young people	OPS
			Neighbourhood Management	OPS
		1.20 Social Connectedness 2.14 Smoking Prevelence 2.11 Diet	Social Connectedness	OPS
PH020	Social Inclusion & Community Development	2.23 Self reporting wellbeing	NACRO	OPS
PH021	Environmental Risks	1.14i % of population affected by noise (no. of complaints)	Air Polution	OPS
PH022	PH Advice	-	PH Network	PH

Annex 3: Public Health Organisation Chart



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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
12 MARCH 2013	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s) – Nick Blake
Contact Details – Tel: 01733 452486; nickolas.blake@peterborough.gov.uk

DEMENTIA STRATEGY AND PLANS FOR COMMISSIONING A DEMENTIA RESOURCE CENTRE

1. PURPOSE

1.1 To update the Scrutiny Commission for Health Issues on progress with developing an adult social care Dementia Strategy and on commissioning a Dementia Resource Centre.

2. RECOMMENDATIONS

2.1 For the Scrutiny Commission for Health Issues to note and comment on the contents of this report and the early draft of the Dementia Strategy at Appendix 1.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The development of a strategic approach to commissioning dementia services supports the delivery of the key outcome *Creating opportunities – tackling inequalities*, specifically in relation to improving health and supporting vulnerable people.

3.2 The strategy and resource centre also support the key outcome to *Create strong and supportive communities* in terms of empowering local communities to support people with dementia and supporting people with dementia to engage in and be part of their local community.

4. BACKGROUND

4.1 Work to develop a Peterborough City Council Dementia Strategy has been undertaken over 2012/2013. This is part of wider work with health colleagues to develop integrated strategic approaches to meeting the health and social care needs of people with dementia and their carers.

4.2 Identification of future needs and further improvements in dementia services is informed by JSNA findings and supports the development of evidence-based commissioning. The development of the Strategy has involved four interrelated key tasks:

- needs assessment
- national policy and best practice review
- a review of local resources
- stakeholder consultation and involvement

4.3 The commissioning of a Dementia Resource Centre was approved by Cabinet as part of the decision to close Greenwood House and Welland House. This work will be part of the development and delivery of the Council's Dementia Strategy: it is also a key priority with the Adult Social Care Strategic Commissioning Team's service plan for

13/14.

5. KEY ISSUES

5.1 The draft Strategy identifies needs and responses to those needs for adults with dementia aged 18 and over. It includes young onset dementia (i.e. dementia in people below the age of 65). It covers both specialist mental health social care provision and general social care for people suffering from dementia in Peterborough, and aims to help create a seamless pathway of care.

5.2 In order to ensure meaningful and comprehensive stakeholder input to the development and implementation of the Strategy, a working group has been set up to oversee all aspects of the Strategy. The Group includes representatives from statutory health and adult social care organisations, Healthwatch, carers, and voluntary organisations and meets on a monthly basis.

5.3 The vision for dementia services in Peterborough is the result of stakeholder engagement and comprehensive understanding of the needs of Peterborough population. It is informed by the commissioning principles outlined below:

- Outcome-based approach to commissioning
- Seamless and holistic pathway of care for people with dementia and their carers across health and social care economy, with strong links to voluntary sector
- Person centred approach to care
- Enabling independence and choice as long and as much as possible
- Promote prevention, early intervention and support
- Value added services

5.4 The stakeholder group has identified the following key priorities for the Strategy:

- Awareness raising and staff training
- Information, advice and signposting
- Services for carers
- Day care and emergency response services
- Holistic and personalised approach to care

5.5 It is anticipated that the strategy will be presented to the Peterborough Health and Wellbeing Board for final approval in June 2013, the strategy will have been fully aligned with the overarching health and social care Mental Health Strategy.

5.6 Implementation of the strategy will be overseen by the Peterborough Mental Health Stakeholder Group (formerly the Mental health Partnership Board). This group will report through the chair to the Locality Commissioning Group Joint Commissioning forum and through the co-chair to the Council's Adult Social Care Departmental Management Team.

5.7 The stakeholder group has also contributed to the development of a specification for the Dementia Resource Centre. The Dementia Resource Centre will operate as a hub coordinating various services and activities delivered across the city. The Centre will house a range of different service providers and will support co-ordinated approaches to ensure seamless delivery of care which will deliver improved service user outcomes and satisfaction.

Service areas for development identified by the stakeholder group are:

– Dementia Resource centre one-stop shop approach, creating a dedicated centre; service users and carers welcome the idea of having different services under one roof
– Closer co-ordination between social care, health care and voluntary sector

provision and reduction in gaps
- Extended hours for day care including support available into the evening and over seven days a week
- Development of initiatives to enhance peer and community support in a wider 'Dementia Friendly City' programme
- Improved access to support services across the locality through delivering services within communities, for example, the development of Dementia Cafes

5.8 The Dementia Resource Centre will provide a hub for the delivery of community dementia services; services will be delivered from the centre but also through other satellite sites in order to maximise access to services and to support engagement with local communities.

5.9 As indicated above, the Dementia Resource Centre will deliver a range of specialist services and provide a site for a range of providers including both statutory and voluntary sector. The following services are envisaged as forming part of the overall Dementia Resource Centre offer:

Advice and information	
Information service	Access to accurate information on dementia, local services and sources of support. This will include signposting onto other specialist and generalist services. Available in person and via telephone or correspondence.
Dementia navigator	More in depth support to enable people to access the services and support they need throughout the social care and health system. This would include liaison with other services, low-level support and some advocacy work. The navigator role will support access to personalised dementia support and maximise use of community resources and mainstream opportunities to maximise independence.
Professional support	Advice and information for professionals on dementia and working with people with dementia
Day opportunities	
Dementia Café	Drop-in service providing support and access to information and advice. This will be offered from multiple sites to maximise accessibility with coordination from the Resource Centre.
Specialist day services	A specialist day service for people with dementia operating 7 days a week and across extended hours (8am-8pm).
Interventions	
Peer support groups	Mutual facilitated support for people with a diagnosis of dementia including delivery of cognitive interventions.
Memory clinic	Specialist assessment and therapeutic interventions.
Carers support	
Specialist carer support worker	Providing support to carers and developing peer and befriending support to reduce isolation and provide sustainable support networks.
Respite	Access to respite services with a focus on community based respite opportunities.

6. IMPLICATIONS

6.1 **Financial implications**
Additional capital and revenue investment to deliver the Strategy has been identified within proposed budgets for 2013/2014:

- Capital investment £600K
- Revenue investment £250K

7. CONSULTATION

7.1 Consultation on development of the strategy has been carried out through Adult Social Care partnership boards and as part of the consultation on implementing the Older People's Accommodation Strategy. Views from service users, carers and providers have been incorporated in the strategy and the work to develop the Dementia Resource Centre.

7.2 Ongoing consultation on implementing the Dementia Strategy is to be undertaken through the wide range of stakeholders forming the Dementia Strategy Stakeholder Working Group, including:

- Peterborough City Council
- NHS Cambridgeshire and Peterborough
- The Cambridgeshire and Peterborough Clinical Commissioning Group
- Local Clinical Commissioning Groups
- Cambridgeshire and Peterborough NHS Foundation Trust
- voluntary sector providers
- independent sector providers
- service user- led organisations

7.3 The group meets monthly. The current focus is on the Plan of Action for the implementation of the agreed strategic priorities.

8. NEXT STEPS

8.1 Plan of action to implement the Dementia Strategy is being finalised, including time scales and clarifying Council investment in dementia services. The strategy will be finalised by 1 April 2013.

8.2 A timeframe for commissioning the Dementia Resource Centre has been proposed, key milestones are set out in the table below:

Key Milestones	Deadline
Review current dementia services and finalise Dementia Resource Centre outcome based service specification	Mar 2013
Identify and agree any variation to current dementia services	Jun 2013
Tender for Dementia Resource Centre and services	Jun 2013
Dementia cafes open	Sep 2013
Dementia Resource Centre opens	Oct 2013
Review Dementia Resource Centre activity and effectiveness	Apr 2014

9. BACKGROUND DOCUMENTS

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

9.1 None used.

10. APPENDICES

10.1 Appendix 1: DRAFT Dementia Strategy

Appendix 1

DRAFT Dementia Strategy

2013- 2016

Growing the right way for
a bigger, better Peterborough

Contents

Executive summary

TO BE COMPLETED ONCE STRATEGY FINALISED

1. Introduction and background

1.1 The purpose for this strategy

Dementia has been identified as one of the key challenges in relation to the expected growth of older population in the UK. In 2009 the government published 'Living Well with Dementia[1]', the national dementia strategy, one of the key drivers for the creation of a local, adult social care specific strategy for Peterborough. Current draft quality standard in social care for dementia[2] will further develop the vision for improvements in the area of dementia care.

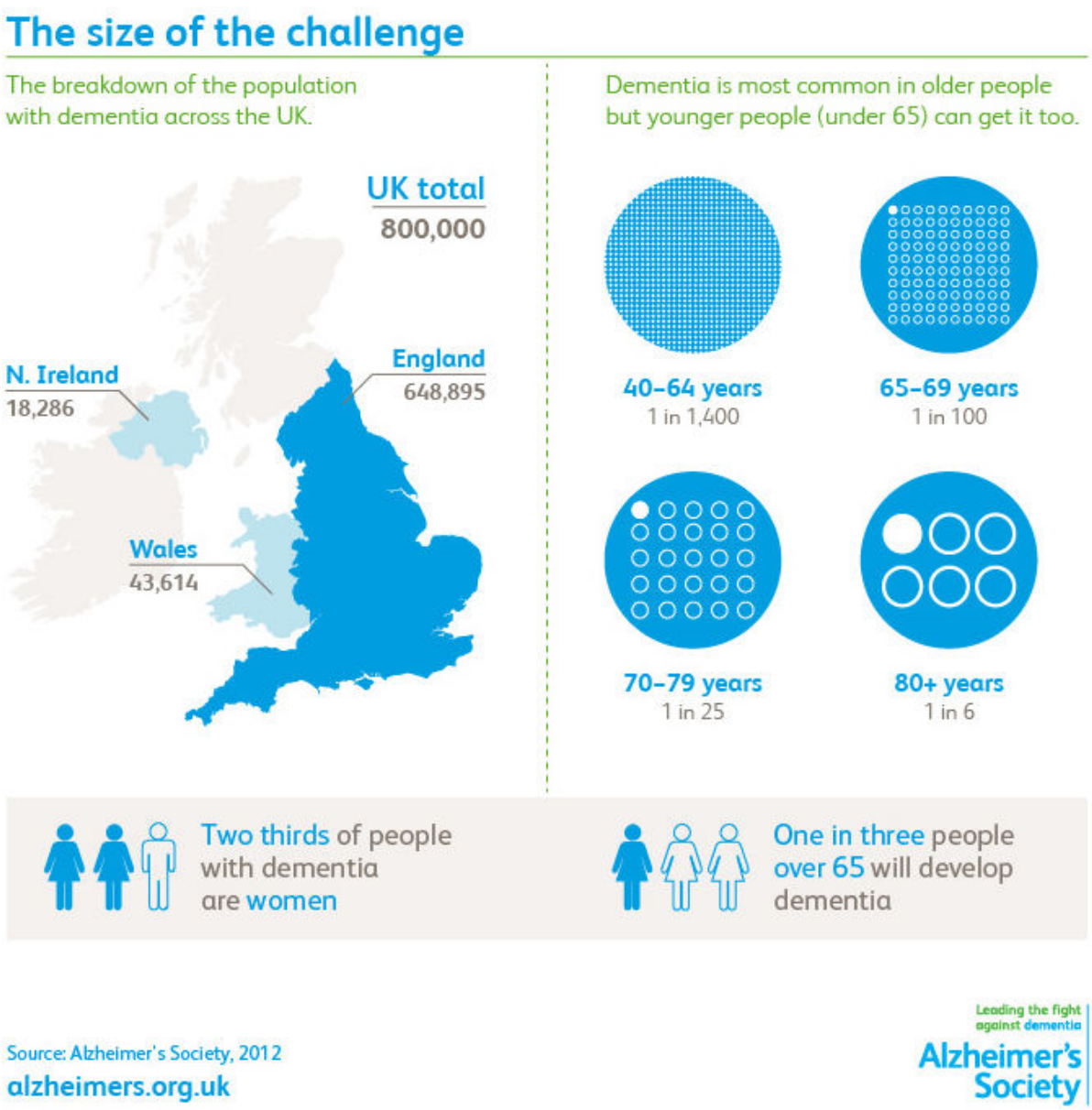
Locally, the work on the implementation of the National Dementia Strategy (NDS) commenced immediately after the publication of the Strategy in February 2009. Local Implementation group gathered representatives of organisations across health, social care, independent and voluntary sectors. Key areas requiring improvement in Peterborough were identified as:

- information and advice
- timely diagnosis
- training of staff
- care in care homes

Following the transfer of adult social care back to Peterborough City Council in March 2012, the focus of the strategy for Peterborough City Council is the adult social care provision for people with dementia and their carers. However, the Council maintains its position in valuing and positively contributing to the collaboration with partners in health, independent and voluntary sector, in order to offer seamless, efficient and service-user centred integrated pathways of care. To this end the Council will be aligning this strategy with Clinical Commissioning Group mental health strategies to support the delivery of integrated support and care for people with dementia and their carers.

[1] Department of Health: Living Well with Dementia: A National Dementia Strategy, 2009
[2] NICE Draft Quality standard: Dementia – supporting people to live well with dementia, 2012

1.2 The need for this strategy



Key data for the UK shows that:

- there are approximately 750'000 people with dementia in the UK[3]
- The number of people with dementia is expected to double within 30 years
- By 2051 more than 1.7 million people in the UK will be living with dementia
- The estimated cost of care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135%[4]

[3] Dementia UK (2007), Dementia UK: A Report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society
[4] King's Fund (2008), Paying the Price: The cost of mental health in England to 2026, London King's Fund

- The Dementia UK report found that, on average, the annual cost of caring for a person with late onset dementia was around £25'472.[5] The total annual cost per person with dementia in different care settings were estimated as follows:
    - People in the community with mild dementia - £16'689
    - People in the community with moderate dementia - £25'877
    - People in the community with severe dementia - £37'473
    - People in care homes - £31'296
- Two-thirds of people with dementia live in the community and one-third live in care homes
- Two-thirds of people living in care homes have dementia[6]
- Between 1998 and 2031 the number of hours of home care needed for older people with cognitive impairment will need to rise by 67% to keep pace with demographic pressures, and the need for the number of places for such people in institutions will need to rise by 63%, from 224'000 in 1998 to 365'000 in 2031.[7]

[5] ONS (2010), 2010 Annual Survey of Hours and Earnings, Newport: ONS
[6] Alzheimer's Society (2007), Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes, London: Alzheimer's Society
[7] Comas-Herrera A et al;., Cognitive impairment in older people: future demand for long-term care services and associated costs. International Journal of Geriatric Psychiatry, 2007; 22(10): 1037-1045

1.3 The scope of this strategy

This strategy identifies needs and responses to those needs of adults with dementia aged 18 and over. It therefore includes young onset dementia (i.e. dementia in people below the age of 65). It covers both specialist mental health social care provision and general social care for people suffering from dementia in Peterborough, and aims to help create a seamless pathway of care.

Although it is recognised that people with dementia often have underlying functional mental health co-morbidities, such as anxiety and depression, which are intrinsically linked to their organic condition, the scope of this strategy does not deal with functional mental health conditions.

2. Key themes and Priorities

Caring for people with dementia is a challenge for a range of organisations, and poses inter-dependencies that need to be considered and negotiated on the whole-system level.

Some of the key areas for consideration by social care providers are:

- raising awareness and providing information and advice
- carer support; carer's assessment
- peer support;
- personalisation
- active aging programme
- home care
- housing and housing adaptations
- assistive technology
- day services
- respite care and short breaks
- workforce planning and development
- sitting service
- equipment services
- crisis response
- post discharge support
- intermediate care
- re-ablement
- care management
- use of antipsychotic medication in line with NICE guidance
- residential care
- services for people with early-onset dementia
- end of life care

3. National and Local Context

3.1 'Living Well with Dementia' - The National Dementia Strategy

Published in November 2009, the national Strategy document highlights 17 areas for development across health and social care sectors:

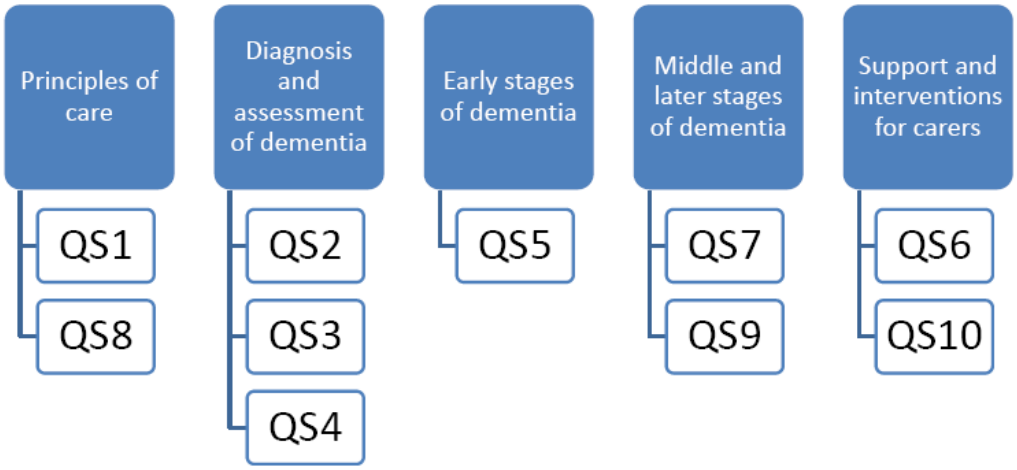
1. Raise awareness of dementia and encourage people to seek help
2. Good quality early diagnosis, support and treatment for people with dementia and their carers, explained in a sensitive way.
3. Good-quality information for people with dementia and their carers
4. Easy access to care, support and advice after diagnosis
5. Develop structured peer support and learning networks
6. Improve community personal support services for people living at home
7. Implement the New Deal for Carers
8. Improve the quality of care for people with dementia in general hospitals
9. Improve intermediate care for people with dementia
10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers
11. Improve the quality of care for people with dementia in care homes
12. Improve end of life care for people with dementia
13. An informed and effective workforce for people with dementia
14. A joint commissioning strategy for dementia
15. Improve assessment and regulation of health and care services and of how systems are working
16. Provide a clear picture of research about the causes and possible future treatments of dementia
17. Effective national and regional support for local services to help them develop and carry out the Strategy

Subsequently, following the commissioning of an independent report into the use of antipsychotics in the treatment and care of people with dementia[8], the last objective was added to bring about reduction in inappropriate prescribing of antipsychotic medication and promotion of other responses to behaviour that challenges, including non-pharmacological solutions.

[8] Sube Banerjee, 'The use of antipsychotic medication for people with dementia: Time for Action', 2009

3.2 NICE quality standards for dementia

10 NICE Quality Standards mapped against the Stages of Dementia



Quality Statements

Number	Quality statements
1	People with dementia receive care from staff appropriately trained in dementia care.
2	People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4	People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5	People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of : • advance statements • advance decisions to refuse treatment • Lasting Power of Attorney • Preferred Priorities of Care.
6	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7	People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8	People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9	People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10	Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

3.3. NICE quality standard – social care (draft)

In 2011, the National Institute for Health and Clinical Excellence (NICE) was asked by the Department of Health to pilot the development of two quality standards for social care. The work that has been completed until August 2012, when the draft was circulated for stakeholder consultation (closed on 16.10.12), is based on the wider social care agenda of improving the overall experience of care or services in the following ways:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.[9]

List of quality statements

No	**Draft quality statements**
1	People who are concerned that they or someone they know may have dementia are listened to and have opportunities to discuss such concerns.
2	People who might have dementia are informed of the benefits of attending a memory assessment service and encouraged to do so.
3	People living with dementia and their carers are in contact with a local adviser who provides information about dementia and how to access additional support.
4	People living with dementia and their carers have choice and control in decisions affecting their care and support.
5	People living with dementia have a care and support plan based on individual needs.
6	People living with dementia and their carers take part in a review of their care and support needs when their circumstances change and at least once a year.
7	People in the early stages of dementia and their carers have opportunities to be involved in planning their palliative and end-of-life care.
8	People living with dementia are supported to participate in activities based on individual interest and choice.
9	People living with dementia are supported to maintain relationships and have opportunities to contribute to the wider community.
10	People living with dementia are supported to access services that help maintain their physical and mental wellbeing.
11	People living with dementia have their accommodation designed or adapted to meet their specific needs.
12	People living with dementia and their carers have opportunities to be involved in planning and evaluating services.
13	People living with dementia and their carers are supported to access independent advocacy services.

[9] The Adult Social Care Outcomes Framework 2011-12

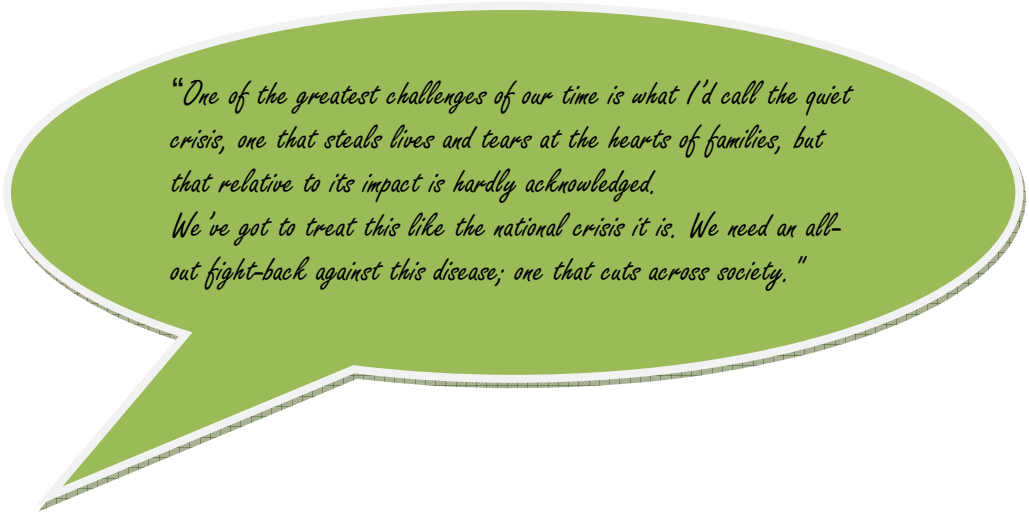
3.4 National Dementia Declaration – National Dementia Alliance

Dementia Action Alliance is made up of over 100 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

Members of Dementia Action Alliance have signed up to a National Dementia Declaration. Created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes we are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life

3.5. Prime Minister's Dementia Challenge[10]

In order to maintain the momentum gained by the National Dementia Strategy, and invigorate actions to improve outcomes for people with dementia, Prime Minister David Cameron, launched the Dementia Challenge in March 2012.



Prime Minister David Cameron, speaking at the Alzheimer's Society Conference, March 2012

Three main areas of action identified by the Dementia challenge are:

- Driving improvements in health and care
- Dementia friendly communities
- Dementia research

Current programme of recruitment of dementia friends and champions across the country by the Alzheimer's Society forms part of this renewed ambition to go further and faster with the dementia challenge.

3.6 Local context

The proposed dementia strategy for Peterborough is aligned with the overall priorities of the Adult Social care department, stated as:

- promote and support people to maintain their independence
- delivering a personalised approach to care
- empowering people to engage with their communities and have fulfilled lives

[10] http://dementiachallenge.dh.gov.uk/about-the-challenge/

Furthermore, Peterborough Health and Wellbeing Strategy (January 2013) highlights as one of its priorities the needs of older people, including those suffering from dementia. The Health and Wellbeing Strategy 2012-15 includes five targeted areas, which are a priority to improve the health and wellbeing of everyone in Peterborough.

This strategy has been produced on behalf of the new Shadow Health and Wellbeing Board and is underpinned by the findings and recommendations form the refreshed Joint Strategic Needs Assessment for Peterborough. Priorities are to:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs

4. The Future needs for Dementia Services in Peterborough

4.1. Joint Strategic Needs Assessment – Peterborough

4.1.1 Population Profile and Growth

The older age adult population of Peterborough will grow significantly over the next 5 to 10 years, increasing from 23,944 currently to 27,283 in 2015 and 30,002 in 2020 (an increase of 25% over the full ten year period). There will be a significant rise in the number of younger elderly, aged 65-74, over the next ten years. The number of people aged 65-69 living in Peterborough is projected to increase from 6,807 in 2010 to 8,603 in 2015 – an increase of 26.4%. This will be followed by an increase in the size of the age 70-74 population rising from 6,255 in 2015 to 7,942 in 2020 – an increase of 37.5%. This increase in younger elderly will result in a significant increase in the number of older people with common (functional) mental health problems in Peterborough. (This data was obtained from the Office for National Statistics (ONS) population estimates).

There will also be a significant increase in the number of people aged 85+ living in Peterborough, projected to rise from 2,938 in 2010 to 3,452 in 2015 and 4,073 in 2020 (an increase of 37.5%). This will in turn increase the number of people with dementia that we can expect to see living in Peterborough over the next 5 to 10 years.

Table 1 **Population Growth-Older Adults 65+ (2010-2020)**

Age Band	2010	2015	2020	% Change 2010 -2015	% Change 2010 - 2020
65 - 69	6,807	8,603	8,082	26.4%	18.7%
70 - 74	5,778	6,255	7,942	8.3%	37.5%
75 - 79	4,795	5,124	5,632	6.9%	17.5%
80 - 84	3,626	3,849	4,273	6.2%	17.8%
85+	2,938	3,452	4,073	17.5%	38.6%
Grand Total	23,944	27,283	30,002	13.9%	25.3%

Figure 1 **Population Growth-Older Adults (65+) (2010-2020)**

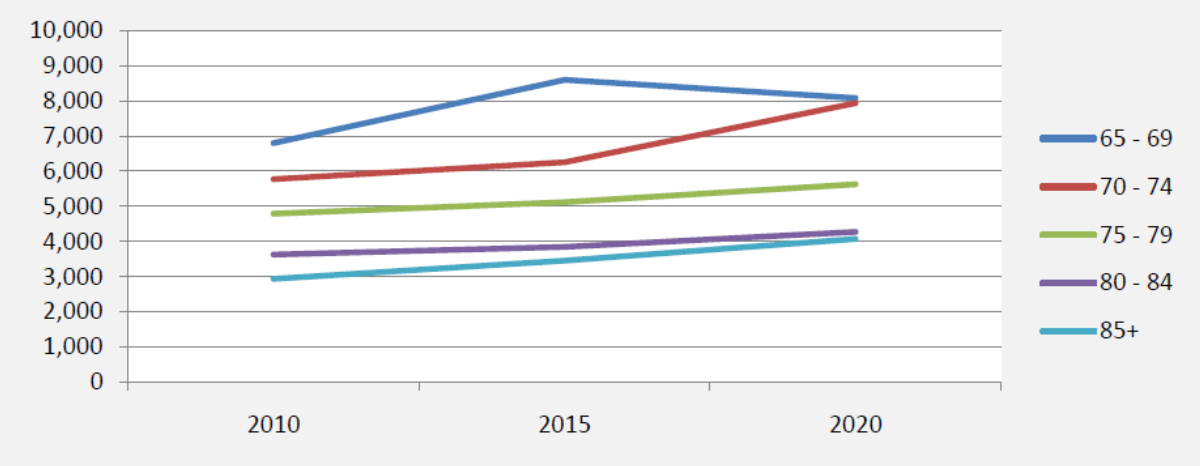
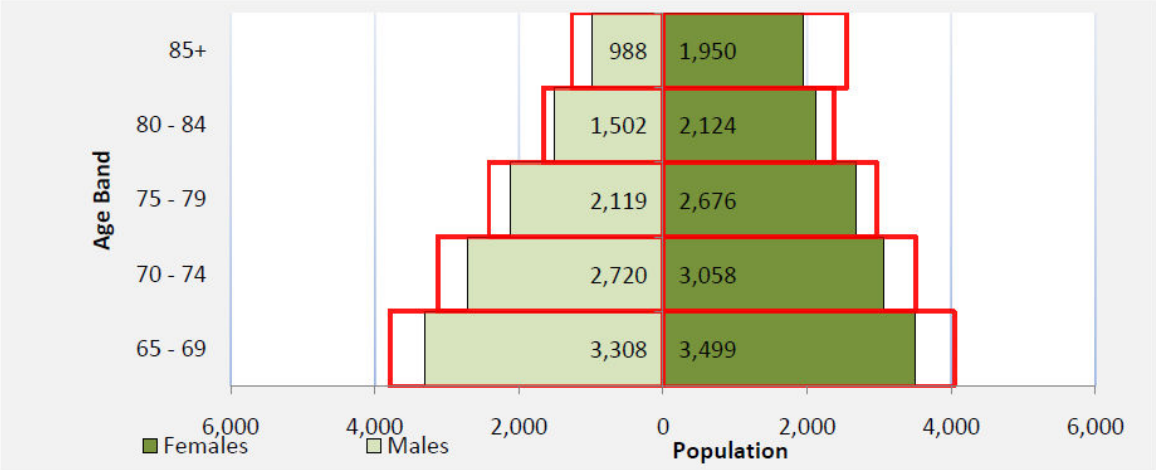


Figure 2 **Peterborough Older Adult Population Profile (65+)**



Red line indicates England Average population profile.

4.1.2 Ethnicity

Peterborough has a diverse ethnic population, and is ranked the 40th most diverse of 152 PCTs nationally for ethnic diversity, Peterborough is the second most diverse of the fourteen PCTs in the Eastern region, behind only Luton. 10% of the older age adult population (age 60+) in Peterborough is reported to be Non-White British, compared with 6.5% in the Eastern region and 8.2% in England nationally. The largest black and minority ethnic groups amongst older age adults in Peterborough are 'White Other' (3.7%) and 'Asian' (3%).

It is well established that people from black and minority ethnic groups are more likely to experience mental health problems but are often less likely to engage in services – particularly older aged adults. It is vital that we work to ensure engagement with all 'hard to reach' groups – particularly in the earliest stages of illness.

4.1.3 Prevalence and Incidence of Mental Health Problems in Older Age Adults (age 65+)

Organic Mental Illness - Dementia :- The prevalence, 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 females, increasing from 1,074 females currently (2010) to 1,309 in 2020 (Dementia UK Report, Alzheimer's Society, 2007).

Recent UK research on survival rates for people with dementia (Xie et al, 2008) suggests that the median survival time from early onset until death may be shorter than had previously been thought: 4.1 years for men and 4.6 years for women. Age of onset appears to make less difference to survival rates than had previously been thought – although the impact of those life expectancies will of course be greater at a younger age. This further emphasises the importance of early diagnosis and support. Early diagnosis and prompt access to support has also been shown to greatly improve the quality of life of both individuals living with dementia and their carers.

The incidence, the number of new cases of dementia occurring each year in Peterborough is also projected to rise. There is a range to estimates but based on a 'mid-range' estimate we can expect to see the number of new cases per year rise from 462 cases in 2010, rising to 522 new cases per year in 2015, and increasing further to 594 cases in 2020 **(**Cognitive Functioning and Ageing Study, Medical Research Council, 2005).

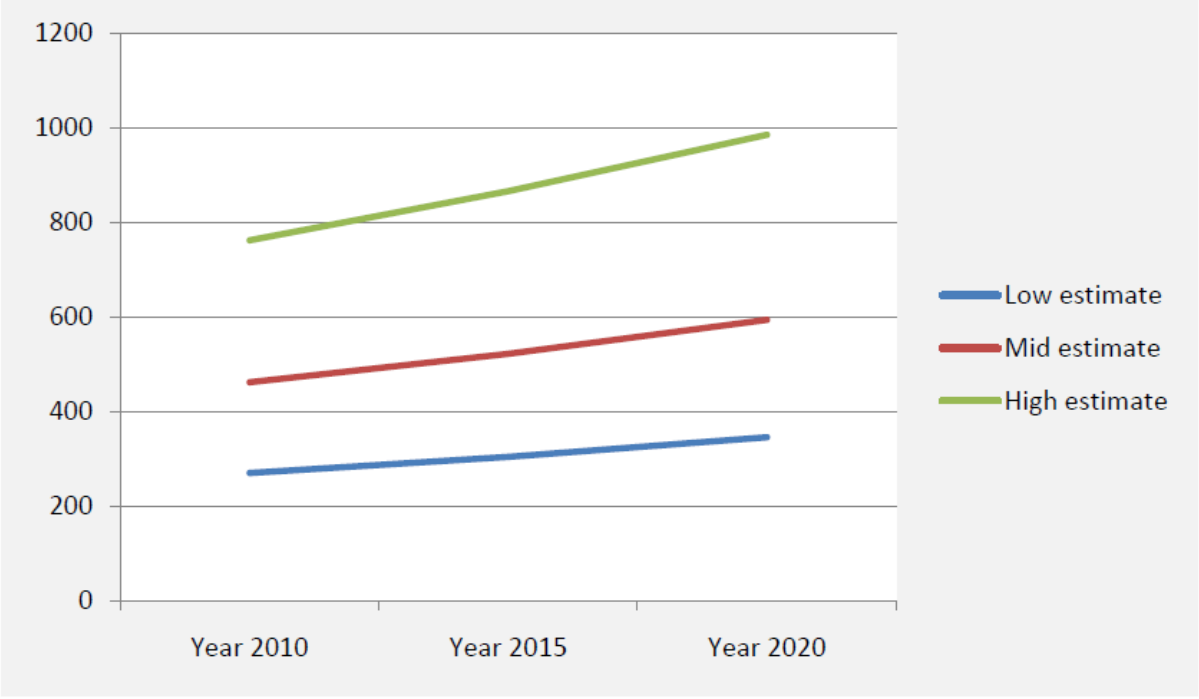
Table 2 and Figure 3 below detail the incidence of dementia in Peterborough. This is the number of new cases that we can expect to see each year. The data was obtained from the Cognitive Functioning and Ageing Study undertaken (Medical Research Council, 2005). There is a range to estimates. Based on a 'mid-range' estimate the number of new cases per year is projected to rise from 462 currently to 522 in 2015 and 594 in 2020.

Table 2 **Number of New Cases of Dementia per Year (2010 to 2020)**

Estimate	2010	2015	2020
Low estimate	270	304	345
Mid estimate	462	522	594
High estimate	762	866	985

]

Figure 3 **Number of New Cases of Dementia per Year (2010 to 2020)**



Based on data from 2009 (the most recent available) the Quality and Outcomes Framework (QOF) shows that only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%) of the 1,629 people estimated to be living with dementia in Peterborough in 2009. This picture is also true nationally. In 2009 only 375,164 (37.9%) of the 604,303 people estimated to have dementia in England had a confirmed diagnosis (based on GP practice registers).

Table 3 below provides details Quality and Outcomes Framework (QOF) data showing that in 2009 (the most recent data available) only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%)

of the 1,629 people estimated to be living with dementia in Peterborough in 2009, indicating a high level of unmet need.

Table 3 **Number of People Estimated to have Dementia**

Area	Number of people predicted to have dementia			
	By prevalence estimates	According to QOF register	Difference	Percentage on register
Peterborough PCT	1,629	588	1,041	36.1%
East of England SHA	71,041	25,315	45,726	35.6%
England	604,303	229,139	375,164	37.9%

Tables 4-5 and Figure 4 below detail the number of people that we estimate have dementia in Peterborough both now (2010), and projected into the future (2015 and 2020). Prevalence estimates were obtained from the Dementia UK Report (Alzheimer's Society, 2007) and applied to the official ONS population estimates. The prevalence, 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.

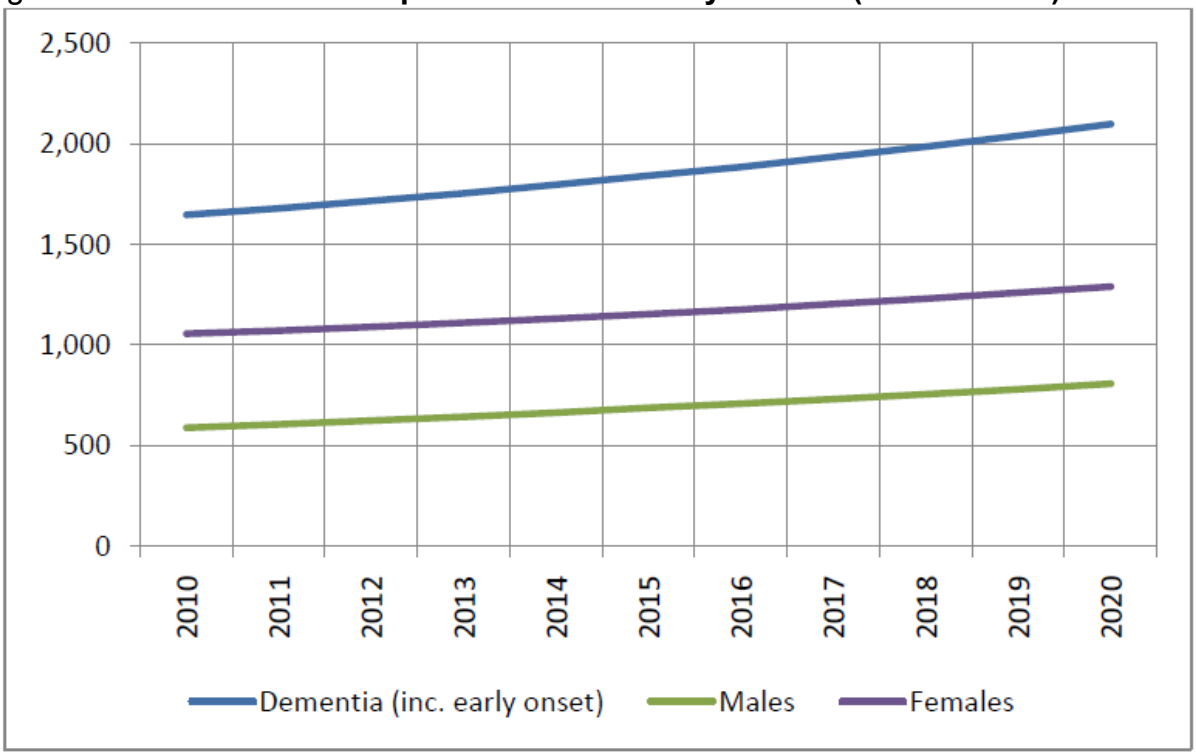
Table 4 **Number of People with Dementia-By Age Band (2010 to 2020)**

Age Band	2010	2015	2020
Under 55	13	14	14
55-64	27	27	29
65-74	242	278	317
75-84	718	762	840
85+	686	800	940
All ages	**1,686**	**1,882**	**2,142**

Table 5 **Number of People with Dementia-By Gender (2010 to 2020)**

Gender	2010	2015	2020
Males	613	712	833
Females	1,073	1,170	1,309
All people	**1,686**	**1,882**	**2,142**

Figure 5 **Number of People with Dementia By Gender (2010 to 2020)**



5. Current Investment and Service Provision in Peterborough

5.1. Current Local Authority Provision

NURSING AND RESIDENTIAL CARE

All care home beds are commissioned on when and as needed basis from providers who have agreed to operate within the Terms & Conditions of the Pre-placement agreement framework in place in Peterborough.

Table 6: Care homes in Peterborough

Care Home:	Nursing	Res	Res or Dem	Dem	Dem/ Nursing	U65s	Total
Avery House	0	59	0	27	0	0	86
Broadleigh	28	0	8	0	0	0	36
Clair Francis	0	0	28	0	0	0	28
Field House	0	0	33	0	0	0	33
Florence House	0	21	0	0	0	0	21
Garden Lodge	0	10	0	0	0	0	10
Lavender House	0	0	31	0	0	0	31
Longueville Court	51	0	0	22	0	28	101
Maxey House	0	0	31	0	0	0	31
Park House (CHC only)	52	0	0	0	0	0	52
Park Vista	17	17	0	15	0	0	49
Philia Lodge	0	0	19	0	0	0	19
St Margaret's Residential	0	0	16	0	0	0	16
The Star	0	0	27	0	0	0	27
The Tudors	0	0	44	0	0	0	44
Wentworth Croft	41	42	0	41	32	0	156
Werrington Lodge	45	0	0	0	37	0	82
TOTALS:	234	149	237	105	69	28	822

RESPITE CARE

Peterborough City Council currently commissions 6 rolling respite beds across 6 care homes locally. All of them can be used for dementia, and the standard provision for respite care is 1 week in 6 or 2 in 8 weeks. Additionally, emergency respite can be provided in the service user's home.

INTERMEDIATE CARE AND INTERIM BEDS

Specialist mental health team by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provide Intermediate care through the Intermediate Care Team. Its two principal functions are:

- Crisis response and intervention to prevent hospital admission
- Liaison with general hospitals and A&E.

Transfer of care team based at Peterborough City Hospital manage interim beds, which are commissioned for the average length of stay of 30 days (up to a maximum of 90 days). There are currently 14 interim beds available in Peterborough in 8 locations. Only one of those is not suitable for dementia. The first four weeks of care are provided free of charge to the service user.

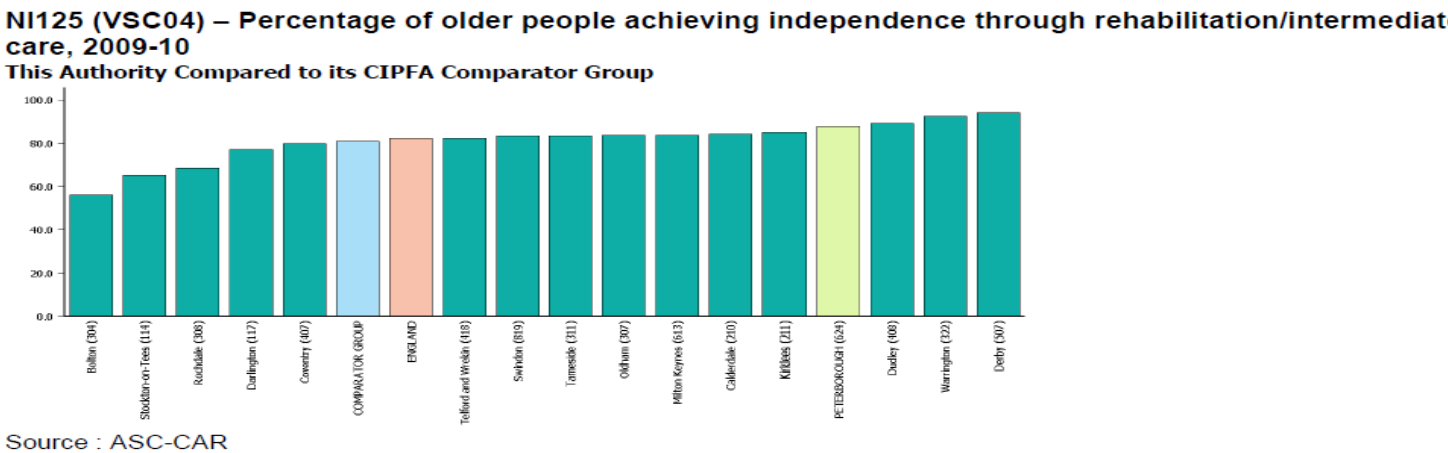
RE-ABLEMENT

Reablement is the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long-term independence by enabling them to remain or return to live in their own homes within the community. The approach focuses on reabling people within their homes so that they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care.

We believe that further development of reablement approaches is a critical element in developing and delivering effective preventive health and social care interventions.6 Key strategic outcomes that we want to deliver through reablement are:

- People will be supported to maximise their independence, health and wellbeing and to live within their own homes for as long as possible; and
- There will be a reduction in commissioned domiciliary care hours as more effective early intervention reduces the need for longer-term services.

Figure 6:



Source : ASC-CAR

SUPPORTED AND OTHER ACCOMMODATION

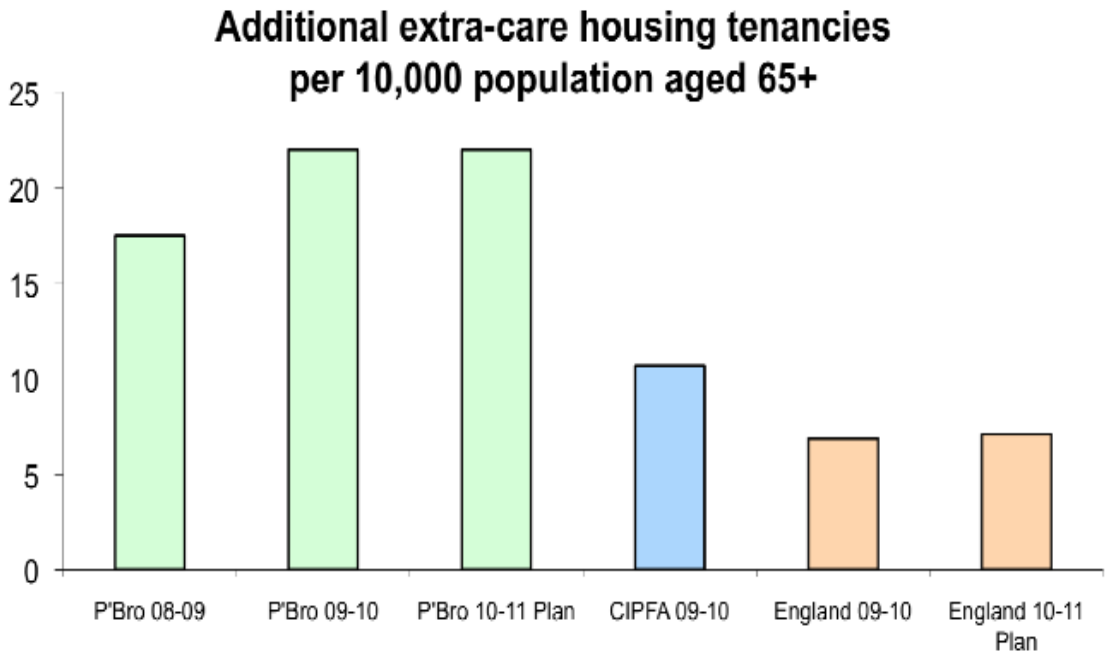
There are several extra care schemes in Peterborough catering for people with dementia:

- St Edmund's Court
- Friary Court
- Pavillions
- The Spinney
- Bishopsfield,

There are a total of 231 individual flats available within these schemes.

The rate at which we create additional extra-care housing tenancies for older people in Peterborough has increased in recent years. The following chart shows that in 2009/10 the rate was more than twice that of the average of Peterborough's CIPFA comparator group of councils and the all-England average. Plans indicate that this trend will continue. It is reasonable to conclude that older people who might otherwise have had to be placed in residential care in Peterborough are now moving into their own extra-care tenancies, and will continue to do so in the future.

Figure 7: Extra care per 10'000 population aged 65+



Source: Care Quality Commission, Self Assessment
Definition: Additional extra-care housing places within the year. (Extra-care housing, or very sheltered housing, and a range of other terms are used interchangeably to describe a type of housing with care and support.) per 10,000 population aged 65+

HOME CARE

Peterborough City Council operates a framework of providers of home care services city-wide, to ensure high quality and effective delivery of social care support in people's homes. The framework supports choice and control for people using services.

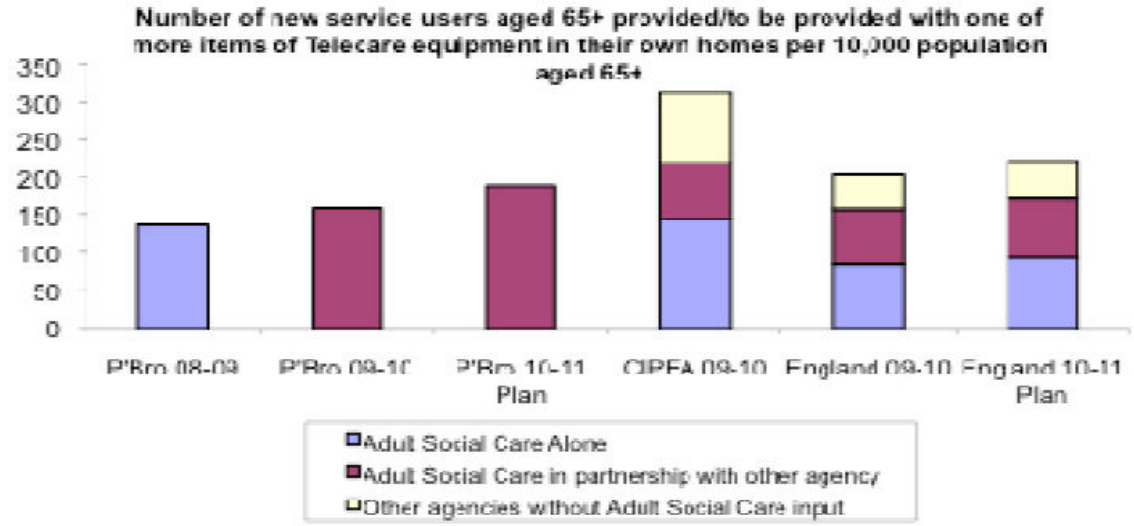
DAY CARE AND DAY SERVICES

Specialist day therapy services are offered within CPFT run Cavell Centre. Day services are run across several locations in the city, one of the main ones for the people with dementia run at the Greenwood care home.

EQUIPMENTS AND ADAPTATIONS

One of the key pre-requisites for enabling independence at home is the use of telecare equipment and assistive technology. These are provided in Peterborough through an external organisation, but are assessed through trusted assessors and, in case of adaptations, requests are signed off by the Occupational Therapist Service.

Figure 8: Telecare equipment per 10'000 population



Source: Care Quality Commission Self Assessment:
Definition: Number of new service users aged 65+ provided/to be provided with one or more items of Telecare equipment in their own homes per 10,000 population aged 65+

DIRECT PAYMENTS

Self-directed support is available to eligible service users over 65 years of age, including those with dementia. In 2012/13 the commitment for expenditure relating to direct payments for people with dementia is £50'556.82[11]. The uptake is relatively low, and efforts are being made in making this provision more widely utilised.

MEALS

Hot and frozen meals are available to adults social care eligible service users at subsidized cost.

[11] Based on the mid year activity

5.2 PROVISION BY VOLUNTARY SECTOR ORGANISATIONS

Peterborough City Council works with a number of voluntary sector organisations in the city (itemised below) to provide services for older people. The provision is for either care managed services (services provided as part of the care plan by ASC) or non care managed services (services available to all population). The breakdown of the Council's investment is presented in Figure 9 below.

Figure 9: Peterborough City Council investment in Voluntary sector provision for older people

Care Managed Services	£'k	£ / head of population	Average
2011/12	£30.0	£0.2	£2.5
2012/13 Estimate	£30.0	£0.2	£2.6
Change	£0.0	£0.0	£0.1

Non-Care Managed Services	£'k	£ / head of population	Average
2011/12	£196.0	£1.4	£2.1
2012/13 Estimate	£196.0	£1.4	£2.1
Change	£0.0	£0.0	£0.0

AGE UK

Befriending
A visiting service which provides visits to older people to help combat loneliness and social isolation. Home visits are made once a week for an average of one hour.

Day Care
Day care centre based at Steve Woolley Court it is vibrant and welcoming and is very popular with clients. The centre is open Monday, Wednesday and Friday (10am to 3pm) , a hot lunch is provided

Friendship Clubs
Across Peterborough there are 9 friendship clubs who meet once a week for a two course hot home cooked lunch. Run by an excellent team of volunteers across the 9 locations who also supply friendship, companionship and entertainment for those who attend.

Gardening
Age UK offer a seasonal service March to November for grass cutting and garden maintenance from trusted and reliable gardening teams.

Home Checks
Working with Adult Social Services we will assess your home for aids and adaptations that will make life easier and safer for you in your home.

Information & Advice
Provides a range of information and advice on many subjects including a private and confidential full benefit check service if required for people. Our office is based in Westgate and the rear of the Age UK Westgate shop, or we can visit people at home, if they have limited mobility.

Sunday Lunch Club
Sunday Lunch Club members meet every Sunday for a two course delicious home cooked Sunday lunch with pudding. A chance to meet up with friends, and make new ones in a cosy, warm and friendly environment.

Support Planning
Do you need help and assistance with the support planning process? If so, we can help you, please call us to make an appointment so we can meet you and help you through this process.

Volunteering
As a charity we are supported by a terrific band of willing and committed volunteers, many of whom stay with us for many years. If you would like to volunteer and can spare some time we are very keen to meet with you. Our volunteers help support our befriending service, gardening and our Tins Appeal and Big Knit campaigns, they also support us with various administration. duties.

ALZHEIMER'S SOCIETY

City Peer Support Group
Runs on alternate Thursday's from 1.45 -3.30 at Centre 68, behind Westgate Church Hall, Westgate, Peterborough PE1 1RE. Open to people with dementia and their carers following assessment. This is a structured group where carers and people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. There is a nominal charge for attendance. For further information please contact the Peterborough office

Dementia Information Point, Westgate
Your opportunity to call in to ask questions, receive information and/or support. Held alternate Thursdays between 1.45 and 3.30 at Westgate Church Hall, 70 Westgate, Peterborough PE1 1RG. For further information contact the office.

Dementia Information Points
Dementia Information Points will be held in various locations in and around Peterborough. This is your opportunity to call in and ask questions, recieve information and/or support. For further information contact the office

Dementia Support, Complex Needs
Our Dementia Support Worker will work with people with dementia and their carers that require extra support due to the complexity of a situation/concern or issue. The service will provide individualised information and improve understanding of dementia. We will support people in exploring coping strategies and can be the link between other organisations and professionals. Please contact the office for further information

Information & Support
Primarily first contact for many people, to receive support and information with regards to various dementia related enquiries. For further information please contact the office

Outreach Service
Dementia Support Workers work together with person with dementia and their carers' and

families to help understand dementia by providing on going support, information, guidance and coping strategies. We can also refer to our groups or signpost to other organisations

Pathways for Men
Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 10.30-12.00. Held at The Pines, Gloucester Centre, Orton Longeuville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the office for further information.

Pathways for Women
Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 2.00-3.15. Held at The Pines, Gloucester Centre, Orton Longueville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the Peterborough office for further information.

Peer Support Group, Orton Wistow
Weekly group run on Wednesday's from 10.30am - 12.30pm at Napier Place, Orton Wistow, Peterborough PE2 6XN. Open to people with dementia following assessment. This is a structured group where people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. It is a closed group taking place over 8 weekly blocked sessions, there is a nominal charge for attendance. For further information please contact the office

SALVATION ARMY

Befriending scheme

The Good Neighbours Scheme is managed by the Salvation Army and responds to the needs of the most vulnerable by meeting people at their point of need. Our approach is holistic, engaging with people's physical, emotional and spiritual needs.

Visiting Befriending. This service is for people who have difficulty going out into the community and would welcome home visits to chat, share news.

Telephone Befriending 'Caring Calls'. This service is for those who would welcome a friendly chat on the telephone.

'Young at Heart' Day Opportunities. This runs twice a week from 9.30am to 3pm. We offer a friendly and safe place to make friends and enjoy a full and varied programme of activities.

Luncheon Club. Offers a three course nutritious meal.

Community Support Team. We offer one to one support that is led by your needs. This may include: general advice for independent living, services and activities where you live. General advice on housing and benefits issues.

Gardening Maintenance. We offer low level gardening maintenance for older people who can no longer manage their gardens and have no other support to do it themselves

CROSSROADS CARE

Crossroads care provides specialist replacement care services, including sitting service for up to 3 hours per session. The referrals are made through Adult Social care, however, Crossroads care accept referrals from self-funders directly.

PCVS CARERS CENTRE

Providing support for carers of all ages across Peterborough.

Advice includes:

- Carers Assessment
- Emergency Respite
- Benefits
- 1-1 help
- Home Visits
- Blue Badge

Social Activities:

- Cheese and Wine evenings
- Pampering Days
- Carers Training

Partnership work:

- Bi annual event
- Carers Rights Day
- Consultation Work
- Carer's partnership board

OTHER CARER'S SERVICES

Peterborough City Council commissions services for carer from Crossroads Care, Alzheimer's Society , Rethink and PCVS Carers centre. These services all offer support, advice and information and for more detail please see the relevant voluntary sector entry.

Adult Social Care Delivery Services support carers to register on the carers register, and by doing this they automatically receive :

- Carers assessment;
- An application to register for the Emergency Support Service for carers. Once registered they are sent an emergency support card to carry in case of the need for emergency care.
- Bi--annual newsletter that informs carers of events that they can attend free of charge and any new developments of services that they can access

Carers are at the forefront of the Carers Partnership Board which is made up of carers, voluntary and statutory providers. The carers planning and Advisory Group reports to the Board on issues that affects carers and advising on campaigns and events for carers, as well as setting the agenda for the Carers Partnership Board. A Strategic Commissioning Advisory Group meets every two months to discuss ways of supporting carers and jointly working together to improve services for carers

Table 7: Proportion of expenditure per service type – comparative table

	Percentage (%)													
	Peterborough	Swindon	Calderdale	Coventry	Bolton	Rochdale	Kirklees	Oldham	Stockton	Telford and Wrekin	Medway Towns	Cambridgeshire	Comparator Group Summary	England
Assessment and care management	19.9%	17.6%	6.9%	8.4%	11.2%	11.9%	17.2%	7.7%	7.0%	11.7%	8.8%	16.1%	11.2%	11.4%
Nursing care placements	11.1%	18.0%	19.6%	11.1%	10.4%	12.3%	14.3%	14.6%	16.0%	28.9%	19.0%	15.8%	15.4%	17.3%
Residential care placements	34.4%	33.0%	33.9%	32.2%	35.7%	44.3%	35.0%	44.9%	51.6%	26.9%	31.8%	26.9%	36.7%	36.9%
Supported and other accommodation	0.0%	0.2%	0.2%	0.8%	0.1%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.2%	0.6%
Direct payments	1.1%	0.8%	2.1%	2.9%	1.4%	1.1%	0.4%	0.3%	1.4%	1.4%	0.8%	1.6%	1.3%	1.4%
Home care	21.1%	20.4%	24.0%	28.8%	27.7%	21.0%	21.9%	19.1%	17.8%	23.3%	26.7%	32.6%	23.5%	22.1%
Day care	3.4%	3.2%	7.7%	4.8%	5.3%	3.2%	4.0%	5.8%	3.6%	2.8%	5.2%	2.4%	4.6%	4.2%
Equipment and adaptations	1.6%	2.2%	3.0%	0.0%	0.0%	0.1%	4.6%	1.7%	1.9%	0.7%	0.0%	2.3%	1.6%	1.6%
Meals	1.2%	1.0%	0.5%	1.4%	2.6%	0.9%	0.1%	0.0%	0.0%	0.9%	0.4%	0.2%	0.8%	1.0%
Other services to older people	6.1%	3.6%	2.1%	9.6%	5.7%	4.5%	2.5%	5.9%	0.7%	3.4%	7.3%	1.0%	4.8%	3.4%
TOTAL OLDER PEOPLE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 8 **Investment in Older Peoples Mental Health Services by Peterborough City Council**[12]

	Investment (£)	Notes
Social care services		
CPFT	335'000	staffing and travel
ASC	433.900	10% of the overall Older people's staffing and overhead costs
Spot purchased services		
Nursing and residential care	505.906	placed by CPFT, commitment for 2012/13
Extra care	367'100	Pavillions, St Edmonds, Friory Court, Bishopsfield, The Spinney
Home care	135.000	Commitment for 2012/13
Direct payments	50.556	Commitment for 2012/13
Other ad-hoc expenditure		
Deferred payment	38'100	
Safeguarding	11.950	5% of everall SAB budget, representing prercentage of people with dementia of the overall figure
MCA / DOLS	27'000	training, DOLS assessments
Carer's breaks	60'000	spot-purchase
Carers' support payments	30'000	ASC managed
Block contracts		
Welland day care	136,800	
Greenwood day care	18'400	
The Cresset - day care	328'700	
Alzheimer's Society	85'205	
IMCA	10'000	contract with VoiceAbility
Salvation Army - Befriending Service	5.500	Good neighbours scheme
Age UK	150'000	Includes Day Care
Crossroads care	78'000	respite and sitting services
TOTAL	**2'807'117**	

[12] Based on prevalence estimates by the Alzheimer's Society (2012) applied to overall number of service users over 65 supported by Peterborough ASC

6. Gaps in service provision and priority setting

One of the key issues in social care service provision identified by stakeholders over the past three years has been the lack of seamless pathway for dementia across various services provided in the city.

Other gaps have been highlighted as follows[13]:

- accurate, up-to-date and comprehensive information on services available in the city
- appropriate and timely advice on the progression of dementia
- appropriate and timely advice on self-help and help for carers for people with dementia
- ongoing support via a designated support worker
- carers breaks
- respite services for people with dementia
- crisis response and emergency services
- peer support
- shortage in day care opportunities (including 7 day a week provision)
- lack of appropriate signposting
- training of staff, including domiciliary care staff
- appropriate application and monitoring of best practice in dementia care
- awareness raising and challenging stigma
- co-ordination between health and social care

[13] Peterborough Dementia Stakeholder Group ; Scoping work December 2012 to January 2013.

7. Vision for dementia services – commissioning priorities

The vision for dementia services in Peterborough is the result of stakeholder engagement and comprehensive understanding of the needs of Peterborough population. It is informed by the commissioning principles outlined below:

- Outcome-based approach to commissioning
- Utilising the VIPS model of person-centred approach to care[14][15]
- Seamless and holistic pathway of care for people with dementia and their carers across health and social care economy, with strong links to voluntary sector;
- Enabling independence and choice as long and as much as possible
- Promote prevention, early intervention and support, utilising proactive and asets-based commissioning model
- Value added services

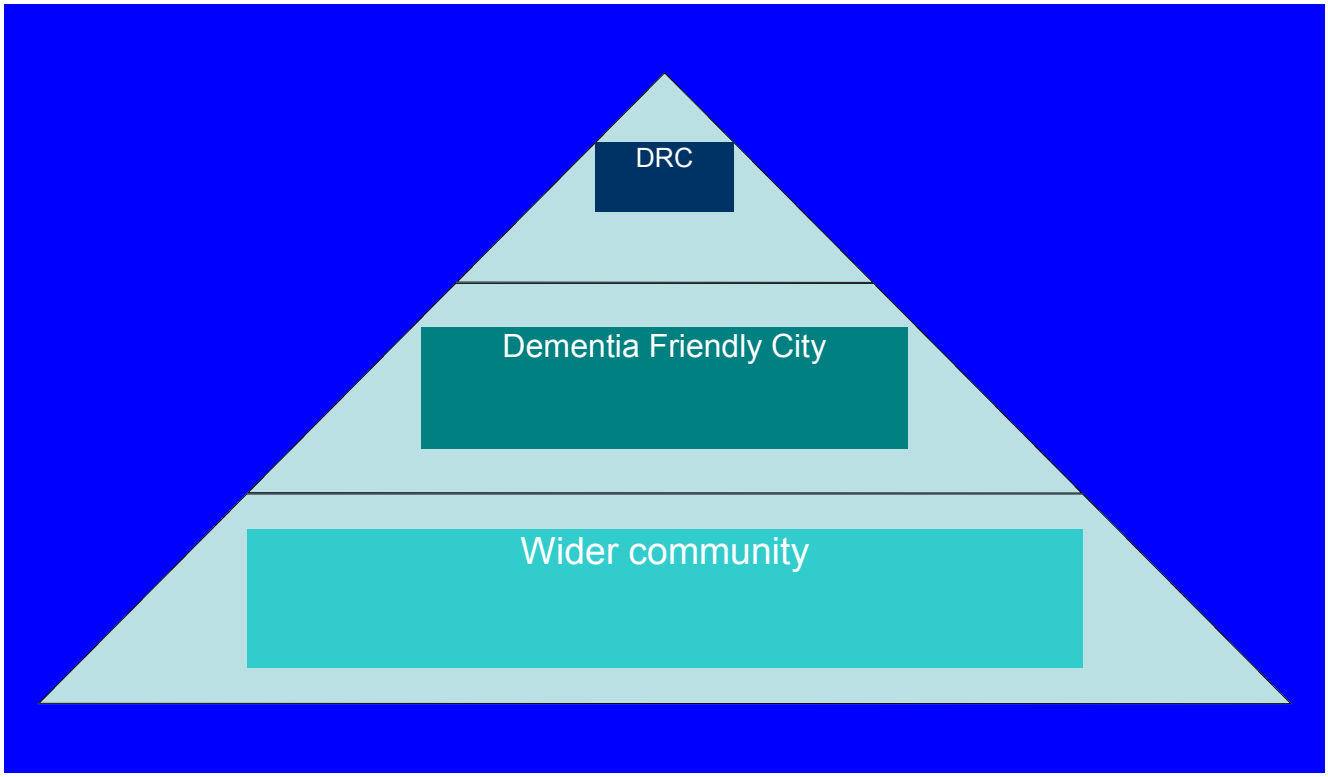
This strategy identifies the following as its key priorities:

Figure 6: **Priority setting for social care provision of dementia services in Peterborough**

[14] Brooker D (2007), Person-centred dementia care: Making services better, London, Jessica Kingsley Publications
[15] V – a value base that asserts the absolute value of all human lives
I – an individualised approach, recognising uniqueness
P – understanding the world from the perspective of service user
S – promotion of positive social psychology in which the person living with dementia can experience relative well-being

8. Action Plan

The Setting for the Action Plan



Some of the key outcomes of the dementia strategy necessitate the creation of a **dementia friendly environment** – general public, as well as professionals, having a higher level of awareness and understanding of the condition and how it affects sufferers at different stages; providing dementia-friendly services across service, leisure, transport and other relevant sectors; and fostering the principles of asset-based communities.

This will serve as a backdrop to a successful **Dementia Resource centre**, operating as a hub for dementia-specific initiatives and bringing together a plethora of activities benefiting dementia sufferers and their carers.

One of the intended outcomes of increased, co-ordinated and improved provision of services for people with dementia and their carers will be **wider communities** being better equipped to strengthen their ability to better incorporate their members with dementia, thus maximising opportunities for independent living for as long as possible.

Action one: Raising awareness and Providing Information and Advice

Evidence

- key objective in the National Dementia Strategy
- improved public awareness is linked to earlier diagnosis and treatment, enhancing the quality of life and reducing social exclusion
- increased public awareness reduces stigma associated with dementia
- Providing timely and comprehensive information and advice at different points in the progression of the condition enhances possibility for better self- management and care; provides service users with choice and stimulates the provider market.

Key tasks	Desired Outcomes	Timescales
1. create a cross-agency approach to raising awareness	1.1. reducing stigma and barriers to approaching professionals for diagnosis and help at an early stage 1.2. co-ordinated effort to maximise output and impact	See 'Implementation plan'
2. Develop a dementia information /advice resource (including a web-based directory with dementia related information)	2.1. specialist information and advice available to all people diagnosed with dementia 2.2. consistency in quality and content of advice and information given 2.3. improved range of accessible information points 2.4. better ability to update information consistently	
3. co-ordination of activities relating to information and advice across the pathway	3.1. improved timeliness, quality and scope of information / advice	
4. Peer-support services (dementia cafes)	5.1 non-institutionalised approach to dissemination of knowledge and self-management	

Costs:

Links to other fora

Public Health, Health and Wellbeing Board Peterborough, National campaigns and initiatives

Action Two: Staff training /workforce development

Evidence

- key objective in the National Dementia Strategy
- evidenced gaps in staff's ability to care for people with dementia effectively
- poor outcomes for people with dementia, including incidence of safeguarding alerts

Key tasks	Desired Outcomes	Timescales
1. create a 'skills and competencies framework' for variety of staff involved in the care of people with dementia, incl but not limited to home care staff, care home staff, social care staff, etc 2. Incorporate as appropriate into corporate contracts with providers 3. produce and deliver a comprehensive training plan and programme City-wide, which includes regular auditing and review	1.1 agreed high standards of care, appropriate to different staff groups 2.1. viable method of measuring and rectifying – contracts and agreements as levers 3.1. easier access to training 3.2. standardised quality of training	See 'Implementation Plan'

Costs:

Links to other fora

Workforce development, Skills for Care, Contracting and Procurement

Action Three: Delivering positive social care outcomes

Evidence

- enhancing provision of choice through personalisation and targeted market stimulation
- lack of dementia appropriate day care opportunities 7 days a week
- evidenced increase in independence and service user satisfaction levels in relation to dementia-friendly provision of domiciliary care
-

Key tasks	Desired Outcomes	Timescales
1. Ensure service users and their carers are integral to support planning, offering them choice and control	1.1. social care support is accessible, personalised and maximises independence	See 'Implementation Plan'
2. ensure high quality and appropriate quantity of day care opportunities for people with dementia is aligned to current and emerging need	2.1 day care opportunities cater for different demographics within the city (i.e. early onset dementia, young onset dementia, gender-specific provision,…) 2.2 the provision to address the need for extended hours of opening 2.3 day care opportunities are therapeutic in nature and contribute to independence for as long as possible 2.4 institutionalised care is delayed as long beneficial to the service user 2.5 independent but supported living is available	
3. ensure availability of dementia care beds and extra care housing	3.1 domiciliary care providers take into account the progression of the disease and actively participate in the management of each stage	
4. ensure domiciliary care providers provide person-centred dementia-aware care	4.1 Skilled workforce providing appropriate interventions to service users with dementia	

Costs:

Links to other fora

Housing, Contracting and Procurement, Workforce Development

Action Four: Services for carers

Evidence

- key objective of the strategy
- support to carers directly correlates to improvements in the quality of life, delayed admission into institutionalised care and supports the ASC objective of enabling independence and choice.

Key tasks	Desired Outcomes	Timescales
1. Better capture of data relating to carers of people with dementia 2. commission a variety of services providing breaks for carers 3. commission provision of advice, information on progression of disease and signposting for carers	1.1 comprehensive and accurate database of carers for people with dementia will enable better engagement and planning of services, 2.1. carers receive breaks needed to continue with their caring duties 3.1. see Action One	See 'Implementation Plan'

Costs:

Links to other fora

CCG Carer's Lead, PCC Carer's Lead

Action Five: Holistic approach to delivering dementia care

Evidence

- Department of Health – Commissioning Framework for Dementia highlights integrated cross-sector working as key to achieving desired outcomes
- Interdependencies between health and social care in particular

Key tasks	Desired Outcomes	Timescales
1. Ensure collaboration and alignment of key strategic priorities between health and social care 2. Multi-agency, multi-disciplinary approach to personalised care planning and delivery	1.1. seamless pathway for service users / patients and their carers, with appropriate referral and signposting protocols and practice 2.1. Leaner pathway 2.2. navigator role through the pathway to provide consistency and continuity, as well as a single point of contact 2.3. service user's choice and control over care	See 'Implementation Plan'

Costs:

Links to other fora

CCG Cambridgeshire and Peterborough, Older People's Partnership Board

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 9
12 MARCH 2013	Public Report

Report of the Chief Operating Officer, Cambridgeshire and Peterborough Clinical Commissioning Group, Andy Vowles.

Contact Officer(s) – Jess Bawden Director of Corporate Affairs
Contact Details -

REPORT ON THE CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP BUSINESS PLANS

1. PURPOSE

1.1 The purpose of this report is to update the Scrutiny Commission for Health Issues on the CCG's progress in developing its Commissioning Plan for 2013/14.

2. BACKGROUND

2.1 Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) comprises its 109 member Practices and covers a population of over 860,000 people. The CCG was 'authorised' by the NHS Commissioning Board in January and will be a statutory body from 1 April 2013, and is one of the largest in the country.

From the start, our objective was to develop a devolved model of local operation with clinical commissioning at its heart. We have also sought to achieve a smooth transition to the national model of Clinical Commissioning by building key elements of the new system well before 2013.

In Peterborough and the surrounding area, authority has been devolved to the Borderline and Peterborough Local Commissioning Groups (LCG). Two practices from the Northamptonshire have joined the Borderline LCG.

Clinical Commissioners will be responsible through the CCG for the following:

- Commissioning hospital and community health services – but not specialist services
- Managing prescribing based on clinical and cost effectiveness
- Developing a vision for commissioning local health and health care services with member practices, other professionals and key partners
- Working with local authorities, as well as playing a full part as a member of the Health and Wellbeing Boards
- Implementing structures and systems to safeguard transparency, accountability and good governance

3. KEY ISSUES

3.1 The CCG is in the process of producing an over-arching Annual Plan setting out the strategic and local commissioning priorities. The plan will take account of the Health and Wellbeing Strategies across Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire, the views of the Health and Wellbeing Boards and the work of Local Commissioning Groups.

Since April 2012, clinical commissioners have been working alongside PCT staff, with delegated authority from the NHS Cambridgeshire & NHS Peterborough Cluster Board. In Peterborough the GP Sub-Committee has existed since April 2011. Over the last year much work has been done to establish the new organisation, and to the CCG was 'authorised' in January by the NHS Commissioning Board, which has existed since October 2012.

Vision, Mission and Values
The CCG Governing Body and the member practices have developed the
vision and values for the new organisation, and the local commissioning groups that make up the CCG. They are as follows:

Our Mission
To empower our communities to keep healthy and to ensure fair access to good quality healthcare for all those who need it.

Our Vision
NHS Cambridgeshire & Peterborough Clinical Commissioning Group will be led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them.

Our Values

- Patient focused - Our population, patients and their families are at the centre of our thoughts and actions we will commission care tailored to their needs
- Quality driven - We will constantly strive to be the best we can be as individuals and as an organisation and we will ensure that this is reflected in our commissioning decisions
- Work locally – Through our Local Commissioning Groups working within their communities
- Excellent – Our aim is to be an excellent organisation, for our communities, clinicians and our staff
-

Priorities and Commissioning Intentions
The CCG and LCGs have also spent a lot of time looking at the challenges facing our communities, in particular the growth in our older population over the next four/five years.

The CCG has selected three priorities for areas of focus and for discussion with all our providers as we set out our commissioning intentions for 2013/14. These are:

- Care of the Frail elderly
- End of life care
- Health inequalities, particularly in relation to coronary heart disease

4. IMPLICATIONS

4.1 Local work in Borderline and Peterborough Local Commissioning Group to address these areas includes:

- Multi-Disciplinary Team, focusing on improving outcomes and patient experience for patients for Progressing development of integrated care
- End of Life Care service development
- Mental health services, clinicians leading redesign work with CPFT
- Prescribing, reviewing appropriate and best value prescribing

These link well to a number of priorities in the in the Health and Wellbeing Board areas that the CCG covers. In Peterborough the following priority areas have close links:

- Enable older people to stay independent and safe and enjoying the best possible quality of life
- Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all
- Enable good child and adult mental health through effective, accessible mental health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age.

5. ENGAGEMENT

5.1 The Borderline and Peterborough Local Commissioning Group recognises the importance of working closely with Peterborough City Council and Fenland District Council and has had a number of meetings in order to share priority areas and establish working relationships.

The new Clinical Commissioning Groups are very keen to ensure there is widespread engagement with patient groups across the area. There is a Patient Reference Group, which is a formal sub-committee of the Shadow CCG Governing Body. This is made up of patient representatives from each LCG Board as well and there will also be representation from Local Healthwatch once they are established The CCG will retain the same statutory duties around public consultation when considering major service changes, and is committed to involving patients and elected representatives in all stages of the commissioning process.

The Borderline and Peterborough Local Commissioning Group and the CCG are keen to engage further and would be happy to attend further meetings. Attached is a one page summary of our business plan for 2013/14.

6. NEXT STEPS

6.1 Cambridgeshire and Peterborough CCG governing body discussed our first draft business plans on 5 February 2013. These were approved subject to further scrutiny and engagement.
The Area Team of the National Commissioning Board will ratify our business plans in April 2013.
We will continue to develop and modify our plans as we work on our priorities and outcomes, involving and engaging with national, area and local stakeholders.

7. APPENDICES

7.1 Strategic Plan on a Page 2013-2015

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STRATEGIC PLAN ON A PAGE FOR 2013-2015

NHS
Cambridgeshire and Peterborough Clinical Commissioning Group

OUR MISSION

Empower our communities to keep healthy and to ensure fair access to good quality healthcare for all those who need it

OUR VISION

Led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them

OUR VALUES

Quality Driven - We will constantly strive to be the best we can be as individuals and as an organisation and we will ensure that this is reflected in our commissioning decisions

We work locally - Through our Local Commissioning Groups operating within their communities

Patient Focused - Our population, patients and their families are at the centre of our thoughts and actions and we will commission care tailored to their needs

Excellent - Our aim is to be an excellent organisation for our communities, clinicians and our staff

OUR NEW STRATEGIC DIRECTIONS

We will work with partners to build a system of care that meets the needs of our community by:

Focussing on driving improvements in our clinical priority areas

- Improving care for the frail and elderly through projects such as enhanced multi-disciplinary team working and better integration of services to focus care planning
- Improving care for those towards the end of their life
- Improving care for those with coronary heart disease
- Improving quality through local review of care pathways driven by local need or inequality

Identify and promote innovation that enhances quality of services through our participation in Academic Health Science networks

We will focus on what is important to our patients by:

Ensuring their NHS Constitutional rights and pledges are protected

Improving co-ordination of care through closer working with our valued partners

Providing friendly, caring, quality services to all our patients and carers

Responding to complaints and compliments in appropriate manner and timescales

We will strengthen our organisation to be the best at what we do by:

Driving change at a local level to respond to individual community needs

Working to remove inefficiencies that cause delay and incur unnecessary cost

Delivering and measuring at all levels to ensure consistent high quality service provision

OUR STRATEGIC CONTEXT

- One CCG with eight strong localities with planning built bottom up to maximise locality based planning
- Three acute providers all facing quality and financial challenges albeit at different levels, One MH provider and a community trust that is no longer eligible to apply for FT status
- A growing and ageing population with health inequalities
- A financial budget where doing nothing leaves a £42m gap
- An efficiency plan in 2013/14 of £28.6m
- A Contingency Planning Team commencing in Peterborough, as requested by provider regulators

OUR APPROACH TO RISK MANAGEMENT

KEY RISKS

- Provider challenges (quality and finance) increase or continue
- Transitional changes impact employee productivity and staff retention
- Transformational projects do not deliver as expected
- A growing and ageing population exceeds our planning assumptions and funding allocations

RISK MANAGEMENT

- In year monitoring of project implementation continues transparently
- Regular engagement with providers bi-laterally and as a group
- Monthly performance monitoring strengthened and led by LCGs as well as Central Team
- Employee objective setting and appraisals refreshed and re-launched in 13/14
- Some contingency reserves held by the CCG
- Close engagement with provider regulators

OUR STRATEGIC DIMENSIONS

Access to services | Fiscal responsibility | Service excellence | Integrated working

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 10
12 MARCH 2013	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

NOTICE OF INTENTION TO TAKE KEY DECISIONS

1. PURPOSE

1.1 This is a regular report to the Scrutiny Commission for Health Issues outlining the content of the Notice of Intention to Take Key Decisions.

2. RECOMMENDATIONS

2.1 That the Committee identifies any relevant items for inclusion within their work programme.

3. BACKGROUND

3.1 The latest version of the Notice of Intention to Take Key Decisions is attached at Appendix 1. The Notice contains those key decisions, which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can make after 25 March 2013.

3.2 The information in the Notice of Intention to Take Key Decisions provides the Committee 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 Committee 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 As the Notice is published fortnightly any version of the Notice published after dispatch of this agenda will be tabled at the meeting.

4. CONSULTATION

4.1 Details of any consultation on individual decisions are contained within the Notice of Intention to Take Key Decisions.

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

None

6. APPENDICES

Appendix 1 – Notice of Intention to Take Key Decisions

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PETERBOROUGH CITY COUNCIL'S NOTICE OF INTENTION TO TAKE KEY DECISIONS

PUBLISHED: 25 FEBRUARY 2013

NOTICE OF INTENTION TO TAKE KEY DECISIONS

In the period commencing 28 days after the date of publication of this notice, 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.

If the decision is to be taken by an individual cabinet member, the name of the cabinet member is shown against the decision, in addition to details of the councillor's portfolio. If the decision is to be taken by the Cabinet, it's members are as listed below:
Cllr Cereste (Leader); Cllr Lee (Deputy leader); Cllr Scott; Cllr Holdich; Cllr Hiller; Cllr Seaton; Cllr Fitzgerald: Cllr Dalton: Cllr Walsh.

This Notice should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis. Each new notice supersedes the previous notice and items may be carried over into forthcoming notices. Any questions on specific issues included on the Notice should be included on the form which appears at the back of the Notice 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.

Whilst the majority of the Executive's business at the meetings listed in this Notice will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies this is indicated in the list below. A formal notice of the intention to hold the meeting, or part of it, in private, will be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

You are entitled to view any documents listed on the notice, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Alex Daynes, Senior Governance Officer, Chief Executive's Department, Town Hall, Bridge Street, PE1 1HG (fax 01733 452483), e-mail to alexander.daynes@peterborough.gov.uk or by telephone on 01733 452447. For each decision a public report will be available from the Governance Team one week before the decision is taken.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedecisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Notice, 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 notice.

KEY DECISIONS FROM 25 MARCH 2013

KEY DECISION REQUIRED	DECISION MAKER	MEETING OPEN TO PUBLIC	RELEVANT SCRUTINY COMMITTEE	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER (IF ANY OTHER THAN PUBLIC REPORT)
Sale of Craig Street Car Park - KEY/25MAR13/01 To approve the sale of land known as Craig Street Car Park.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Relevant Internal and External Stakeholders and ward councillors.	David Gray Capital Projects Officer Tel: 01733 384531 david.gray@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Restructure of Neighbourhood Services - KEY/25MAR13/02 To approve the details of the restructure in order for it to contribute to the financial savings required and to further enhance service delivery arrangements.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning**	**N/A**	Strong and Supportive Communities	Relevant Staff and internal departments.	Adrian Chapman Head of Neighbourhood Services Tel: 01733 863887 adrian.chapman@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Local Welfare Provision - KEY/25MAR13/03 To approve the establishment of the new Local Welfare Provision offer which replaces the Department for Work and Pensions Social Fund.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Strong and Supportive Communities	Relevant Internal Departments and External Stakeholders.	Adrian Chapman Head of Neighbourhood Services Tel: 01733 863887 adrian.chapman@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Supporting People Programme - KEY/25MAR13/04 To approve service reductions.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning**	**N/A**	Strong and Supportive Communities	Relevant internal departments and external stakeholders.	Adrian Chapman Head of Neighbourhood Services Tel: 01733 863887 adrian.chapman@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Library Services - KEY/25MAR13/05 To agree the outcome of the consultation on proposals to revise the library opening hours at Bretton, Orton, Werrington and Central Libraries and proposals to revise the frequencies and stopping times for the mobile library service.	**Cabinet**	**Yes**	Strong and Supportive Communities	Will be undertaken with members of public and relevant stakeholders.	Dominic Hudson Strategic Partnerships Manager Tel: 01733 452384 dominic.hudson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Redesign of the Direct Intervention Service - KEY/25MAR13/06 To approve the re-deign of the Direct Intervention Service to enable the realisation of the savings as detailed in the Medium Term Financial Plan.	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities	Direct Intervention Service staff, Legal Services, Human Resources and Finance.	Lou Williams Head of Commissioning, Specialist Services Tel: 01733 864139 lou.williams@peterborough.gov.uk	It is not anticipated that any further documents will be used.
PREVIOUSLY ADVERTISED DECISIONS						
Moy's End Stand Demolition and Reconstruction - KEY/03APR/12 Award of Contract for the Demolition of the Moy's End Stand and Reconstruction	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Internal and External Stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street Car Park - KEY/03JUL/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 Resources, to negotiate and conclude the sale of Dickens Street Car Park.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Consultation will take place with the Cabinet Member, Ward councillors, relevant internal departments & external stakeholders as appropriate.	Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12 To approve the list for independent fostering agencies.	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Write off approval for debts over £10,000 in relation to Non Domestic Rates - KEY/31OCT12/01 Authorise the write off of debt shown as outstanding in respect of non domestic rate accounts.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Internal and External Stakeholders as appropriate.	Richard Godfrey ICT and Transactional Services Partnership Manager Tel: 01733 317989 richard.godfrey@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Expansion and Refurbishment of Hampton Vale Primary School - KEY/31OCT12/04 Award of Contract for the expansion and refurbishment of Hampton Vale Primary School.	**Councillor John Holdich OBE Cabinet Member for Education, Skills and University**	**N/A**	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders including ward councillors as appropriate.	Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Mental Health Services at Clare Lodge - KEY/13NOV12/05 Undertake a tender to secure Mental Health Services for Clare Lodge Secure Unit.	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities	Internal and External Stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Clare Lodge Service Review Outcome - KEY/13NOV12/06 To approve the outcome of the service review of Clare Lodge Secure Unit.	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities	Internal and External Stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Residential Approved Provider List - KEY/13NOV12/08 Create a compliant Approved Provider List for Residential units for children and young people.	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities	Internal and external stakeholders as appropriate.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Future of Children's Play Services - KEY/13NOV12/09 To determine the future of Play Services in the city	**Councillor Sheila Scott OBE Cabinet Member for Children's Services**	**N/A**	Creating Opportunities and Tackling Inequalities.	To be undertaken with key stakeholders.	Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Care and Repair Framework Agreement - KEY/18DEC12/01 To approve a framework agreement and schedule of rates to deliver disabled facility grant work. specifically providing disabled access to toilet and washing facilities and associated work in domestic properties.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning**	**N/A**	Strong and Supportive Communities	Relevant Internal Departments.	Russ Carr Care & Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Capital Programme of Works - KEY/18DEC12/02 To agree the Capital Programme of Works for 2013-14.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning**	**N/A**	Sustainable Growth and Environment Capital	Members of public, external stakeholders and internal departments.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Award of Contract for the 413 Bus Service - KEY/27DEC12/01 Award of Contract for Route 413 (Maxey to City Centre) from 1 April 2013.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning**	**N/A**	Sustainable Growth	Relevant internal departments and external stakeholders.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Award of Insurance Contract - KEY/10JAN13/01 To authorise the awarding of the contract for provision of the Council's insurances for the next five years.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Relevant Internal Departments.	Sue Addison Insurance Manager Tel: 01733 348560 sue.addison@peterborough.gov.uk	It is not anticipated that any further documents will be required.

Extension to various Highways Related Contracts to July 2013 - KEY/24JAN13/01 To extend the existing Highways Maintenance, Professional Services, Street Lighting and Gully Cleansing Contracts until July 2013 pending the review of alternative procurement options.	**Councillor David Seaton Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Consultation with senior officers has been undertaken including the Director of Operations and Head of Business Transformation.	Simon Machen Head of Planning, Transport and Engineering Services Tel: 01733 453475 simon.machen@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Environment Capital Action Plan - KEY/24JAN13/02 Approve the Plan for public consultation.	**Cabinet**	**Yes**	Sustainable Growth and Environment Capital	Four week public consultation.	Charlotte Palmer Climate Change Team Manager charlotte.palmer@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Risk Based Verification Policy - KEY/24JAN13/03 To approve the policy for online Housing/Council Tax Benefit claim forms.	**Cabinet**	**No**	Sustainable Growth and Environment Capital	Relevant Internal and External Stakeholders.	Amanda Stevens Head of Shared Transactional Services Tel: 01733 317941 amanda.stevens@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Fletton Parkway Junction 17 to 2 improvement scheme - KEY/24JAN13/07 To agree funding is brought forward between 2012 and 2015 in Medium Term Financial Strategy and the contract awarded for the works.	**Councillor Peter Hiller Cabinet Member for Housing, Neighbourhoods and Planning, Cabinet Member for Resources**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk	It is not anticipated that there will be any further documents.

Eco Funding and Community Energy Program - KEY/07MAR13/01 Authority to enter into Heads of Terms with a utility company to develop local funding arrangements.	**Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development, Business Engagement and Environment Capital**	**N/A**	Sustainable Growth and Environment Capital	Relevant internal stakeholders.	John Harrison Executive Director-Strategic Resources Tel: 01733 452398 john.harrison@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Hampton Leisure Facilities - KEY/07MAR13/02 To approve the financial model and lease option for the Hampton Leisure Centre.	**Councillor Matthew Lee Deputy Leader and Cabinet Member for Culture, Recreation and Strategic Commissioning**	**N/A**	Sustainable Growth and Environment Capital	Relevant Internal and External stakeholders.	Dominic Hudson Strategic Partnerships Manager Tel: 01733 452384 dominic.hudson@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Affordable Housing Capital Funding Policy - KEY/07MAR13/03 Revision to the Affordable Housing Capital Funding Policy	**Cabinet**	**Yes**	Sustainable Growth and Environment Capital	Relevant Internal Departments.	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	It is not anticipated that there will be any further documents.

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

Care Services Delivery (Assessment & Care Management; Integrated Learning Disability Services and HIV/AIDS; Regulated Services)
Strategic Commissioning (Mental Health & Integrated Learning Disability; Older People, Physical Disability & Sensory Impairment; Contracts, Procurement & Compliance)

Quality, Information and Performance (Performance & Information; Strategic Safeguarding; Business Support & Governance; Business Systems Improvement; Quality and Workforce Development)

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