

SCRUTINY COMMISSION FOR HEALTH ISSUES

THURSDAY 19 SEPTEMBER 2013

7.00 PM

Bourges / Viersen Room, Town Hall

AGENDA

Page No

1. Apologies

2. Declarations of Interest and Whipping Declarations

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council.

Members must also declare if they are subject to their party group whip in relation to any items under consideration.

3. Minutes of Meetings held on:

3 - 20

- 20 June 2013
- 16 July 2013

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

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any two Members of a Scrutiny Committee or Scrutiny Commissions.. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee or Commission.

5. Contingency Planning Team Report

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6. Adult Social Care - Local Account 2012/2013

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7. Transforming Person-Centered Opportunities For Younger Adults

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8. Notice of Intention to Take Key Decisions

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9. Work Programme 2013/2014

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10. Date of Next Meeting

Tuesday, 12 November 2013



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

Emergency Evacuation Procedure – Outside Normal Office Hours

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Committee Members:

Councillors: B Rush (Chairman), D Lamb (Vice Chairman), D McKean, S Allen, K Sharp, N Shabbir and A Sylvester

Substitutes: Councillors: J Peach, D Harrington and M Jamil

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

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 20 JUNE 2013**

Present: Councillors B Rush (Chairman), D Lamb, N Arculus, D McKean,
K Sharp, N Shabbir and A Sylvester

Also present

Councillor Sandford, David Whiles, Matthew Purcell	Group Leader, Liberal Democrats Healthwatch Youth Council
Rob Hughes,	Chairman, Peterborough and Stamford Hospital NHS Foundation Trust
Caroline Walker	Director of Finance, Peterborough and Stamford Hospital NHS Foundation Trust
John Randall	Medical Director, Peterborough and Stamford Hospital NHS Foundation Trust
Chris Wilkinson	Director of Care Quality and Chief Nurse, Peterborough and Stamford Hospital NHS Foundation Trust
Damien Ashford	Financial review lead and Project Manager, Price Waterhouse Cooper
Officers Present: Jana Burton	Interim Director of Adult Social Care
Sue Mitchell	Interim Director of Public Health
Tina Hornsby	Assistant Director, Quality Information & Performance
Paulina Ford	Senior Governance Officer
Gurvinder Kaur	Lawyer

1. Apologies

Apologies for absence were received from Councillor Allen. Councillor Arculus was in attendance as substitute.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

3. Minutes of Meeting held on 12 March 2013.

The minutes of the meeting held on 12 March 2013 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. Peterborough and Stamford Hospital NHS Foundation Trust – Update

The purpose of this report was to provide the Commission with an update on the Trust's current regulatory, strategic performance and financial position. Members were advised that a Contingency Planning Team (CPT) from Price Waterhouse Cooper (PwC) had been appointed by Monitor in December 2012 to review the operational, clinical and financial

sustainability of the Peterborough and Stamford Hospital NHS Foundation Trust due to financial issues. It was stressed that the reason was not due to the quality of care. The areas the CPT were looking at were sustainability of the Trust; the PFI and options for the future. The report covered what had been found so far. Members were also advised that there was a more detailed public report available on Monitor's website.

The review so far had found the Trust to be financially unsustainable but operationally and clinically sustainable. There had therefore been a lot of research looking at how to improve financial sustainability without reducing quality of care. There was extra space in the building that was not currently being used and this was being looked at to see how it could be used as an option to improve the financial position.

The Board highlighted that they aim to focus on future care of patients and how this could be improved whilst becoming more efficient; rather than focus on the fact that there was a financial problem of which everyone was now aware.

Observations and questions were raised and discussed including:

- David Whiles from Healthwatch Peterborough assured Members that they had been fully involved in the review process representing patients and had found the process to be very transparent and inclusive.
- Members noted a concern was raised during presentations last year around boundaries with regard to Lincolnshire patients being admitted to the hospital. Members asked if this had been taken into account. *Members were advised that the Trust was subject to a national payment tariff for care to patients and was Payment by Results. The national menu was adjusted for local areas so that the price related to the area the care had taken place in. There was therefore a slight pricing difference between Lincolnshire and Cambridgeshire but the Trust had no influence over this. The Trust had been in a 'block arrangement' with Cambridgeshire and Lincolnshire but this year both of the areas were paying the same based on a national tariff basis.*
- Members were also concerned that all the work carried out for the review could be diverting hospital staff from achieving clinical deliverables. *Members were advised that the Trust has tried to perform this process with minimal disruption to staff members. PwC had achieved this by using a range of different skills within the team who had the necessary knowledge to achieve this work which was similar to those skills and knowledge within the Trust. It was stressed that while this did take a bit of time now it was important for the future. The potential benefits far outweighed any disruptions that may have been caused by this work now. It was further noted that from a clinical point of view the engagement has been very good. PwC has used meetings that were already set up and information already available and thereby minimised disruption to frontline clinical staff. There was still a lot of work to do but the priority remained to not negatively affect patient care. If it was necessary to do so more expertise would be bought in to help.*
- Members noted that the aim of the review may be to get more business in to the Trust however Patient Participation Groups and Local Commissioning Groups were trying to get cheaper business. Members asked how budgets were being predicted for these two conflicting approaches. *Members were advised that this had been considered and budgeted for and only patients in acute setting would come to the hospital. The Commissioners were looking to treat patients who did not have to be treated at an acute hospital setting.*
- Members asked for clarification on the reference to the Trust having a good mortality performance, but that the mortality rate was above average (rather than below average). *The CPT thanked the member for the question and clarified that the intention was to communicate that the Trust had a mortality rate that was below average.*
- Members commented on the Trusts aim to get away from the focus on financials and move toward focusing on patient care and felt that in the past it had been difficult to not focus on financials as any financial issues always caused distractions.

- Members raised concern about the PFI contract and were surprised that there was nothing central government could do to help with redrafting the contract. *Members were advised that it was difficult to redraft a new agreement due to legal obligations. The PFI was underwritten by the Department of Health and therefore if the Trust could not pay the costs the Department of Health would pick this up. It had been considered but nothing could be done about the contract without having huge ramifications for the whole PFI market and PFI's in the future. Members were advised that the PFI was not the major reason behind the financial issues and the report had made this clear. There were other reasons for the financial challenge such as the size of the hospital being too big for the amount of patients admitted.*
- Members sought assurance that the Trust was not considering getting rid of Stamford Hospital. *Members were advised that while looking at options for both hospitals it had become clear that the connection between Peterborough and Stamford was a positive one and the sense of direction was that Stamford was helpful to Peterborough City Hospital.*
- Members sought assurance that the Trust was not being complacent about the level of care delivered to residents in the community. *Members were assured that the Trust was not complacent with regard to this and there was an ongoing quality improvement plan underway. Members were further advised that in order to effectively keep patient care as a top priority a new non Executive Director had recently been appointed who was a clinical person.*
- Members asked about the efficiency savings that were being proposed. Was the figure of 4.5% per annum or a total? Members asked for some examples of what the Trust was considering implementing in order to achieve this. *Members were advised that the proposed savings were 4.5% a year and that this was a figure the NHS expected of all hospitals and services. The following areas were being looked at in order to achieve such savings: procurement and buying things cheaper; productivity and clear pathways, external reports and external bench markings that would help improve efficiency; workforce and money spent on temporary staff and recruitment of more permanent staff. Whilst there was not a lot that could be done to redraft the PFI contract, they were looking at the soft Facility Management services within the contract such as the domestic catering costs.*
- Members asked about utilising the surplus space available and whether hiring this out to private healthcare providers would bring additional income. *Members were advised that this did have potential in that the healthcare provider using that space would need to pay rental for it and would give rise to opportunities for improving patient care. It was something for the Trust to consider more in the future than at the current time as the Trust was effectively already giving the private sector business and they would like to take that business back by being more efficient themselves.*
- Members asked if the fourth floor of the hospital could be rented out to a private company (not in the health service) under the PFI Agreement, or would the private company have to be within the health service? *Members were advised that the restriction was that things which were contrary to health could not be provided in the hospital. An example would be cigarette suppliers but the space could be used for office space. The Trust was conscious that the space had been designed for care of patients and would prefer to use the space for its intended design.*
- Members asked for clarification on what the major reason for the financial difficulty was if it was not the PFI. Members questioned how with all the emphasis being put on preventative care the Trust was planning on increasing income other than by renting space to private care facilities without making tremendous cuts in capital expenditure. *Members were advised the Trust was looking at various efficiencies to save money. An example would be if there was a national specialist service that could be used in the space available that would be paid for by commissioners all around the country then this would be another way of making more money. Some of the other causes of the financial challenge included the type of contracts the Trust had been put on in the past which had now been addressed. The PFI contract included maintenance costs and stated that the estate had to be maintained and kept at the level at which it was when the contract was*

written which was another reason PFI estates were more costly. It was also mentioned that every hospital received payment according to a national tariff based on average costs. The NHS gave each hospital the average cost of a hospital but Peterborough was not an average hospital and had a premium PFI cost which added to the financial challenge. Also a lot of patients were treated that the Trust were not paid for due to the Commissioners preferring the patients to be treated in alternative settings. The plan was to involve the whole pathway for patients including integration with other services to ensure patient care was correct.

- Members asked about the process for delayed discharges and whether these followed the Department of Health guidance. Members were informed that all patients were tracked during the time they were with the Trust and any patients with a complex discharge needed to follow the Department of Health guidance procedures. Any patients who were medically fit to go home but were delayed were monitored and it was then established whether the delay was on social care grounds or health grounds. The Trust would then work with their partners to facilitate the discharge as soon as possible.
- Members were concerned about the number of readmissions particularly for older people and asked for comment on this. Members were advised that this was being monitored. The Trust looked at what the cause for readmission was and in looking at this they found patients were not necessarily readmitted for the same reason as their initial hospitalisation. If there was a link to the original problem then further investigation took place as to why the patient was discharged and if there was a problem with the discharge process it was followed up.
- Members asked if the Trust could look at something in the Adult Social Care report which was item 6 of the agenda and comment on paragraph 2 of page 20, as well as paragraph 4 with regard to readmissions and delayed discharges due to non social care reasons. Members were concerned at the statistics regarding readmissions in the report and this seemed to be in conflict with the above answer given by the Trust. Members also asked what the reasons for delay in discharges were if the reasons were not social care reasons. Members were advised that the detail was not available to answer the questions immediately but it could be provided after the meeting. It was noted that the Cambridge Scrutiny Panel had asked for a report about delayed discharges and that this report could be given to this Commission. It was further noted that the hospital had recently been removed from their 'red status' with regards to delayed discharges due to health reasons.
- Members asked what information was given to patients prior to discharge. Members were advised that patients who were going home on medication were spoken to by their nurse or if the medication was more complex a pharmacist would speak to them. This would take place after the Doctor had spoken to the patient about their discharge plan. All medication had written information provided but this tended to be in small print and incomprehensible. The hospital was working to create easier to read and understand information sheets for the more common drugs that were used. Patients who used medication for long-term conditions were spoken to by specialist nurses who worked intensively with the patients to ensure the patients understood their medication.
- Members highlighted concern that one of the 'Patient Safety' targets or priorities was not eating and drinking for elderly patients in the hospital. Members were informed that this priority was part of the first item in the 'Effectiveness' targets. This involved making sure patient's needs were clearly documented in a timely way and that the care given was evaluated carefully. Part of this involved performing a very detailed assessment of the patient's nutritional status and then an action plan would be compiled. It was confirmed that the patients were reassessed regularly and that there was a rule in place that if a ward hostess found more than 50% of a patient's food left uneaten they were to inform the nurses so that they could address this with the patient. It was confirmed that there were fluid balance charts and nutrition assessments recorded and a food chart if that was deemed necessary for the patient. It was recognised by the hospital that these were not consistently completed but due to this they were now audited on a regular basis.
- Members referred to the A&E targets and the hospital's underperformance regarding this and asked what the figures were for this at the end of Qtr1 of 2013 and what were the predicted figures for end of Qtr2. Members were informed that for May the performance

was 94.6%. January to March was a very challenging quarter and noted this picture was reflected across the country around pressures in the emergency departments. The picture was now looking much better and the current week's performance had been 96%.

- Members asked what the annual cost of the maintenance of the Peterborough District Hospital site was and what were the Trust's plans for this estate. *Members were advised that the hospital was due to be sold and the Trust hoped to complete the sale by July or August. The current running cost of the site was about £240K and this would be an expected saving from July/August when that property was no longer the Trust's responsibility.*
- Members referred to the last paragraph on page 15 of the report which stated:

"Improvements that are being made with our local partners are subject to a system-wide plan, co-ordinated through our health commissioners, which is to be submitted to NHS England by 30 June 2013"

and asked if the Trust was on target with regards to submitting plans to the NHS by 30 June. *Members were advised that the Trust was on target and a report had been submitted at the last Board Meeting which was now being refined in readiness for submission to the NHS.*

The Chair thanked the officers of the Trust for attending and for the presentation from the Contingency Planning Team.

ACTIONS AGREED

The Commission noted the report and requested that:

1. The Director of Care Quality and Chief Nurse provide the Commission with a copy of the report that was submitted to the Cambridge Scrutiny Panel detailing the reasons for readmissions and delayed discharges.
2. The Trust provides a report to the Commission regarding their response to the Francis Report.
3. The CPT presents their final report to the Commission when completed.

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

The Assistant Director Quality Information and Performance introduced the report which provided the Commission with 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 outcome domains contained within the national Adult Social Care outcomes framework. The report covered the fourth quarter of 2012-13 (January to March 2013).

It was acknowledged that the Commission was not content with the current format of the report and that a working group was being established in order to refine and improve the report. The major issues for Adult Social Care Services were highlighted including Safeguarding where a lot of focus was being placed in order to drive forward improvements in that area.

It was noted that information around home transfers had been provided as requested as well as a copy of the first Quality report which had been submitted to the Quality Board.

Observations and questions were raised and discussed including:

- Members wanted to know what the key issues were regarding Safeguarding and when an action plan would be in place or full analysis completed. *Members were advised that there were two key issues. One was around the process in terms of reporting which was the ability to evidence the speed and workflow for investigations. This was mostly due to*

the technical nature of recording and the fact that it was a new system being used and that some of the forms were cumbersome but were being reviewed. The second set of issues was around consistency and quality of practice. There was a substantial improvement plan being developed. Members were further advised that given the scale of transformation taking place within the department in order to ensure business as usual was adhered to a set of meetings had been put in place. The first scoping meeting had already been held and this would be followed by monthly meetings working on an action plan. The action plan would be worked on and ready to present every month until the beginning of next year at which point an external organisation would be brought in to conduct a Peer review of the practice.

- *Members referred to paragraph 5.2.1 of the report on page 21 which referred to the resettlement of permanent residents from Greenwood House and Welland House. The report had stated that all residents had initial reviews carried out and that there would be a further review after six months. The Commission had requested that quarterly reviews be carried out in the first year of resettlement and wanted to know why it had been changed to six monthly. Members were advised that the reviews that had taken place had indicated that it was safe to leave the reviews for six months. Members were further advised that the report did show that when the residents were being settled in it was felt that some of them would benefit from receiving weekly support. If the view was that the visits should take place more frequently then this could be arranged.*
- *Members noted that the initial agreement of quarterly reviews was based on an informative study in terms of death rates after removal to alternative locations and one of the ways of mitigating this was to have frequent follow up visits and monitoring which was why quarterly reviews were agreed to. The Officer responded that quarterly reviews could be reinstated and advised Members that it had been found that the care that was being provided in the new homes was over and above the residential category that they should have been. This was why some moved to nursing care and others to residential care or specialist care. Members were informed that the average length of stay of elderly people in residential care was around three years nationally. Some of the residents in Peterborough had been in residential care for much longer and that given the conditions of these people one might naturally expect death to take place within a short period of time after being moved.*
- *Members commented that the Commission had also requested an audit of the new accommodation for the residents on a quarterly basis and wanted to know why these were not included in the reports. Members were advised that when workers went in to visit the residents they would include a review of whether the residents were happy with the accommodation and the social interaction opportunities etc. ASC also conducted contract monitoring reviews of homes on a regular basis or where they had concerns. Any concerns were shared with the Care Quality Commission. Members were further advised that the accommodation the residents were getting after being moved was of a higher standard than what they had before. Members were advised that those residents who had chosen to go to homes outside of Peterborough were able to be visited and personal reviews would be undertaken but ASC were unable to conduct contract reviews with those homes as they did not have contracts with them.*
- *Members referred to page 21 section 5.2.1, the last paragraph and asked about what would have been the cause of the death of the five residents who had passed away after the move. Members were advised that the pre-existing conditions of these people were that they were very elderly and had dementia. It was confirmed that ASC did look into this and none of the deaths were felt to have been linked to the move.*
- *Members referred to page 24 of the report and asked if the reporting of delayed transfer of care from hospitals per 100K population could be split into two measures: social care reasons or other reasons.*
- *Members referred to page 25, Intensive Community Support. The report stated that 72 adults with learning disabilities were living outside of the Peterborough area and that work was continuing to bring people back to Peterborough. The report indicated that 15 of these have returned, 40 wanted to stay where they were and there were 17 left to resolve. Members asked when the remaining 17 would be resolved and would there be*

any growth again of adults being placed outside of the area? *Members were advised that the remaining 17 were expected to return to Peterborough within the current financial year and this was being monitored. Members were advised that in terms of adults the numbers of admissions into residential care was under control. ASC were working on transition planning in order to try and stop young people being placed outside the Peterborough area and then not wanting to return when they reached adult age. Members were informed that residents who were in medium secure accommodation had been reviewed as a result of the Winterbourne view. Of those residents, the expectation was that ASC would be able to offer them placements from early in the next financial year. There was a significant cost pressure relating to these service users as a lot of them would require two to one support. The anticipation of costs for these service users was £135K per annum which was a significant financial pressure on the council's budget going forward.*

- Members referred to page 29 of the report and asked about adults and older people receiving self-directed support and the ambitious new national target of 70% by 2015. How was this going to be achieved? *Members were informed that this was an ambitious target and a significant jump from the 43% who were currently receiving self directed support. There were two areas where personalised budgets were not being offered and they were equipment (there is still a block contract with the NRS) and residential and nursing care. Part of the transformation programme was to look at how they ensure people who required these items of care were able to do that via personalised budget as well.*
- Members asked what was being done to recover from the 'red status' of the Safeguarding SLA performance indicators. *Members were informed that this was being worked on at the monthly 'raising the bar' meetings referred to earlier. The delay was due to process and systems not due to insufficient amount of staff.*

ACTIONS AGREED

1. The Commission requested that the Assistant Director, Quality Information and Performance work with Members of the Commission to agree a format for future presentations of the Adult Social Care Performance report to the Commission. The Senior Governance Officer to obtain nominations from the Commission members to undertake this work.
2. The Commission also requested that:
 - (i) Regional benchmarking figures are provided within the Quarterly report.
 - (ii) Quarterly reviews of residents in their new locations to take place and to be included in future reports.
 - (iii) Quarterly accommodation reviews for residents in new locations to be carried out within the Peterborough catchment area.
 - (iv) When reporting on delayed discharges from hospitals split the data to show if they are due to social care reasons or other reasons.

7. Introduction to Public Health

The report provided the Commission with an overview of Public Health responsibilities that had been transferred to the Local Authority and details of how those responsibilities would be delivered during 2013/14. It was noted that the key role of the interim Director of Public Health during the first six months was to ensure safe transfer of public health from the Primary Care Trust to PCC. Part of this work had been to produce a business plan that clearly outlined what Public Health was doing as well as a way of monitoring the facets of work being transferred.

It was noted that the business plan had unfortunately not been issued with the agenda and therefore any comments or questions should be forwarded to the Senior Governance Officer who would forward them to the Interim Director of Public Health.

A brief presentation of the business plan was given which included the following highlights:

- Public Health England Priorities
- Transformational change to improve health outcomes
- Role and Functions of Public Health
- Finance and resources
- Vision and Objectives for 2013/14

Members were informed how the Public Health staff and resources had been integrated into the Local Authority. The Public Health delivery team had been integrated within the Neighbourhoods team and other areas including Children's Services. The Public Health directorate also shared a Health Care Specialist Advice service with Cambridgeshire County Council. The funds available to the Local Authority for the transfer of responsibilities was £8.446 million and Public Health reported quarterly on financial spend against these areas.

Observations and questions were raised and discussed including:

- Members referred to page 5 of the business plan and asked about the phrase 'good mental health' and whether this should be 'good mental health services' instead. *Members were informed that this was one of the priority areas within the Health and Wellbeing strategy and that was the heading. Under the heading there was a list of five objectives covering elements of service delivery. The word 'services' was not used because they were not only talking about improving services they were also talking about improving an individual's mental health and well being.*
- Members referred to the Public Health outcomes and asked if there was a time frame for achieving these targets. *Members were advised that the Public Health outcomes were targets for the current year.*
- Members asked for a report which would break down the targets and show deadlines throughout the year by quarter.
- Members were concerned with the recent Public Health England statistics recently published showing Peterborough as 87th on the list of Local Authorities. Peterborough was also 14th out of 15 on two of the measures. Members asked if these areas were being addressed. *Members were advised that there was a close correlation between education achievement and these items and therefore this was probably not exclusively a Public Health matter. Members were further advised that the report showed nothing new and that the Public Health team was already aware of the statistics. Peterborough was doing very well with cancers, for example, but that there were specific cancers where they were not and those were the priorities. More of the financial allocation had been invested into the NHS health checks programme which provided checks for people between the ages of 40 and 74. This was in order to do more to identify undiagnosed people and try to reduce these statistics.*
- Members asked if the Public Health team have enough resources. *Members were advised that they did not have enough resources. While they had a reasonable financial allocation there was a shortage of specialist staff. There had been a delay in getting more resources due to the integration within the Local Authority and once this had been completed they would be able to see what skills and capacity there was within the team. It would not be useful to recruit more resources before this has been identified. One of the reasons it was decided to bring Public Health into the Local Authority was the concept of integration so that health concerns could influence the entire range of activities that Local Authorities were concerned with.*

- Members referred to the action plan on page 13 where it talked about tackling obesity and utilisation of green space. It was noted that Peterborough was undergoing a lot of growth and new housing developments were taking place. Did the Public Health team get involved in liaising with the planners to ensure that when the developments were built people were provided with green space? *Members were advised that they would like to have a consultant who was an expert in planning and sustainability that was able to work closely with planners in terms of health assessments. Some years ago a lot of work was done with planners to look at how Public Health could integrate public health issues into new developments. The Public Health team did consult with the Operations Management Team on a regular basis and also worked closely with the Head of Planning.*
- Members commented that the local transport fund budget had been cut and wanted to know if public health were able to make representation to the people involved in these decisions. *Members were advised that the Public Health team was aware of the work involving the cuts in transport and they had had discussions around the impact on health.*
- Members referred to page 9 of the business plan: Vision and Objectives. It stated 'delivery through the neighbourhood functions' and asked if this meant the Neighbourhoods Team and if so, how would the Public Health team work with them while they were already under immense pressure. *Members were advised that this referred to embedding the Public Health team within Neighbourhoods and thereby enabling cross-working.*
- Members noted all the objectives in the business plan but suggested that it should specifically mention stopping excessive alcohol consumption. *Members were advised that alcohol and drugs came under the remit of the 'Safer Peterborough Partnership' and the Public Health team worked closely with colleagues across the police, probation and others. Decisions around this were taken at the Joint Alcohol Commissioning Group, which reported into the SPP Board. The Local Authority now had the responsibility for commissioning alcohol treatment services; however the Public Health team had secured £105K over two years from the Clinical Commission Group for a piece of work to deliver in-reach services into the hospital. There was a team of 'Drink-sense' workers who went into the hospital daily to identify admissions that could be due to alcohol consumption. They then find those people and start to get direct referrals into treatment services if that was appropriate.*
- Members felt that health checks should take place earlier than the age of 40 and suggested the ages of 20 to 21. *Members were informed that the health checks were funded by the Public Health team. There was £150K going into this at the moment and it was a mandated service. If more health checks were to be provided it would cost the Local Authority. It would first need to be established whether 21 year olds were the most 'at risk' group. Members were advised that free health-checks were already being offered to smaller/ medium sized employers as well as additional support, advice and training.*
- Members were concerned about mental health in Peterborough. It was noted that people who are off sick with stress could then turn to alcohol, drugs, etc. Members felt this particular group should have more information on mental health. *Members were advised that more information on mental health in Peterborough could be brought to the Commission.*

ACTIONS AGREED

The Commission requested that the Director of Public Health provide reports on the following:

- (i) Quarterly report on the Public Health Outcomes Framework.
- (ii) A report which addressed the Francis Report from the Local Authority's point of view.
- (iii) A report on mental health in Peterborough.

8. Review of 2012/2013 and Work Programme for 2013/2014

The Senior Governance Officer introduced the report which provided the Commission with:

- a review of work undertaken during 2012/13 and recommendations made
- the terms of reference for the Commission and
- a draft work programme for 2013/2014 for consideration

The Commission considered the report and decided that there were no recommendations from last year that required further monitoring.

- Members requested that the 'Carer's Strategy' to be added to the work programme. *Members were advised that the 'Carer's Strategy' was almost finished and was just having final touches added to the action plan.*
- Members asked about the follow-up presentation from the Ambulance Service regarding Ambulance support in taking patients home from the hospital. *It was confirmed that the report was due to be submitted in January.*

ACTION AGREED

The Commission requested that Carer's Strategy be brought to the Commission as soon as it was ready.

9. 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.

10. Date of Next Meeting

Tuesday 16 July 2013

The meeting began at 7.00pm and finished at 9.30pm

CHAIRMAN

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD IN THE BOURGES / VIERSSEN ROOMS, TOWN HALL
ON 16 JULY 2013**

Present:	Councillors B Rush (Chairman), J Peach, D McKean, K Sharp, N Shabbir and A Sylvester	
Also present	Margaret Robinson Mary Bryce	Healthwatch Healthwatch
	Cambridgeshire and Peterborough Clinical Commissioning Group:	
	Dr Neil Modha Jess Bawden Chris Humphris	Chief Clinical Officer Director of Corporate Affairs Assistant Director for Commissioning and Contracting
	Fiona Head	Consultant in Public Health Medicine
Officers Present:	Jana Burton	Interim Director of Adult Social Care
	Paulina Ford Gurvinder Kaur	Senior Governance Officer Lawyer

1. Apologies

Apologies for absence were received from Councillor Allen and Councillor Peach attended as substitute.

2. Declarations of Interest and Whipping Declarations

There were no declarations of interest or whipping declarations.

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

There were no requests for Call-in to consider.

4. Draft Young Peoples Sexual health and Wellbeing: Summary of Needs and Commissioning Strategy

The Chair advised the Commission that due to unforeseen personal circumstances the officer presenting item 4 on the agenda Draft Young Peoples Sexual health and Wellbeing: Summary of Needs and Commissioning Strategy had been unable to attend the meeting to present her report. The Chair asked the Commission if they would agree to defer the item until the next meeting in September. The Commission agreed in favour of this request.

5. Cambridgeshire and Peterborough Clinical Commissioning Group - Priorities

The report provided the Commission with an update on the work on the three priority areas for Cambridgeshire and Peterborough Clinical Commissioning Group.

The Chief Clinical Officer presented the report and highlighted items within the first priority; which was 'The Older People Programme'. Areas highlighted included:

- Programme overview
- Stakeholder engagement
- Provider engagement
- Critical success factors
- Contract length
- Funding options
- Scope of services

Observations and questions were raised and discussed including:

- Members had noted from previous presentations to the Commission from the NHS and Adult Social Care regarding reablement and the elderly leaving the hospital and then having to go back quickly was an issue. Members asked if the CCG was aware of this and did they know why this was happening? *Members were advised that the reasons patients go in and out of hospital were varied and each case would have to be looked at individually. The CCG had been working with the hospital and the Council to identify the causes for readmission. It had been found that some were related to community provision. The services currently provided by Cambridgeshire Community Services (CCS) in the community for district nursing services and community matron services needed to be strengthened. The CCG continued to work with CCS to identify where the attention needed to be as well as community provision regarding communication aspects.*
- Members asked what flexibility was built into the programme of priorities as healthcare needed to be flexible. *Members were informed that flexibility was essential and that this was exactly what the CCG were trying to achieve and change the way care was commissioned in the city as the current method was very rigid. Members were advised that the aim was to move to a method that would enable them to look beyond yearly budgets and move to longer contracts.*
- Members also sought clarification on what was being done for End of Life Care in Peterborough. *Members were advised that there was a separate programme for End of Life Care.*
- Members noted that funding for the NHS was very restricted at the moment and asked if this meant more work would be given to the current staff or was there provision for more staff should they be required. *Members were informed that financial modelling had been built around the predicted budget that would be available. It was noted that this would be changed when they had further information as to what funds would be available.*
- Members commented that having long contracts could be better at times but it could also allow for complacency. There would need to be very clear contractual terms about outcomes and achievements. *Members were advised that a good proportion of time was spent managing the contracts that they sign with providers. Contracts would be monitored carefully and the CCG would work closely with organisations to ensure patients were getting what they signed up for.*
- Members asked about lead providers and whether the reference to lead providers under the section 'scope of services in voluntary sector' indicated that voluntary organisations would not be lead providers, and if not who would. *Members were advised that nothing would preclude voluntary organisations from being lead providers. Lead providers could be third sector organisations but it was critical to confirm financial viability of the organisation. It was therefore more likely to be an amalgamation of organisations working together rather than a voluntary organisation being the lead.*
- Members wanted to know how the CCG would ensure there was integration between health and social care. *Members were informed that the CCG had liaised with the Council on how they could work together. People were worried about the integration regarding budgets being pulled however a consensus had been reached that what was needed was a functional integration. The avoidance of duplication was being looked at and whilst*

there was no easy way to achieve this there were definitely ways of moving towards integration within The Older People Programme. Some of the changes that had recently been announced (for example more health money going into integrated budgets) provided an opportunity to talk about what the money was going to be used for. The changes brought different teams around the table to discuss how to functionally integrate the teams.

- *Members wanted to know if the new providers would be in place by April 2014. Members were advised that the changes would not be rushed through as they wanted to ensure everything was done correctly. Members were advised that the CCS would not be gone as was previously thought as national policy had changed, therefore there was no reason to rush things through for April 2014. A Department of Health Gateway review had been commissioned to look at the programme and provide feedback as to whether this was realistic. July 2014 was now the aim to enable the CCG to achieve everything they needed to. It was therefore expected that the lead providers would be in place by July 2014.*
- *Members asked how the group would ensure that service quality would not be reduced until the new arrangements were up and running. Members were advised that the report on The Cambridgeshire Community Services Transition Programme at agenda item 6 would address this question.*

The group then presented the second priority, namely the 'End of Life Programme Board'. It was highlighted that work had started in December 2012 and the group met every two months. The group had strong representatives from all across the CCG as well as a strong representative from Peterborough. Their main goal was to improve the experience that carers and people had when dying and to ensure people had more choice about how and where they died.

- *Members referred to the last paragraph on page 49 of the report regarding the draft deliverables and asked if they were available for the Commission to review and comment on. Members were informed that the final deliverables were going to the Board on the 31 July and they could then be provided to the Commission.*
- *Members asked why there was nothing in the report about liaising with providers such as Sue Ryder and whether such providers were engaged with the programme. Members were advised that those providers were engaged with the programme and there were also patient representatives included in discussions.*
- *Members commented that it must be remembered not to lose sight of End of Life Care for people who die in their own homes not just those in hospital. The Chief Clinical Officer agreed that this was very important and advised Members that more than half of people who died in Peterborough did so in their own homes; which was greater than the national average.*
- *Members noted that district nurses had day to day responsibilities as well as caring for people at their end of life, and asked whether there were sufficient resources to support people at home. Would extra capacity be needed if the aim was to reduce the number of people dying in hospital? Members were advised that the CCG had identified a need for more community district nurses in Peterborough. The End of Life Care Board was liaising with the Older People's Programme Board to ensure that the changes would mean that community care was more flexible and more readily available to cater for this. It was confirmed that the mechanism for achieving this deliverable was available in the Older People's Programme.*
- *Members asked if in light of all the publicity about the Liverpool Pathway if the End of Life Pathway was being changed. Members were informed that of the 44 recommendations within the report many of them were issues that had already been detected and as such were being built into the delivery plan.*

The third priority, 'Coronary Heart Disease Programme Board' was presented. The main goal of this Board was to try and tackle the area of reducing the premature mortality rate resulting from heart attacks and strokes. It was highlighted that in this area there was a lot of work

already being done but the Board was looking at how to pull all of the work together to make it easy for a patient to understand and be signposted to.

- Members commented that the Scrutiny Commission for Rural Communities had received a presentation from First Responders who were struggling financially to increase the number of first responders as they were funded by charitable donations. Members asked if the CCG was looking at the First Responders as a way of catching people early and getting them to hospital quicker therefore providing better outcomes. *Members were informed that this particular Board was about trying to catch people even before this took place. Identifying the right population and performing tests to check people's hearts was an important part of the process. The Board had looked at factors that caused the diseases which could be stopped and found that smoking and obesity were big factors as well as diabetes care. There were programmes already in place to address those factors, but the group was trying to ensure those programmes were consistently delivered. At this stage they had not got down to the level of asking how people got to hospital if they had already had a heart attack. However if there was evidence that lack of response time in rural areas was a factor contributing to this problem of premature mortalities then this would be looked into further.*
- Members commented that small amounts of money put into rural areas for first responder training courses would be of great benefit.
- Members asked what three changes would be needed to reduce the high admission rates and premature mortality due to coronary heart disease. *Members were informed that the Programme Board had looked at how to reduce premature mortality rates and had found that by reducing the number of people who smoke; increasing the number of people who exercise and increasing the people who take general responsibility of their health they could reduce premature mortality rates eventually. Economic prosperity was also an important factor.*
- Members asked how long it would take to show a positive impact if these changes were made. *Members were advised that there was evidence to suggest that what happens to an individual before birth actually affects that individual's risk of coronary heart disease. Stopping smoking would decrease coronary heart disease risk over a matter of months but to make large scale population changes it would take about twenty years.*
- Members suggested that the Board may want to consider the Open Space strategy. Open spaces could be used to build more gyms or skate parks, etc. *The Chief Clinical Officer agreed with this and reiterated that this was an area where different teams needed to integrate and work together. It was hoped that the current changes within the Health and Wellbeing Board and other integrating changes taking place would address these kinds of issues. It was further noted that there was hard evidence that the provision of green space not only decreased the risk of coronary heart disease but is was also more beneficial to those who are already had coronary heart disease.*
- Members asked if the CCG should also be tackling Fast Food outlets to help decrease the premature mortality rate. *Members were advised that it was an important factor but reiterated that the Board could only tackle factors where there was evidence.*
- Members highlighted that education was important to preventing heart disease and asked how much time and money was being invested to ensure people were aware of what to do and what was available to them to reduce their risk of heart disease. *Members were informed that the responsibility for health promotion has shifted to the Public Health team in the Local Authority. This CCG had been working actively with that team to ensure they were sending out the same set of messages. It was noted that one of the deliverables of the Board was to undertake a lifestyle mapping exercise which would help towards educating the public as well.*
- Members commented that education regarding this should be delivered at an earlier stage and should be integrated into the education system. It was further noted that there were a lot of issues about poor diet as a result of the changes to the welfare system.

ACTIONS AGREED

1. The Commission noted the report and requested that the CCG provide the Commission with a copy of the Draft deliverables for the End of Life Programme Board.
2. The Commission also requested that the CCG liaise with the Coronary Heart Disease Programme Board to discuss assisting in increasing First Responders in Rural areas.

6. Update Report on the Cambridgeshire Community Services (CCS) Transition Programme

The report provided the Commission with an update on the work of the CCS Transition programme. A steering group had been formed to ensure a clear timetable and process to find alternative services due to the expectation that CCS would cease to function in April 2014. CCS provided three groups of services of which the largest in Peterborough was services for Adults and Older people.

Due to some changes in responsibilities the future of CCS was now determined by a body called The Trust Development Authority. This Trust was currently looking at the organisation and had indicated that by the end of July 2013 they would confirm either continued support for a set period of time or a date at which the CCS would dissolve.

Observations and questions were raised and discussed including:

- Members asked if CCS would still be able to procure for services as they currently do or would the organisation be completely dissolved. *Members were advised that if CCS was NOT dissolved they would still be able to bid when the procurement exercise took place and may therefore still be involved in Adult and Older People's work if they were a successful bidder. In terms of other services whilst they continued to exist they could continue to provide those services and theoretically continue as bidders for those services in the future if other procurement exercises took place.*
- Members asked about the status of the Trust Development Authority, how long they had been around and who was on the board. *Members were advised they have not been around for long as their previous function was exercised by the Strategic Health Authority under the Provider Support function. Their role as a national body was for about 120 NHS Trusts that were not yet foundation trusts and over which there was some question about the future. Their responsibility was to work with those organisations to find an appropriate future for them. The consisted of a group of senior managers within the Department of Health and their funding was national.*
- Members referred to page 67 and the term 'Shadow Running' and asked it was in the correct time frame on the work plan. *Members were advised that one of the options was to transfer the services to another organisation. If this happened although the official date at which they might transfer was on a given date there would be a period where the services were in a transitional period (where management was transferred, but the transfer was not yet formal). 'Shadow Running' was a description of this transitional period. It was confirmed that the Shadow Running period would be in May and June and the Jan to Feb description was incorrect in the report.*
- Members asked if the CCS Transition group was confident that service quality would not reduce in the period between now and the possible end of CCS. *Members were assured that the Trust Development Authority had a responsibility to ensure that the quality of services was still provided by CCS. This was done through having a contract with CCS which described the quality required and standards that should be maintained. CCS reported daily to the TDA on these aspects. There were also monthly reports from CCS submitted to a specific quality meeting which described all their work to assure both themselves and the Transition group that they were maintaining their quality of service. Announced and unannounced visits were also conducted. It was noted that any concerns*

raised by these visits and reports were submitted to CCS and CCS were expected to produce a remedial action plan for each issue. These action plans were then monitored.

- *Members asked if the uncertainty was affecting the workforce. Members were advised that the workforce had been affected. In one way it had been positive as sickness rates had decreased and turnover had not increased. CCS was communicating well with their staff about what was happening and encouraging their own staff to be part of talking about the future. TDA were not saying they needed less district nurses and staff they were saying they needed more and had made sure that the staff members were feeling needed in order to minimise the number that wanted to leave the area. It was also added that TDA has attended some of the CCS staff briefings to talk directly to the frontline staff members and assure them they will always be needed and were seen as part of the solution not part of the problem.*

ACTIONS AGREED

The Commission noted the CCS Transition Programme Board report

7. Adult Social Care Prevention Strategy

The report provided the Commission with an update on progress made with developing an Adult Social Care Prevention Strategy. The Director of Adult Social Care introduced the report and informed Members that the development of the strategy arose from the consultation on eligibility and charging which was approved by Cabinet on 25 February 2013. The Prevention Strategy aimed to set out the Council's offer to people who were not eligible for statutory social care support but who would benefit from support to maintain their independence and wellbeing. The transformation would result in a significant improvement to the preventative offer.

Observations and questions were raised and discussed including:

- *Members asked if the £165k was in addition to the current funding. Members were informed that it was additional funding.*
- *Members referred to page 90 of the report which provided a list of items that early interventions should be focused on and suggested a more holistic approach is required for this work. Transport services for example had just been cut and one of the items listed in the report was the promotion of mobility e.g. transport services. Members asked how this kind of problem could be dealt with. The Director of Adult Social Care agreed that it was important for people to work together. A lot of the issues regarding transport were about particular specialist transport requirements such as people not able to get on a bus or in taxi. While the Council did not necessarily provide this transport they wanted to be able to provide information and guidance about what sort of transport was suitable and where it could be obtained. This was what 'promoting mobility' was about.*
- *Members mentioned that Local Link buses were used by people who did not need specialised transport but were unable to walk very far. As a preventative measure the buses would be an ideal service to have before these people reached a stage where they needed specialised transport. In preventative care a certain element of independence was needed for people and by taking away the Local Link bus services the people were losing that element of independence. Members highlighted that they felt this should have been dealt with together and not as two separate issues. The Director of Adult Social Care agreed that this was an important point but there was only so much that the Preventative Strategy could do with regards to that. Feedback about what worked and what did not would continue to be obtained. Part of the transformation would result in a new section that would look at a wider customer service. This would be a front-door service providing information and advice that would offer low-level prevention which would be accessible to as many people as possible.*
- *Members asked how the team would ensure that resources for prevention were not reduced due to budget pressures. Members were advised that one of the ways this would*

be achieved was by the Cabinet agreeing that Prevention would be essential for the future. It was noted that the team had also looked at increasing the budget rather than decreasing it and were looking across all services provided by the Council to see what the whole offer was to prevent duplication and ensure resources were effectively directed towards providing the right services.

- *Members asked how much the team was spending on prevention altogether. Members were informed that this figure would come together as the team finalised the strategy. The final strategy would be able to detail spend on prevention as well as provide more information about what was on offer.*
- *Members asked if the team had a list of what was on offer for prevention. Members were advised that the list would be presented in the final strategy.*
- *Members asked how the team would measure performance when the strategy was finalised. Members were advised that there would be no quick results but they would monitor to ensure there was no increasing demand through long-term support and look at the numbers of people and the outcomes of whether customers were satisfied with services offered.*
- *Members asked how the team would reach and/or identify those people who had not yet come on to the radar. Members were informed that prevention was one element of work in ASC. It would depend on how the Local Authority decided what its universal offer would be and what its customer service strategy was and whether this was available to everyone. Currently the team was looking at two types of customers, those who were currently using ASC and those who may approach ASC in the future. An example was those people currently in residential care who were self-funders and the first time those people appeared on ASC's radar was when their funding ran out.*

The Director of Adult Social Care requested that if there were any further comments from Members after the meeting that they could be sent to Nick Blake.

ACTIONS AGREED

The Commission noted the report and requested that the Final Adult Social Care Prevention Strategy be brought back to the Commission for recommendation when it is ready.

8. 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 Commission's work programme.

ACTION AGREED

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

9. Work Programme

Members considered the Commission's Work Programme for 2013/14 and discussed possible items for inclusion.

- Members requested the presentation on Sexual Health and Wellbeing to be included in the work programme at a future meeting.

ACTION AGREED

To confirm the work programme for 2013/14 and the Senior Governance Officer to include any additional items as requested during the meeting.

10. Date of Next Meeting

Thursday, 19 September 2013

The meeting began at 7.00pm and finished at 8.30pm

CHAIRMAN

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
19 SEPTEMBER 2013	Public Report

Report of the Executive Director of Peterborough & Stamford Hospitals NHS Foundation Trust

Contact Officer(s) – Jane Pigg

Contact Details – jane.pigg@pbh-tr.nhs.uk

CONTINGENCY PLANNING TEAM REPORT

1. PURPOSE

- 1.1 Monitor Contingency Planning Team will be publishing its recommendations on the future of Peterborough & Stamford Hospitals NHS Foundation Trust on 12 September 2013. There will be a presentation of these recommendations to the Commission at its meeting on 19 September 2013.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the content of the Contingency Planning Team's report and the recommendations on the future of Peterborough & Stamford Hospitals NHS Foundation Trust and to use these to identify areas for further scrutiny as required.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Whilst not directly assignable to the Sustainable Community Strategy this report aligns to priority 4: delivering substantial and truly sustainable growth.

4. BACKGROUND

- 4.1 In December 2012, Monitor, the Regulator of Foundation Trusts, appointed a Contingency Planning Team (CPT) from PwC to review the Operational, Clinical and Financial Sustainability of Peterborough and Stamford Hospitals NHS Foundation Trust and to develop a range of options for providing sustainable, quality services. The CPT has published two reports. The first – on Sustainability which was published on 7th June 2013. The second – on Options which will be published on 12 September 2013. This report will be brought to the Commission for discussion on 19 September 2013.

5. KEY ISSUES

- 5.1 Any key issues will be identified in the Options report published on 12 September 2013.

6. IMPLICATIONS

- 6.1 Any implications will be listed in the Options report published on 12 September 2013.

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
19 SEPTEMBER 2013	Public Report

Report of the Executive Director of Adult Social Services

Contact Officer(s) – Tina Hornsby – Assistant Director Quality Information and Performance
Contact Details – tina.hornsby@peterborough.gov.uk 01733 452427

ADULT SOCIAL CARE - LOCAL ACCOUNT 2012/13

1. PURPOSE

- 1.1 The Local Account provides the people of Peterborough with an overview of the activities and achievements of the Adult Social Care department.

A previous draft of the Local Account has been shared with Commission members for comment and we are now bringing the final version for information.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission agrees to the publication of the Local Account.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 **How does the report link to the Sustainable Community Strategy or Single Delivery Plan priorities/outcomes?**

This report links to Priority 1 Creating Opportunities, outcome 2 Supporting Vulnerable people of the Sustainable Community Strategy and to all aspects of the Single Delivery Plan.

- 3.2 **What National Indicators does the report help to achieve?**

The Local Account contributes to the Adult Social Care Outcomes Framework indicator “The percentage of people who use services and carers who find it easy to find information about services”.

The Local Account also evidences the Council’s work to deliver on all aspects of the Adult Social Care Outcomes Framework.

4. BACKGROUND

- 4.1 The Department of Health has set out a requirement for all local authorities to publish an annual Local Account to inform residents about how the council has delivered adult social care services during the previous year.

This is third Local Account that Peterborough Adult Social Care has produced and is coming to Scrutiny Commission for final sign off.

5. KEY ISSUES

- 5.1 The report includes performance information from 2012/13. The report has already been circulated to Scrutiny Commission members who have requested amendments. These have been actioned.

The Local Account gives an overview of our road map for the future and reflects upon our delivery of our priority outcomes during the previous year, these being:

- Keeping you safe – Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm
- Making sure you have a good quality of life – Ensuring quality of life for people with carer and support needs.
- Supporting you to be independent – Delaying and reducing the need for care and support.
- Listening to you – Ensuring that people have a positive experience of care and support.

The Commission receives reports during the year reflecting our progress against these priorities in the current year.

6. IMPLICATIONS

- 6.1 The Local Account covers the whole of Peterborough and reflects the delivery of services to vulnerable groups.

7. CONSULTATION

- 7.1 The Local Account reflects our consultation and engagement with service users and our responses to the issues raised.

8. NEXT STEPS

- 8.1 Following submission to the Scrutiny Commission the Local Account will be published on the Adult Social Care website.

9. BACKGROUND DOCUMENTS

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

- 9.1 Local Account 2010/11 and 2011/12.
Transparency in Outcomes: A Framework for Quality in Adult Social Care 2012/13 – Published March 2013.

10. APPENDICES

- 10.1 Appendix 1 Local Account 2012/13.



The Road to Change Improving Lives Through Care and Support

Annual Review of
Adult Social Care
April 2012 to March 2013



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Our Road Map for our Future

In March 2012 the Adult Social Care Department returned to Peterborough City Council after being part of the NHS for eight years. This report tells the story of our first year back at the Council and what we have achieved. As Cabinet Member for Adult Social Care, I am passionate about ensuring that people are supported to remain independent and have choice and control over the support they receive. In this report we will explain how Peterborough City Council's Adult Social Care funding has been spent and how we have delivered against the four outcomes set by the Department of Health in The Adult Social Care Outcomes Framework.

The outcomes are:

- **Keeping you safe (Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm)**
- **Making sure you have a good quality of life (Ensuring quality of life for people with care and support needs)**

- **Supporting you to be independent (Delaying and reducing the need for care and support)**

- **Listening to you (Ensuring that people have a positive experience of care and support)**

Peterborough City Council, like other Adult Social Care departments, is moving towards 'personalisation'.

The traditional social care model was for a social worker to assess a person's needs and then provide services to meet these needs. In most instances these were limited to a very small range of services such as residential care, home care or day care. Personalisation puts the service user at the centre of the decision making process and gives them choice and control over the care and support they receive.

Focusing on maintaining independence

Today's model is based on supporting people to maintain their independence for as long as possible and to avoid, wherever possible, the need for continuing, expensive and high dependency care services.



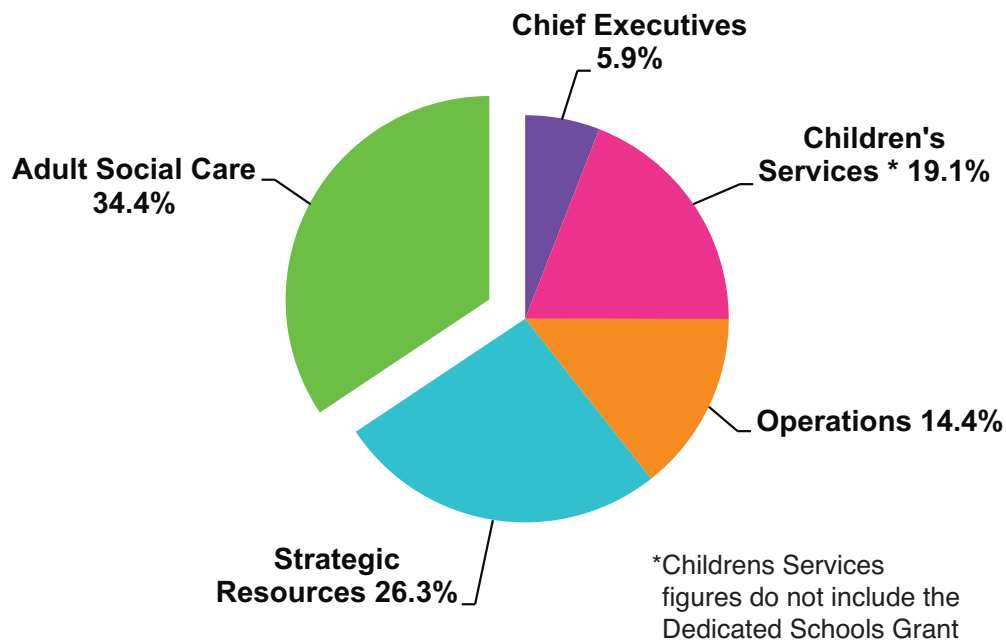
To achieve these changes, services like 'reablement' have been introduced to assist people to recover the abilities involved in daily living and to be able to regain control over their lives, and become less reliant on, or no longer needing care services.

**Councillor Wayne Fitzgerald,
Cabinet Member for Adult Social Care**

What we spend our money on

In 2012/13 Peterborough City Council spent **£46.8 million** (34.4% of its budget) on Adult Social Care.

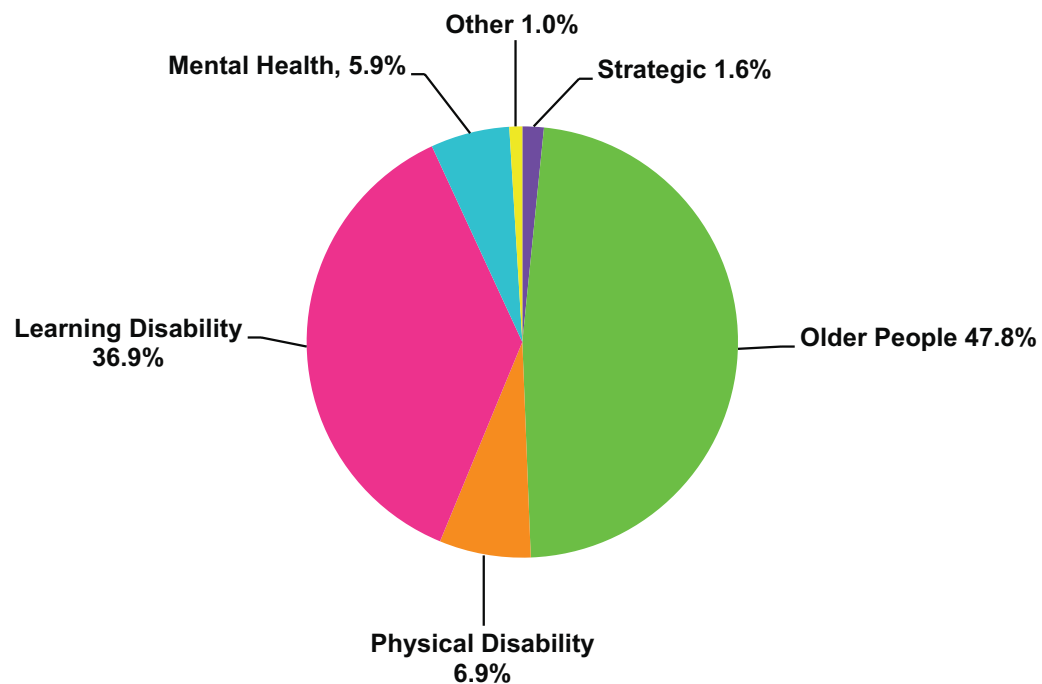
Peterborough City Council Budget 2012/13



When the Dedicated Schools Grants are taken out of the Council's overall budget, Adult Social Care has the largest slice of the funding.

The breakdown of how the Adult Social Care budget was spent was as follows:

Adult Social Care Budget 2012/13



For 2013/14 Peterborough City Council has allocated **£49.1 million**, which represents **33%** of the overall budget.

Our performance 2012/13

Where we are doing well

- ✓ The overall social care quality of life score was 19.0 against an England average of 18.8
- ✓ The proportion of people who use services who have control over their daily lives was 78.8% against an England average of 75.9%
- ✓ The score for the carer reported quality of life was 8.3 against an England average of 8.1
- ✓ The proportion of adults with learning disabilities in paid employment was 7.2%, which is the same as the England average
- ✓ The proportion of adults with learning disabilities who live in their own home or with their family was 77.2% against an England average of 73.3%
- ✓ There were 13.9 permanent admissions of younger adults (aged 18-65) to residential and nursing care homes per 100,000 population against an England average of 14.9 and for people aged 65 and over there were 498.5 against an England average of 708.8

- ✓ The proportion of older people (65 and over) who were offered reablement services following discharge from hospital was 5.6% against an England average of 3.3%
- ✓ Delayed transfers of care from hospital were 6.6 per 100,000 population against an England average of 9.5 and those attributable to adult social care were 0.6 against an England average of 3.3
- ✓ Overall satisfaction of people who use services with their care and support was 64.3% against an England average of 63.7%

Where we are not doing so well

- ✗ The proportion of people using social care who received self-directed support was 44% against an England average of 55.6% and those receiving direct payments was 10% against an England average of 16.4%
- ✗ The proportion of adults in contact with secondary mental health services in paid employment was 4% against an England average of 7.7% and those who live independently with or without support was 33.6% against an England average of 59.3%

- ✗ The proportion of carers who reported that they had been included or consulted in decisions about the person they cared for was 67.7% against an England average of 72.8%
- ✗ The proportion of people who use service and carers who find it easy to find information about services was 70.2% against an England average of 71.5%
- ✗ The proportion of people who felt safe was 60.8% against an England average of 65% and the proportion of people who use services who said that those services made them feel safe and secure was 72% against an England average of 77.9%

The department is using these results to focus improvement activities throughout 2013/14.

For further information on how these percentages and scores are calculated, please go see the Health and Social Care Information Centre document:

‘Measures from the Adult Social Care Outcomes Framework, England 2012-13, Provisional Release’ which can be found at www.hscic.gov.uk/social-care

Keeping You Safe

Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

This outcome is about people feeling safe and secure, being free from physical and emotional abuse, harassment, neglect and self harm.

As far as possible people should be protected from avoidable harm, disease and injury. People should be supported to plan ahead and have the freedom to manage risks.



You said we should:

- Ensure that safeguards are in place against the risk of abuse or neglect

72% of respondents in the Adult Social Care Survey who use services said that those services made them feel safe and secure

What we did:

The Department recognised that improvements were needed in relation to keeping people safe. Improvements put in place included:

- the appointment of a Safeguarding Adults Strategic Manager

- the production of new Multi Agency Safeguarding Policies and Procedures, which were developed with other agencies including the police, the fire service and the local NHS
- all councillors will receive Safeguarding Adults Awareness training. All staff within Adult Social Care already receive this training
- two new 'lead practitioner' jobs were agreed to help develop safeguarding practice at the front line
- a programme of quality audits was developed
- 87% of safeguarding 'alerts' were progressed to referral (the next stage) within 24 hours
- however, only 50% of safeguarding investigations were completed within 20 working days, against a target of 80%. This will be a particular focus for 2013/14

Keeping You Safe

Example of best practice – Peterborough City Council Handyperson Service

Peterborough City Council's Care and Repair Home Improvement Agency has beaten off strong competition and been praised as the best in the country in the National Foundations Home Improvement Agency and Handyperson Awards 2013.

31 Not only did the city council's Peterborough Care and Repair Handyperson Service scoop first prize in the 'Excellence in Delivering a Handyperson Service' category, it also came a close second in the 'Agency of the Year' category and was commended for its outstanding work.



My Story - Care and Repair Handyperson Scheme

Mr and Mrs E contacted the Handyperson scheme as they had a blocked toilet. The toilet was repaired. The contractor noticed that the property was in disrepair and referred Mr and Mrs E back to Care and Repair, as more work was needed.

Additionally, a referral was made to Adult Social Care Occupational Therapy, as both Mr and Mrs E were struggling with mobility.

A Repairs Assistance Grant was obtained for Mr and Mrs E which was used to replace windows and doors, refurbish the kitchen and repair the roof. Heating grants were obtained to fit a new boiler and radiators. Following an Occupational Therapy Assessment, a Disabled Facility Grant was obtained and a level access shower, WC and hand basin were fitted.

The property is now warm, safe, secure and accessible.

Mr and Mrs E said:

"Care and Repair has given us our lives back".

99.6% of pieces of occupational therapy equipment were delivered within seven working days

Making sure you have a good quality of life

Quality of life for people with care and support needs

This outcome is all about people being in control of their own lives. Personal budgets and 'self directed support' are key aspects of this, as is access to information and advice.

79% of respondents in the Adult Social Care Survey said that they have control over their daily lives

32

You said we should:

- Support people to access personal budgets and self directed support

What we did:

During 2012/13 over **43%** of people receiving any type of service through Adult Social Care received them through self directed support.

Prevention Strategy

The department began work on a Prevention Strategy. Taking a prevention approach means building a stronger community infrastructure in neighbourhoods/localities and providing accessible public services for vulnerable adults to reduce, delay or prevent them from becoming socially excluded and needing more intensive, costly support. People are enabled and supported to maintain and improve their own wellbeing, that of their families, neighbours and local communities.

You said we should:

- Ensure that adequate information and advice is readily available for people accessing social care

What we did:

We have developed an online care directory that includes a wide range of organisations who can offer care and support services and services to help people remain independent. www.peterboroughcaredirectory.org.uk

For people who are unable to access the internet, help with searching for services can be provided by Peterborough Direct) by calling **01733 747474**.

The screenshot shows the Peterborough Care Directory website. At the top, there is a header with the Peterborough City Council logo and navigation links: Home, Peterborough City Council, News. Below the header, there is a section for 'Supplier Access' with a 'Supplier Login' button. To the right of this is a 'WELCOME TO PETERBOROUGH CARE DIRECTORY' section with a search bar and a 'Search' button. Below the search bar is a section for 'Become a Supplier' with a 'Supplier Registration' button. On the right side of the page, there is a sidebar with a photo of people and the website URL: peterboroughcaredirectory.org.uk.

Making sure you have a good quality of life

You said we should:

- Support adults with learning disabilities into employment

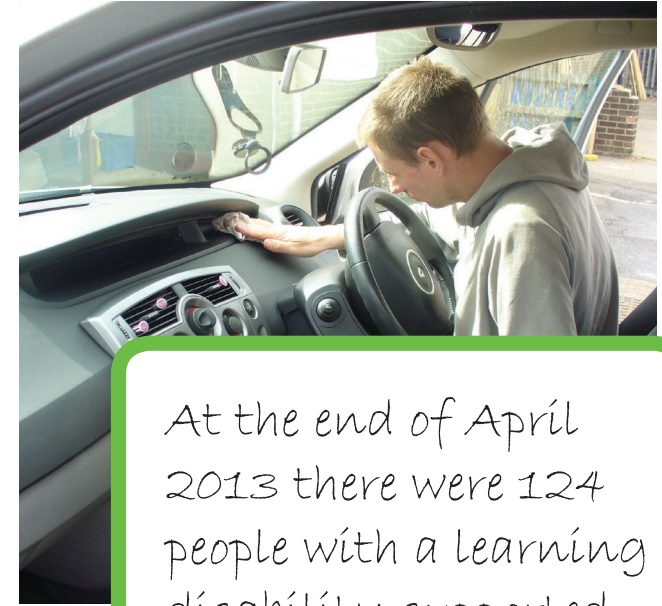
What we did:

We provide support for adults with a learning disability in order to assist them to enter the world of work.

3 A team of Job Coaches provide support for job searching, interviews, transport training and on the job support.

Supported Employment offers a wide range of supported employment opportunities across Peterborough. These start with our in-house work skills development unit, where people have personalised support to run mini enterprises. These include a café, a sandwich and buffet business called Royce Road Rolls and a car washing service. These businesses provide valuable work skills training and very competitive services within the local community.

All other placements are with local businesses in the Peterborough area.



At the end of April 2013 there were 124 people with a learning disability supported into all forms of employment



7.2% of adults with a learning disability who were known to Adult Social Care were supported into paid employment

Supporting you to be independent

Delaying and reducing the need for care and support

A key objective of the Adult Social Care Department is to support people to remain independent and to stay in their own homes as long as possible. This outcome also covers ensuring that people have opportunities to have the best health and well-being.

You said we should:

- Ensure people have access to support that will help them stay independent for as long as possible

90% of respondents to the eligibility and charging consultation agreed that reablement should be offered to everyone it might benefit

What we did:

We improved access to our Reablement Service which offers six hours to six weeks of support, setting goals for people to regain independence. During the year 469 people received a Reablement Service with 57% achieving a positive outcome of needing less, or no more support.



Eight service users who had been living in out of area placements were brought back to Peterborough, ensuring that they were closer to their families.

They now live in their own homes with appropriate support.

You said we should:

- Support people with a learning disability in staying well

What we did:

In October 2012 we held an Eye Test Campaign with 15 local opticians. Learning Disability Community Nurses attended the appointments with service users.

In February 2013 we held a 'Happy Days Keeping Learning Disability Healthy' event at the Town Hall.



249 Health Checks were carried out by Peterborough GPs, which represents 93% of the people eligible for a check

Supporting you to be independent

My Story – Six Book Challenge

Service users have participated in the national Read Easy programme. The inspiration came from two ladies who approached day centre workers wanting to learn to read.

The workers heard about the Read Easy programme through the local media.

One of the service users, Liz, has done particularly well and on 12 February 2013 she received her stage one certificate.

About a month later, and entirely on her own initiative, Liz joined Peterborough Central Library, where she found out about the Six Book challenge. She is now enjoying reading 'Grandma's Saturday Soup'.

Liz said:

"I couldn't read when I was a little girl, but I can read a little better now. It makes me feel happy".



My Story – Reablement

Connie is 90 and lives on her own. Connie had a stroke and as a result had some weakness on her left side.

Connie was previously independent but following the stroke she had difficulty walking and was unable to manage the stairs and preparing her meals.

Connie was supported to do strength exercises and practice her walking again inside and outside. Once her mobility improved Connie was supported to practice a few steps on the stairs and gradually the number of steps was increased until she was able to confidently manage the stairs independently.

Support workers also supported Connie to prepare her own meals and by the end of the reablement period Connie was able to independently prepare all her meals and drinks.

93 people aged 65 and over were admitted to residential care homes during the year, down from 114 last year

Caring for carers

Delaying and reducing the need for care and support

You said we should:

- Support carers in their caring role

What we did:

During the year the Adult Social Care Department co-ordinated a wide range of initiatives to support carers in their caring role:

- In October 2012 the Adult Social Care Department worked with the City College to put on a Carers' Health Day
- In November 2012 a Carers Rights Day was held and over 80 carers attended
- In January 2013 a Dementia Awareness Day was held
- 300 carers packs were delivered to the Reablement Team to be handed out to new carers

Dementia Awareness Day

Raising awareness of dementia, memory problems And related topics

Wednesday 16 January
10:00am to 1:00pm

at The Fleet, Fleet Way, Old Fletton, Peterborough, PE2 8DL

Expert speakers on giving presentations on

- Clinical diagnosis and progression of the disease
- Behaviour that challenges – triggers and effective ways of dealing with
- What is available locally for carers of people with dementia

Workshops on the day:

- Peer support
- Information and advice
- Services for the cared for
- Carers breaks and respite

(Free lunch will be provided)

To book on the work shops, please contact - Sue Bembridge
Email: sue.bembridge@peterborough.gov.uk Telephone: 01733 452449

Rethink Mental Illness.

64% of respondents in the Adult Social Care Survey said that they were extremely or very satisfied with their care and support

68% of carers said that they feel they have been included or consulted in discussions about the person they care for

Come along and enjoy a range of information and taster sessions at the **FREE CARERS' HEALTH DAY** at City College Peterborough in Brook Street Wednesday 31st October 10.30am- 2.30pm

You can join as many **FREE** sessions as you wish:
10.30am – Welcome and Guided Relaxation session (Everyone welcome)

11.15am - Looking after yourself (self-care training)
or Emotional Freedom Technique
or Let's get moving (seated dynaband)

12.15pm Deep relaxation and invigoration
or Healthy Eating on a budget
or Keeping in touch with family and friends using Social Media (Facebook, Twitter etc.)

1pm Lunch and refreshments provided

1.45pm Cupcake decorating for Halloween
or Down memory lane – Peterborough during the 1960s and 70s
or Getting online to the worldwide web

PLACES ARE STRICTLY LIMITED! All sessions and materials are free.

To book your place(s) on as many, or few sessions as you wish, phone (01733) 761361, email admin@citycollegepeterborough.ac.uk or call into the College in Brook Street.

EVERONE WHO TURNS UP ON THE DAY WILL BE ENTERED INTO A FREE PRIZE DRAW TO WIN £50 OF QUEENSGATE VOUCHERS.

City College Peterborough, Brook Street, Peterborough PE1 1TU



Listening to you

Ensuring people have a positive experience of care and support

This outcome is about customer satisfaction. A good social care organisation can provide evidence that service users and carers are satisfied with the services they receive and are kept involved throughout the process. People should know what choices are available to them locally, what they are entitled to and who to go to if they need help.

37 You said we should:

- **Ensure that services are targeted where they are most needed**

What we did:

In January 2013 we carried out a consultation on eligibility for receiving adult social care services and charging for services.

This provided an opportunity to explore what people thought about preventative services.

70% of respondents to the consultation agreed that resources should be targeted at people with substantial or critical needs

When people were asked how money should be spent to support people who do not meet eligibility criteria, the top five responses were

- **Easy access to equipment that helps you stay healthy and safe (87%)**
- **Help with keeping the home safe, clean and in good repair (75%)**
- **Breaks for carers (74%)**
- **Support getting out and about in the community (70%)**
- **Help with shopping (70%)**

A range of comments were also received. Key themes were:

- **Access to information, advice and advocacy including information and guidance in relation to financial issues and health issues**
- **An increased range of day and leisure opportunities**
- **Support for carers**
- **Access to transport**



Listening to you

You said we should:

- Focus on ensuring that people who use services and their carers have a positive experience

What we did:

The Reablement service carry out a service user questionnaire at the end of their visits. The service helps people to regain independence, often following a stay in hospital and can last from as little as six hours to six weeks.

38 A Reablement service user said:

“I found all the staff very pleasant. I’m really grateful as they helped and encouraged me, in all the right places. I’m so happy, they boosted my confidence enough to move forward again”.

100% of respondents in the Reablement Survey said that they had reached the goals that were set for them

My Story – Equipment to help independence

Mrs P is hearing impaired. The Sensory Support Team at Adult Social Care provided an alert to the fire alarm at night, a vibrating pad to go under her pillow and a flashing light to alert her if the fire alarm sounds at night, which she cannot hear, as she does not wear hearing aids at night. This has given her peace of mind at night time and she wrote to thank the worker for his help.



Examples of best practice – Rebound Therapy

The Kingfisher Centre, which works with people with both physical and learning disabilities, joined forces with a local public house, ‘The Fayre Spot and Goodly’ and Bretton Parish Council to purchase ‘Rebound Therapy’ Equipment and training for staff.

‘Rebound Therapy’ is used alongside physiotherapy to facilitate movement, promote balance, promote an increase or decrease in muscle tone, promote relaxation, promote sensory integration, improve fitness and exercise tolerance and improve communication skills. The services users who have taken part in Rebound Therapy have made great progress both physically and socially.

Complaints and Compliments

The Adult Social Care Department reports on complaints, comments and compliments and ensures that these are used as learning opportunities. Complaints received during 2012/13 covered the following topics and themes:

- **Rules on how Direct Payments were used were tightened up and complaints were received about service users being informed that they were using them inappropriately and having their Direct Payment reduced or being told that they had to use it in a different way**
- **Delays including inability to contact the department, cancelled appointments and delays to assessments**
- **Lack of information or incorrect information and family members not being kept informed**
- **Complaints about care received in the in house care homes**
- **Staff attitude and communication skills**
- **Joint complaints with the local hospital about discharge arrangement**

Learning from complaints and action taken as a result of complaints

The department uses complaints as tools for learning and actions and outcomes are discussed at Team Meetings. Systems are put in place as a result of complaints to ensure that they do not happen again.



During 2012/13 the Adult Social Care Department received a total of 34 formal complaints

Quality assurance

A new Quality Assurance Manager was appointed during the year and has developed a quality assurance framework covering all areas of practice. A Quality Board, including service users and carers, was set up to champion and progress the quality agenda.

Plans are in place to further involve service users and carers in all aspects of developing and reviewing services.



Tell us what you think

The Adult Social Care Department are always keen to hear what local people think about the services we deliver. If you have a comment, suggestion, compliment or complaint, please do contact the department.

Contact details:

Freepost RTCH-TLLZ-JGEC
The Quality Assurance Manager
Adult Social Care
Peterborough City Council
Town Hall
Bridge Street
Peterborough
PE1 1HF

Tel: 01733 747474

Email: ASCinfo@peterborough.gov.uk

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 7
19 SEPTEMBER 2013	Public Report

Report of the Executive Director of Adult Social Care

Contact Officer(s): Tim Bishop & Mubarak Darbar
Contact Details – mubarak.darbar@peterborough.gov.uk

TRANSFORMING PERSON-CENTERED OPPORTUNITIES FOR YOUNGER ADULTS

1. PURPOSE

1.1 To provide, inform and update the Commission on the progress made on the changes in Adult Social Care, particularly around Personalisation and Transforming Opportunities for Younger Adults (under 65).

1.2 Things are changing

The Council is moving toward enabling Personalisation for all our social care customers. This means we have to review how our services are currently delivered and work with our customers to understand how Personalisation can work best for them. This approach was agreed by Cabinet in February 2013 when it was resolved to:

- a) Revise the Eligibility Criteria for Adult Social Care from high/moderate to critical/substantial in line with Department of Health categories with effect from April 2013 for new service users and for existing service users from the date of their annual review or sooner if there is a change in circumstance which merits earlier review;
- b) Provide Reablement to all existing and new service users who would benefit;
- c) Offer longer term transitional support to younger adults with long term conditions including those who fall below critical/substantial needs as part of the council's preventative offer;
- d) Re-commission and further invest in 'a preventative offer' available to the wider community;

1.3 What is Personalisation?

Peterborough City Council, like other Adult Social Care departments, is moving towards 'personalisation'. The traditional social care model was for a social worker to assess a person's needs and then provide services to meet these needs. In most instances these were limited to a very small range of services such as residential care, home care or day care. Personalisation puts the service user at the centre of the decision making process and gives them choice and control over the care and support they receive.

In line with the Cabinet decision, we are reshaping our services to deliver a modern person-centred support that is flexible, responsive and based on customer needs and choices.

This will empower people to engage with their communities and have fulfilled independent lives, with the aim of reducing the need for on going statutory support.

The aim is to reduce the number of people who need care by providing a wide range of prevention support options and easy to access resources that give people the support and guidance they need to remain independent.

The Council is moving towards a support system that:

- is dedicated to Personalisation, individual choice, greater independence and less reliance on ongoing statutory support wherever possible.
- supports individuals to maximize their potential to live as independently as possible through reablement and transitional support
- enables individuals, families and carers to be able to use our new front facing customer service which will provide information and advice, low level support and our preventative offer.
- delivers Personalisation by enabling people to have personal budgets
- enables the council to become a commissioning organisation that builds capacity, quality, service choice and the ability to offer personal assistance with social enterprises, commercial, NHS and statutory providers and voluntary and community groups.

Personalisation improves people's choices and confidence, build skills in daily living and opportunities to work, thereby can increase overall good health and wellbeing.

To be successful in embedding Personalisation in Peterborough it is important that citizen's voices are heard and incorporated into the modernisation process.

To this end we are actively working together with people affected by the changes to gather their views on what how we can incorporate their voice into programmes to:

- redevelop employment opportunities
- skills for independent living
- specialist day support
- accessing leisure activities
- improving the employment and activities offer within the city.

1.4 What does change actually mean?

This change doesn't mean people being helped less.

This change means developing a social care model where people will need less help because of the preventative opportunities in the city, and when they do need extra help they can choose from better quality services that are designed to support them to remain as independent as possible within their capabilities.

This transformation in Adult Social Care means people providing better, more personalised support and doing things differently.

Over the last few months, there has been an extensive engagement and design programme undertaken that is reshaping how we commission and deliver our services. This requires investing in programmes that are designed to prevent people from needing social care services as well as ensuring that people find the right information and advice quickly and easily. The new model will ensure that people receive efficient and effective solutions from trained staff and issues such as safeguarding and the need for more intensive interventions are identified early and dealt with quickly to try and get people back to independent living as soon as possible.

There are three main elements to the new service model that we are currently testing and researching. These are called: Universal Services, Reablement and Transitional support and Longer Term and Complex Care.

1.5 Our new Personalised social care model: A definition

What are Universal Services?

Universal Services will be available to all people. They are designed to help reduce the need for specific care services. For example, this could be information and advice on where to join local over 60's AquaFit class to help keep fit to support an active and healthy lifestyle and engaged with others within the local community. Obtaining information about aids available for people with mobility difficulties such as getting in and out of the bath or opening tins or jars are other common examples. This is commonly referred to as prevention.

1.6 What is Reablement and Transitional Support?

Reablement and Transitional Support is our new model of working and it will be available to people who need support to regain skills and confidence to manage the activities of daily living.

This area of support is designed to help a person build and restore confidence and to help them to do as much as they can for themselves rather than someone doing things for them. This support enables individuals to either re-learn lost skills following a period of illness or to explore new opportunities to be more independent, especially in situations where they have lost confidence or opportunities to progress.

1.7 What is Longer Term and Complex Care?

Longer Term and Complex Care is for people who have been assessed as having Critical or Substantial needs in line with the Cabinet decision to change the Eligibility Criteria in February 2013 and in accordance with Department of Health guidance.

With Universal Services, Reablement and Transitional support in place the need for specialist, intensive support will be reduced. However, there will still be a need for people who have gone through Reablement and Transitional support who may require ongoing support. This support will also align with our vision for personalisation.

1.8 How is the move toward Personalisation going to change our commissioning practice?

In order to ensure people's choice in deciding what they need and want in terms of support, we must expand our offer. We will be doing this by reviewing how we currently commission external services and work in partnership with providers from the voluntary and commercial sectors to develop person-centred support options that will increase people's independence, skills and well-being.

The new commissioning arrangements will be outcome-based and people will be able to go direct to provider with their own personal budgets. Managed accounts by the council will only be offered after all other options have been explored.

Independent sector day activities contracts are being reviewed and improved specifications that are consistent with the personalisation agenda will be used to procure new and personalised services over the coming year.

The aim is to move away as much as possible from traditional and institutional models of residential care and day centres enabling people to be independent.

1.9 Why change?

The Personalisation agenda came into being in 2001 with the National White Paper *Valuing People*. This was later strengthened with the *Our Health, Our Care, Our Say: A new direction for community services* in 2006 and later the *Putting People First* concordat, agreed across all government departments in 2007. An updated three-year action plan for embedding Personalisation *Valuing People Now* was released by the Department of Health in 2009. The main principle behind these national strategies is to put the individual at the centre of their care

and support plans, to empower them to lead independent, fulfilled lives and to ensure that people's own choice and control was that the heart of all social care operations.

However, for a number of reasons specific to the city over the last twelve years, Peterborough is catching up on the Personalisation agenda and requires extensive transformation within our social care culture and operations to achieve a truly person-centred approach.

This change means basing people's future care on personal choice and for people to remain healthy and independent for longer.

As set out in the Cabinet Report in February 2013, there are both barriers and expectations around Personalisation in the city. There is a significant customer and patient expectation now as a result of lifestyle changes of the population. People want more choice and good quality services that are flexible and personalised to individual needs.

There is a vast and growing demand in the country due to increases in life expectancy. Over the next 30 years nationally our population will age but will remain alive significantly longer than previous generations, with over 15 million people having at least one Long Term Condition.

This places additional demands on services necessitating more efficient ways of working hence the current Transformation of Adult Social Care currently underway.

1.10 What have we been looking at?

The report focuses on and highlights the visioning work to transform the way person-centred activities for younger adults are delivered, particularly through local authority managed day activities. This includes day centres, employment, voluntary work, leisure and other day services for people with learning disabilities and physical disabilities.

1.11 People affected

There are approximately 147 people that are in receipt of these services ranging from half a day a week to five days a week. The essence of the new vision is shifting the emphasis from a deficit culture (what people can't do) to a mind-set (what people can do on their own or with support) that builds on community assets, universal services, skills for daily living and integrating with mainstream services whenever and wherever possible.

2. RECOMMENDATIONS

2.1 The Commission is asked to:

- a. provide feedback on the video that accompanied this report
- b. discuss the issues identified and considered changes
- c. note that the views of carers and current and future users have been appropriately considered; and
- d. highlight anything further that they feel should be explored before the proposals progress.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 This report links to the SCS priority:

- Creating opportunities - tackling inequalities
- Creating strong and supportive communities – empowering local communities

What National Indicators does the report help to achieve?

- I. Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services.

Peterborough achieved 44% of people receiving self directed support in the year 2012/13 compared to our comparator group of authorities of 54% and the national average of 55.6% which is what Peterborough City Council's aims to achieve.

- II. Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services.

Peterborough achieved 10% of people receiving self directed support via a direct payment in the year 2012/13 compared to our comparator group of authorities of 14.6% and the national average of 16.4% which is what Peterborough City Council's target is to achieve.

- III. Number of adults with learning disabilities with paid employment

Peterborough has 7.2% of people with learning disabilities in paid employment which is the same as the national average and better than the comparator group of authorities. Peterborough City Council is in 6th position out of 15 better than the comparator group average of 6.3%, our target is to achieve 8% which will take Peterborough in to the top quartile.

4 BACKGROUND

- 4.1 Further to the Cabinet decision in February this year, Adult Social Care has been reviewing what people with learning and physical disabilities do during the day and what they want for the future. A project group made up of a wide range of stakeholders including service users and parent carers has been established with various work streams. One work stream has been working on what people with learning disabilities and physical disabilities and their parent carers want to do during the day including talking to parents carers of children that are not yet using adult services.

Engagement and activities undertaken to date to start to shape proposals for final consultation have included:

- Visioning day – approximately 150 people attended (service users and carers with staff support) on what people wanted out of day activities and how this could look moving forward.
- A group from Peterborough made up of service users, parent carers, day and employment staff and social workers went to visit services that have gone through a similar change such as a social enterprise in Thurrock on day activities and another social enterprise in Suffolk on employment services, both for people with disabilities.
- Advocacy led service user focus groups and engagement events which explored both aspirations and concerns people had about change.
- Parent carer drop in session events over tea and coffee – employment, voluntary work and social enterprise visits.
- Specific staff engagement events to be held at the end of September 2013 - also inviting staff from other areas/authorities that have gone through similar change to share their experience with local staff.

- 4.3** Many people are saying they want more meaningful activities and a sense of independence and being part of a community. Also greater choice and flexibility is a common theme whilst people feel they want to be reassured that they will not be left to cope on their own.
- 4.4** Some people are not entirely convinced change is a good thing and more work is planned with them in the coming months to ascertain what they are exactly concerned about and to try and meet those concerns.
- 4.5** Employment services managed by Adult Social Care has achieved some good outcomes over the past years achieving support for approximately 130 people in 289 placements, either in paid employment, supported employment, working in mini enterprises (three already set up) or are in voluntary work placements schemes. This is an area that the visioning work has identified the Council needs to build on as the work progresses and how this good practice can be expanded to other contracts.
- 4.6** Employment services and voluntary activities will be very much seen as the way forward whilst giving people real opportunities to be part of the community or be part of the various social enterprises the employment services intend to establish. This is particularly pertinent to those people coming up into adult services through transitions as their aspirations and ambitions are greater than what has been traditionally available.
- 4.7** Personal budgets and person centred support planning will be central to people having independence, choice and control. Introducing the concept of community connectors and focussing on what people 'can do' to what they are 'can't do' will be central to this change - shifting from a 'deficit based model' to an 'asset based model' which will run through all services as a golden thread. Community connectors will link people with activities and support as part of a wider support planning team for each individual when assessing for need or reviewing care packages.

5. KEY ISSUES

- 5.1**
- Culture change within the support planning
 - Managing expectations and change for users and carers
 - Developing community capital and capacity
 - Lack of compliance for existing contracts
 - Potential impact on staff i.e. change of roles, working differently

6. IMPLICATIONS

- 6.1** Change to day activities through alternative delivery models will impact all current and future users of day activities.

7. CONSULTATION

- 7.1** To date there has been considerable engagement with all key stakeholders. However a formal consultation will not commence until a Cabinet Paper is presented in mid-autumn 2013.

8. NEXT STEPS

- 8.1** Report to Cabinet to commence formal 12 week consultation on proposed plans. Outcomes from this consultation to come back to this Commission and Cabinet in early 2014.

9. BACKGROUND DOCUMENTS

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

- 9.1**
- Valuing People and Valuing People Now White Paper 2001 and 2007

- Our Health Our Care Our Say 2006
- Nothing About Us Without Us – DH Guidance
- Putting People First 2007 and 2010
- Social Care Bill and White Paper Caring for Our Future 2013

10. APPENDICES

- 10.1** • Transforming Opportunities for Younger People: Film Part One – to be shown at the meeting.

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SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
19 SEPTEMBER 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 take and any new key decisions to be taken after 4 October 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

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 Eisey; Cllr Fitzgerald; Cllr Holdich; Cllr North; Cllr Seaton; Cllr Scott; and 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 4 OCTOBER 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)
Contract Award for the Provision of Domestic Abuse and Sexual Violence Services - KEY/04OCT13/01 To award the contract for the provision of Domestic Abuse and Sexual Violence Services.	Councillor Irene Walsh Cabinet Member for Community Cohesion, Safety and Public Health	N/A	Strong and Supportive Communities	Safer Peterborough Partnership.	Karen Kibblewhite Safer Peterborough Manager - Cutting Crime Tel: 01733 864122 karen.kibblewhite@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Amendments to the Affordable Housing Capital Funding Policy - KEY/04OCT13/02 To agree the amendments to the Affordable Housing Capital Funding Policy.	Cabinet	Yes	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	Richard Kay Policy and Strategy Manager richard.kay@peterborough.gov.uk	It is not anticipated that there will be any further documents.
Technical Financial Advisory Services for the Energy Services Company (ESCO) "Blue	Councillor David Seaton Cabinet Member for Resources	N/A	Sustainable Growth and Environment Capital	Relevant internal and external stakeholders.	John Harrison Executive Director-Strategic Resources Tel: 01733 452398	It is not anticipated that there will be any further documents.

<p>Sky Peterborough" and Related Projects - KEY/04OCT13/03 To award a contract for the provision of technical financial advisory services.</p>					<p>john.harrison@peterborough.gov.uk</p>	
<p>Bourges Boulevard Improvement Scheme: Bright Street to Crescent Bridge - KEY/04OCT13/04 To award a contract for the urban realm improvement works to Bourges Boulevard, including implementation of two pedestrian crossings.</p>	<p>Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital.</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Strategy for People with Dementia and their Carers - KEY/04OCT13/05 To approve the Dementia Strategy.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>N/A</p>	<p>Health Issues</p>	<p>Service users, relevant departments and Scrutiny Commission for Health Issues.</p>	<p>Rob Henchy Commissioning Manager Tel: 01733 452429 rob.henchy@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>PREVIOUSLY ADVERTISED DECISIONS</p>						
<p>Delivery of the Council's Capital Receipt Programme through the Sale of Dickens Street</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Consultation will take place with the Cabinet Member, Ward</p>	<p>Richard Hodgson Head of Strategic Projects Tel: 01733 384535 richard.hodgson@peterboro</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>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.</p>				<p>councillors, relevant internal departments & external stakeholders as appropriate.</p>	<p>ugh.gov.uk</p>	
<p>Rolling Select List - Independent Fostering Agencies - KEY/01JUL/12 To approve the list for independent fostering agencies.</p>	<p>Councillor Sheila Scott OBE Cabinet Member for Children's Services</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Care and Repair Framework Agreement - KEY/18DEC/12/01 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.</p>	<p>Councillor Nigel North Cabinet Member for Environment Capital and Neighbourhoods</p>	<p>N/A</p>	<p>Strong and Supportive Communities</p>	<p>Relevant Internal Departments.</p>	<p>Russ Carr Care & Repair Manager Tel: 01733 863864 russ.carr@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Environment Capital Action Plan - KEY/24JAN/13/02 Approve the Plan for public consultation.</p>	<p>Cabinet</p>	<p>YES</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Four week public consultation.</p>	<p>Charlotte Palmer Climate Change Team Manager charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

		ugh.gov.uk							

<p>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.</p>	<p>Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Mark Speed Transport Planning Team Manager Tel: 317471 mark.speed@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Sale of Craig Street Car Park - KEY/25MAR13/01 To approve the sale of land known as Craig Street Car Park.</p>	<p>Councillor David Seaton Cabinet Member for Resources</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant Internal and External Stakeholders and ward councillors.</p>	<p>David Gray Capital Projects Officer Tel: 01733 384531 david.gray@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>The Expansion of Fulbridge Academy to four forms of entry - KEY/25JUL 13/02 Award of Contract for the Expansion of Fulbridge Academy, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University, Cabinet Member for Resources</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>Fletton Parkway Widening Jn17-2 - KEY/25JUL13/03 To award the contract for Site Supervision and Contract Administration.</p>	<p>Councillor Gr. Uff. Marco Cereste Leader of the Council and Cabinet Member for Growth, Strategic Planning, Housing, Economic Development and Business Engagement</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Simon Machen Head of Planning, Transport and Engineering Services Tel: 01733 453475 simon.machen@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>
<p>The Expansion of Woodston Primary School to two forms of entry - KEY/08AUG13/01 Award of Contract for the Expansion of Woodston Primary School, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal departments and external stakeholders including ward councillors.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>The Expansion of Ravensthorpe Primary School to two forms of entry - KEY/08AUG13/02 Award of Contract for the Expansion of Ravensthorpe Primary School, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders including ward councillors.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborou gh.gov.uk</p>	<p>It is not anticipated that there will be any further documents</p>

<p>The Expansion of Orton Wistow Primary School to two forms of entry - KEY/08AUG13/03 Award of Contract for the Expansion of Orton Wistow Primary School, including the approval of property, legal and financial arrangements for various enabling agreements with third parties.</p>	<p>Councillor John Holdich OBE Cabinet Member for Children's Services</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders and ward councillors.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Clare Lodge - KEY/22AUG13/01 To award a contract for the provision of services.</p>	<p>Councillor Sheila Scott OBE Cabinet Member for Children's Services</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Internal and external stakeholders as appropriate.</p>	<p>Oliver Hayward Commissioning Officer - Aiming High Tel: 01733 863910 oliver.hayward@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Dementia Resource Centre - KEY/06SEP13/01 Award of contract to a provider to run the Dementia Resource Centre.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>N/A</p>	<p>Health Issues</p>	<p>Consulted with older people's partnership board followed by mental health steering group.</p>	<p>Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Dementia Resource Centre Property mini tender - KEY/06SEP13/02 To award a contract for property works to be carried out to the Dementia Resource Centre site.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>N/A</p>	<p>Health Issues</p>	<p>Older people's partnership board followed by mental health steering group.</p>	<p>Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

<p>Personal Care and Support for Adults (Homecare) - KEY/06SEP13/03 Award of contract for the provision of Personal Care and Support services.</p>	<p>Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care</p>	<p>N/A</p>	<p>Health Issues</p>	<p>Relevant internal and external stakeholders.</p>	<p>Nick Blake Improvement & Development Manager Tel: 01733 452406 nick.blake@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Day and Employment Services for People with Learning and Physical Disabilities - KEY/20SEP13/01 Agree the consultation plan for the Transformation of Person Centred Activities for Younger Adults in Peterborough.</p>	<p>Cabinet</p>	<p>Yes</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders including service users and staff.</p>	<p>Mubarak Darbar Head of Commissioning Learning Disabilities Tel: 01733 452509 mubarak.darbar@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>Materials Recycling Facility contract - KEY/20SEP13/02 Agree to joint procurement of MRF for bulking, sorting and onward processing and sale of recyclable materials, in collaboration with RECAP Partner Councils.</p>	<p>Councillor Gavin Eisey Cabinet Member for Culture, Recreation and Waste Management</p>	<p>N/A</p>	<p>Sustainable Growth and Environment Capital</p>	<p>Relevant internal and external stakeholders.</p>	<p>Richard Pearn Programme Manager - Waste Infrastructure richard.pearn@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>
<p>City College Extension Project - KEY/20SEP13/03 Using Education Funding Agency grant to create a dedicated, customised space for students aged 16-19 with learning difficulties and disabilities.</p>	<p>Councillor John Holdich OBE Cabinet Member for Education, Skills and University</p>	<p>N/A</p>	<p>Creating Opportunities and Tackling Inequalities</p>	<p>Relevant internal and external stakeholders.</p>	<p>Brian Howard Programme Manager - Secondary Schools Development Tel: 01733 863976 brian.howard@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any further documents.</p>

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

CHILDREN'S 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)
Public Health

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)

**SCRUTINY COMMISSION FOR HEALTH ISSUES
WORK PROGRAMME 2013/14**

Meeting Date	Item	Progress
<p>20 June 2013 <i>Draft report 4 June</i> <i>Final report 11 June</i></p>	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</p>	
	<p>Peterborough and Stamford Hospital NHS Foundation Trust - Update Contact Officer: Jane Pigg</p>	
	<p>Introduction to Public Health Contact Officer: Sue Mitchell, Interim Director of Public Health</p>	
	<p>Review of 2012/13 and Future Work Programme 2013/14 To review the work undertaken during 2012/13 and to consider the future work programme of the Committee. Contact Officer: Paulina Ford, Senior Governance Officer</p>	
<p>16 July 2013 <i>Draft report 28 June</i> <i>Final report 5 July</i></p>	<p>Adult Social Care Prevention Strategy To scrutinise the development of an Adult Social Care Prevention Strategy. Contact Officer: Jana Burton, Interim Director of Adult Social Care</p>	

Meeting Date	Item	Progress
	<p>Cambridgeshire Community Services Transition</p> <p>To receive and comment on a report on the work of the Cambridgeshire Community Services Transition Programme.</p> <p>Contact Officer: Jessica Bawden, Cambridgeshire & Peterborough Clinical Commissioning Group</p>	
	<p>Cambridgeshire & Peterborough Clinical Commissioning Group – Priorities and Older Peoples Programme</p> <p>To receive a report and comment on the work on the three priority areas for Cambridgeshire and Peterborough Clinical Commissioning Group.</p> <p>Contact Officer: Jessica Bawden</p>	
<p>19 September 2013 <i>Draft report 3 Sept</i> <i>Final report 10 Sept</i></p>	<p>Contingency Planning Team Report</p> <p>To note the content of the Contingency Planning Team's report and the recommendations on the future of Peterborough & Stamford Hospitals NHS Foundation Trust and to make any necessary recommendations.</p> <p>Contact Officer: Jane Pigg</p> <p>Transforming Person-Centered Opportunities For Younger Adults</p> <p>To receive an update on the changes in Adult Social Care, particularly around Personalisation and Transforming Opportunities for Younger Adults (under 65) and make an necessary recommendations.</p> <p>Contact Officer: Tim Bishop/Mubarak Darbar/Fiona Fowler</p> <p>Peterborough City Council Adult Social Care Department Local Account</p> <p>To note and agree to the publication of the Local Account.</p> <p>Contact Officer: Tina Hornsby</p>	

Meeting Date	Item	Progress
12 November 2013 Draft report 28 Oct Final report 4 Nov	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough To scrutinise the performance on adult social care services and make any appropriate recommendations. Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</p> <p>Dementia Resource Centre</p> <p>Contact Officer: Jana Burton, Interim Director of Adult Social Care</p> <p>Performance Report for Public Health</p> <p>Contact Officer: Sue Mitchell</p> <p>Transformation Programme for Adult Social Care and Business Plan</p> <p>Contact Officer: Jana Burton, Interim Director of Adult Social Care</p>	
22 January 2014	<p>East of England Ambulance Service – Annual progress report</p> <p>Young Peoples Sexual Health and Wellbeing Strategy To scrutinise the Sexual Health & Wellbeing Strategy and receive an update on Teenage Pregnancy. Contact Officer: Sue Mitchell</p> <p>Health and Wellbeing Board – Delivering the Health and Wellbeing Strategy Contact Officer: Wendi Ogle-Welbourn, Assistant Director</p>	<p>Deferred from 16 July 2013 meeting.</p>

Meeting Date	Item	Progress
	<p>Suicide Prevention Strategy</p> <p>Contact Officer: Kathy Hartley – NHS- Cambs CC</p>	
<p>(Joint Meeting of the Scrutiny Committees and Commissions) January 2014</p>	<p>Budget 2014/15 and Medium Term Financial Plan</p> <p>To scrutinise the Executive's proposals for the Budget 2014/15 and Medium Term Financial Plan.</p> <p>Contact Officer: John Harrison/Steven Pilsworth</p>	
<p>25 March 2014</p> <p><i>Draft report 7 March</i></p> <p><i>Final report 14 March</i></p>	<p>Quarterly Performance Report on Adult Social Care Services in Peterborough</p> <p>To scrutinise the performance on adult social care services and make any appropriate recommendations.</p> <p>Contact Officer: Tina Hornsby, Assistant Director Quality Information and Performance</p> <p>Cabinet Member for Adult Social Care – Portfolio Progress Report</p> <p>Minor Injury and Illness Unit (MIIU)</p> <p>To scrutinise the implementation and impact of the new Minor Injury and Illness Unit.</p> <p>Contact Officer: Jessica Bawden</p>	

Possible Items for Scrutiny: 2013/14

<p>Adult Social Care</p> <ul style="list-style-type: none"> • Quality Framework • Quality Care Commission • Quarterly update report on Dementia Resource Centre • Portfolio Progress Report from the Cabinet Member for Adult Social Care • Implementation of the Electronic Call Monitoring System. • Safeguarding Vulnerable Adults board Annual Report 2012/2013, To scrutinise the Safeguarding Vulnerable Adults board Annual Report 2012/2013 and make any recommendations. • Carers Strategy • Dementia Strategy, Contact Officer: Rob Henchy 	<p>From March 2013 meeting.</p> <p>From March 2013 meeting.</p> <p>Deferred from September 2013 meeting.</p> <p>From June 2013 meeting.</p>
<p>Healthwatch</p>	<p>From July meeting</p>
<p>Public Health Transfer</p> <ul style="list-style-type: none"> • Quarterly Report on outcome Framework • Portfolio Progress Report from the Cabinet Member for Community Cohesion, Safety and Public Health • Longer Lives, Contact Officer: Dr Boika Rechel/Sue Mitchell 	<p>From March 2013 meeting</p> <p>Deferred from September meeting</p>
<p>The Cambridgeshire & Peterborough Clinical Commissioning Group</p> <ul style="list-style-type: none"> • Business Plan Six monthly progress report • Cambridgeshire & Peterborough Clinical Commissioning Group – Response to Francis Report • 	<p>From March 2013 meeting</p> <p>Deferred from September meeting</p>
<p>Peterborough and Stamford Hospital NHS Foundation Trust - Response to Recommendations from the Francis Inquiry</p>	<p>From June 2013 meeting.</p>

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