CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Date:Thursday, 22 November 2018

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

Shire Hall
Castle Hill
Cambridge
CB3 0AP

10:00hr

Kreis Viersen Room
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2	**Minutes - 20th September 2018**	**5 - 14**
3	**Minutes Action Log**	**15 - 18**
4	**A Person's Story** To be provided by Cambridge Dementia Action Alliance	
5	**Cambridgeshire & Peterborough Health and Social Care (HSC) System Peer Review Feeback**	**19 - 32**
6	**Better Care Fund Update- Out Of County Housing Investment**	**33 - 40**
7	**Better Care Fund Update- Improved Better Care Fund Evaluation**	**41 - 54**

15 Date of Next Meeting

31st January 2019

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Peter Topping (Chairman)

Jessica Bawden Councillor Mike Cornwell Tracy Dowling Councillor Geoff Harvey Chris Malyon Councillor Nicky Massey Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Stephen Posey Liz Robin Councillor Joshua Schumann Vivienne Stimpson Councillor Jill Tavener Jan Thomas Caroline Walker Ian Walker and Matthew Winn Councillor Samantha Hoy Councillor Linda Jones Councillor Susan van de Ven and Councillor David Wells

Julie Farrow (Appointee)

For more information about this meeting, including access arrangements and facilities for people with disabilities, please contact

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CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 20th September 2018

Time: 10.00 -11:50

Venue: Council Chamber, Peterborough City Council, Peterborough

Present: Cambridgeshire County Council (CCC)
Councillor Topping (Chairman)
Councillor Jones
Councillor Susan Van de Ven
Dr Liz Robin, Director of Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities

City and District Councils:
Councillor Harvey
Councillor Massey
Councillor Tavener
Julie Farrow
Stephen Graves

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jan Thomas

Healthwatch
Val Moore, Chair Cambridgeshire and Peterborough Healthwatch

Officers
Caroline Townsend, Lead
Kate Parker
Daniel Kelley, Senior Democratic Services Officer

91. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Apologies for absence were received from: Jessica Bawden, Cllr Mike Cornwell, Tracy Dowling, Cllr Hoy, Dr. Sripat Pai, Cllr Joshua Schumann, Vivienne Stimpson, Ian Walker and Matthew Winn.

92. DECLARATIONS OF INTEREST BY MEMBERS OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

There were none.

93. DELAYED TRANSFERS OF CARE (DTOC) UPDATE

The Health and Wellbeing Board received a report in relation to the Delayed Transfers of Care (DTOC) Update.

The purpose of the report was to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) across Peterborough and Cambridgeshire. The Service Director Commissioning informed Members that both Cambridgeshire and Peterborough were performing under target. Members were informed that there had been significant investment from the improved better care fund (iBCF) to support initiatives in improving DTOC performance. These largely revolved around increasing capacity.

In terms of reaching the target a tight deadline of the end of October/early November had been set. The biggest issue preventing the target being reached was around the lack of market capacity. It was essential to build capacity in community capacity, recruitment of staff had proved challenging and there was little prospect of increasing this through recruitment from EU states.

The Health and Wellbeing Board debated the report and in summary the key points raised and responses to questions included:

- It was agreed that the target was aspirational, however this was a national target. Partners were working towards trying to prevent people from going into hospital, instead getting support from the local sources in their homes and communities. There was a domiciliary care capacity issue, however different ways of supporting people was being looked into; e'g use of Reablement. It was about working together to ensure that steps were in place to reach the target. It was important to take into account the financial pressures the NHS and both local authorities faced.

- There were a number of patients sitting in the wrong environment. It was difficult for patients who were in hospitals or nursing homes if it was the wrong place for them to be. It would be disappointing if the health and social care system moved away from making sure people were in the right environment. There was a need to look at other local authorities to see how they were able to achieve better results than Peterborough and Cambridgeshire. It was important to know what each organisation was there to do, the CCG were going through a process of how they commissioned all their services and ensuring they were appropriate for the needs of the patient.

- The report was quite diagnostic in its approach, however it was essential to bear in mind that the targets and DTOC's were targeting vulnerable members of society. The ambition should be to strive to achieve the targets being set, however this should not compromise the care given to patients.

- Work with all care providers had been taken place, this included some care providers working more collaboratively to ensure patient rounds were efficient as possible. Capacity had been increased within the reablement service. Work was now being reviewed to see if it was possible to reduce reliance on domiciliary care, in recognition of the workforce challenges in this area... A raft of actions was being taken to address nursing home care capacity.

- It was important to recognise that this was not about numbers, but about the people going through the system.

- The Living Well Partnerships were working to try and join up services around the adult health services along with Primary Care and Neighbourhood teams. However it was important to acknowledge the role of the voluntary sector. Recent case studies had shown that the voluntary sector had been involved in a number of projects and pathways.

- The readmission rate had increased over the past year, however recent figures showed that this had decreased. A new KPI was in pace to monitor the readmission rates for the over 65's. Instead of being winter ready local authorities were looking at being ever-ready, noting the hot summer that had recently passed and impacted adversely on the health of older people. Contingencies were being put in place across a number of services to cover any issues that might arise.

- It was hoped that more funding would be available following the autumn budget statement. There was not enough funding currently to be able to achieve the targets set.

- Families and carers played a big role in the care of patients, there may be information in the public domain that they would find useful and to ascertain what barriers they face.

It was resolved to:

a) The Cambridgeshire Health and Wellbeing Board are asked to note and comment on the report and appendices.

94. BETTER CARE FUND – INTRODUCTION OF NEW GUIDANCE

The Health and Wellbeing Board received a report in relation to the Better Care Fund and new guidance.

The purpose of the report was to provide an overview of any key changes for 2018-19. The publication of the refreshed Integration and Better Care Fund (BCF) Operating Guidance 2017-19 had limited impact on current BCF 2017-19 plans and did not require any formal action by the Health and Wellbeing Boards' members. Members were informed that this was not new guidance,

rather it had been refreshed from the previous year's guidance to clarify some areas. Guidance had not made significant changes to the plan that was currently in place, it had however made clarified how the funding should be used...

In terms of changes locally, members were informed this involved Delayed Transfers of Care metrics. As a result of this DTOC metrics would change for the year 2018-19. Locally the DTOC target was set at 3.5%.

The Health and Wellbeing Board debated the report and in summary. Key points raised and responses to questions included:

- In terms of being open and transparent there had been some challenges between the NHS and Local Authorities on what the funding should be spent on. The way the money was to be spent would be developed between NHS colleagues and the local authorities. It was likely that different views would continue to be put forward, however it was hoped that a common agreement could be reached. One of the biggest challenges around the BCF was protecting social care.

- So far NHS colleagues and local authorities had managed to come to satisfactory agreements on the BCF funding. It would be beneficial to see the methodology improve going forward to cut out potential conflicts. One of the issues was who held the budget and it hadn't been made clear who this was. It may be easier to have a third party holding the funds, therefore everyone would know where the budget was kept.

- There was an s.75 agreement, allowing to bring together social care funding that was aligned to the BCF. Additional money was then flowing through the BCF and comes through the Department of Communities and Local Government, this then flowed directly into the Council and from there into the pooled budget. The conditions set around the IBCF had to be applied to the pooled budget.

- It was agreed that greater transparency could add value and ensure that services commissioned represented the best value for money. This was about consulting and getting freedoms around what the money could be spent on, especially around prioritising where the money went.

- It was important to hang onto the initiatives that had already been put in place using the BCF funding.

- It was noted that quarterly returns are provided to the integrated commissioning board and it was agreed this detail should be brought to future HWB Board meetings.

- Future BCF reports could have greater clarity over where the BCF money had been spent and identify opportunities for future funding.

- The ICB had done evaluation work which was going back to the Cambridgeshire Health and Wellbeing Board in November and the Peterborough Board in December. Recommendations were to be brought forward on areas that could be reinvested into as part of the evaluation

- Summing up, the chairs of the two boards directed that in future, officers must consult beforehand with the HWB and secure agreement on the allocation and use of resources from the BCF to ensure alignment with the priorities of the Health and Wellbeing Strategy and JSNA's. The report was noted.

It was resolved to:

a) The Cambridgeshire Health and Wellbeing Board is asked to note and comment on the report and appendices.

95. IMPACT OF THE EARLY YEARS SOCIAL MOBILITY PEER REVIEW ON THE WORK OF SERVICES COMMISSIONED BY THE CAMBRIDGESHIRE AND PETERBOROUGH JOINT CHILD HEALTH COMMISSIONING UNIT

The Health and Wellbeing Board received a report in relation to the impact of Early Years Social Mobility Peer Review on the work of the services commissioned by the Cambridgeshire and Peterborough joint child health commissioning unit.

The purpose of the report was to provide Peterborough and Cambridgeshire Health and Wellbeing Boards with information on and opportunity to comment on The Early Years Social Mobility Peer Review and consequent Joint Child Health Commissioning Units plans to review the delivery of Health Visiting and School Nursing, Children's Centres, Early Years Education and Early Help Services across Cambridgeshire and Peterborough.

The Joint Child Health Commissioning Unit had been working with the providers of health visiting, school nursing services and children's centres, to review the delivery of the Healthy Child programme; the purpose being to consider a more integrated approach to delivery and achieve the savings required in response to reductions in the public health grant and the ongoing local authority's financial challenges.

The Local Government Association had been looking to develop an early years sector led improvement offer and Cambridgeshire and Peterborough were one of only two areas selected to pilot an Early Years Social Mobility Peer Review.

Following the peer review the Joint Child Health Commissioning Unit had reviewed its approach to the delivery of a more integrated Early Years Programme, to take into account recommendations from the review.

Cambridgeshire and Peterborough had an interest in the study due to the local data held by both and the concerns that both authorities had. In Peterborough the concerns were around school readiness measures, a high proportion of children (in the 30%'s) were not ready for school when assessed in Reception. In Cambridgeshire the issue was one around inequalities, those eligible for free school meals was worse than the average for the same age group.

The peer review was led by a strong and experienced team, however it should be noted that this was a short review and not a full inspection. One of the issues for Cambridgeshire that was reported back incorrectly was lack of political oversight for children's health. However it was known that the Health Committee in Cambridgeshire had done a lot of work around this. The peer review team had presented a number of observations and suggestions that the authorities were able to go away and consider.

The Executive Director People and Communities and Director of Public Health were working on steps to address the issues raised and work closely together to achieve the recommendations set out. A joint transformation strategy was to be formulated to ensure the recommendations were looked at in detail and ensure outcomes for children in terms of school readiness were improved.

This process was being carried out under the Children's Health Joint Commissioning Unit (JCU), work was being done around the 0-19 service and how this was being delivered and if it could be delivered with savings to cost. A lot of the work had already taken place, most of the new initiatives were building on that work.

The Health and Wellbeing Board debated the report. Key points raised and responses to questions included:

- The report addressed not only health and education now but also for the future. This had been pushed to be included in Devo2 and a bid had been put in for £1.5 million over three years to kick start this work.

- In terms of perinatal mental health it was important to develop services, through local maternity services work stream a bid was put in to be a pilot which was successful, which included funding in this area.

- The review showed the enthusiasm of the voluntary sector and they were keen to be a part of the strategy moving forward. It was important to note that the Voluntary Sector and Private Sector found it difficult to access training due to a lack of capacity to attend.

- There was a concern over the perceived lack of input from the Health Committee into the peer review. The Health Committee had a major remit and did a lot of work on this. Cambridgeshire Health Committee has oversight for the budget involved. This suggested that there might be a lack of coordination between the Health Committee and Children's Committee.

- Bringing in Children's centres was important, looking at what was needed to deliver for health, education and care across services. Was about bringing services together and looking at what outcomes could be delivered. It was hoped that this would deliver better outcomes for families.

- Access to rural areas of these services was an issue and recognition of how resources can be used differently in better ways for families.

- In Cambridge City a number of children's centres had ceased to exist in the same way they did previously and in total there were fewer providers compared to three years ago. Members were assured that a report on this was going to be presented to the Children's Board in Cambridgeshire in October; this would show the development of more outreach work.

- Evaluation was important to see the overall budget and how the money could be spent more effectively, the Health Committee at Cambridgeshire had a vital role to play. Members were informed that the JCU had been working closely with both local authorities and the CCG with evidence of the impact of joint delivery of services More work needed to be done around early year's transformation and that resources were being put in place to improve outcomes. Regular reports would be going back to the relevant Committee's.

- There were challenges in delivering outcomes, mainly around not enough funding and not enough capacity. Important work to carry out going forward was around equity of access to services Different skill sets within the workforce were recognised along with a need to understand and educate both the public and professionals of the different providers used.. Members were informed that it was essential that we valued local health visitors, making sure we did as much as possible to retain them.

- It was agreed that a joint letter be written to the Combined Authority to ensure early years work was taken seriously and include in Devo2.

The Director of Public Health informed the Board that there was a Child and Adolescent Mental Health Local Transformation Strategy that the Health and Wellbeing Board was required to give a view on, before it was sent back to NHS England. Unfortunately there was no meeting scheduled before the deadline. It was therefore suggested that members make comments to the Chair or officers directly. This would then enable any feedback to be given when NHS England meets with the Chairman of both Boards in October.

ACTION:

An email would be circulated reminding members of the need to feed in any comments to the Child and Adolescent Mental Health Local Transformation Strategy.

It was resolved to:

a) Note and comment on recommendations from the Early Years Social Mobility Peer Review

b) Note and comment on plans to develop an Early Years Strategy which will support the wider redesign and integration of relevant children, young people and families services

96. HEALTH & SOCIAL CARE SYSTEM PEER REVIEW

The Health and Wellbeing Board received a report in relation to the Health and Social Care System Peer Review.

The purpose of the report was to update Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board members with progress on preparing for the LGA Health & Social Care System Peer Review.

The process demonstrated senior officers bringing in external critical friends to look critically at work been done and raising any issues. Officers had asked for the review which was to be delivered by the Local Government Association (LGA). It was hoped that by doing the peer review both authorities would be prepared for any possible future CQC inspection. The review would be treated as an inspection, a draft programme would be created and a library of information was to be created so that peers can access information easily. In total the review would last for three days.

The Health and Wellbeing Board debated the report and in summary. Key points raised and responses to questions included:

- The approach looked to be useful and would be of great benefit. It was important that the same omissions were not made in relation to the Health Committee as with the Early Years Social Mobility review.

- A commitment was sought that the Health Committee's role and Scrutiny function was covered in the peer review.

- It was essential that all lines of enquiry were explored. A lot of effort had gone into getting the review right.

- A library of key documents and information was to be collated.

It was resolved to:

a) consider the content of the report and raise any questions

97. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN:

Members were informed that there was a drive to reduce the number of items on the agenda to ensure in depth review.

It was confirmed that the next joint meeting was due to be held in March 2019.

It was resolved to:

a) agree the Forward Agenda Plan.

Chairman

ACTION LOG

Meeting Date	No.	Item / Subject	Action Needed	Action By	Status
1/11/18	4	HWB Action Log Min 12 - LR has chased communication team and expecting an update to be provided for the action log.	LR will provide this to JV	**LR**	
1/11/18	5.1	BCF/iBCF Evaluation report awaiting feedback from CCG. Cover sheets for the Evaluation report" and "Out of County Housing report" noted as the same. Out of County Housing report SB noted CCC research team can provide demographics that could be incorporated into report e.g. Poppy and pansy projections have been used and might be worth using this. LR noted that the board may need support in understanding e.g. 3.8 – "providers" will not know if these are housing or support providers.	SL to chase colleagues to ensure feedback provided to Caroline Townsend before 9th November (publication deadline) CT to adjust this along with linking to financial target SB to send contact details to MD MD to review paper in regards to definitions to ensure paper is written and accessible to lay people with a positive spin on achievements	**SL** **CT** **SB** **MB**	
1/11/18	5.2	Public Service Reform: Health & Social Care Proposal			

		Late paper and recommended that members read	Comments back to Kate.Parker@cambridgeshire.gov.uk by 7th November	**All**	
1/11/18	5.3	Living Well Partnership Update Agreed Greater Cambridgeshire Living Well Partnership would prepare an update report for the HWB on 22nd November. Other district leads for the East Cambs & Fenland and Huntingdonshire Living Well Partnerships to be invited to provide update reports to the HWB on 22nd November	LMcF to provide an update report to Richenda.Greenhill@cambirdgeshire.gov.uk by 9th November KP to contact Richard Cassidy, Liz Knox and Jayne Wisely regarding update reports.	**LMcF** **KP**	
1/11/18	5.4	Safeguarding Adults Board Annual report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18 No further comments on reports	KP to make minor correction (typo) and return to RG for publication.	**KP**	
1/11/18	5.6	Performance report on progress with the Cambridgeshire Health & Wellbeing Board's Three Priorities 2018/19 SB – paragraph about estates strategy noted existing groups that would support.	LR recommended SB to link in with Iain Green & Stuart Keeble. LR to check on clarification on this area on who is supporting the group from the districts. Any further comments please send directly to Liz.Robin@cambridgeshire.gov.uk by 9th November	**SB** **LR** **ALL**	
1/11/18	5.7	Proposal to establish joint working across Cambridgeshire & Peterborough HWBs Discussion on the complexities of establishing a joint sub-committee. Agreement in principle to a			

		joint working arrangement was provided by partner organisations. MR noted that the monitoring officer would need to review the final paper.	MR to set up meeting with KP and Fiona McMIllian to review final content of paper	**MR**	
1/11/18	5.8	<u>HSC Peer Review Update</u> New paper for submission to HWB on 22nd November Paper missing peer review slides that referenced JSNA informing the strategy. Discussion and agreed detail on who the peer review team is has been presented to the board before so perhaps this isn't necessary.	JV to add new paper to the Agenda for 22nd November LR to contact Helen Gregg and identify if inclusion of slides in the paper can be provided LR to suggest removal of 2.4 regarding peer review and biographies in appendix	**JV** **LR**	
1/11/18	6	<u>HWB Forward Agenda Plan</u> Discussion over next joint meeting of the HWB for Cambridgeshire and Peterborough. Suggestion that this would be the 21st March 2019 as it would then allow STP Board to meet the same day and same venue. JV checking if date would present a problem and holding meeting in the afternoon. Generally agreed date seemed okay. KP noted Adults committee scheduled in the afternoon.	LR noted that FDC may have clash for the afternoon and asked if democratic services could check. JV to ensure elected member representation from adults committee is confirmed.	**JV** **JV**	

Outstanding actions from 30th August Support Group meeting

Meeting Date		Item / Subject	Action Needed	Action By	Status
5/7/18 Item 6	13	Health & Wellbeing Board Forward Agenda Plan LR advised that Kathy Hartley (strategy author) would circulate the exec summary to board members again to act as a prompt to action on the executive summary	KP to contact Kathy Hartley regarding Suicide prevention strategy updates for September joint meeting. KP to send out reminder emails around the Sept board meeting action on Suicide Prevention Strategy to support group members. Post Meeting note: Suicide prevention strategy to be presented at the Cambridgeshire HWB on 31st January 2018	**KP** **KP**	See post meeting note: KP to follow this up after the Joint HWB in November.

Agenda Item No: 5

CAMBRIDGESHIRE & PETRBOROUGH HEALTH AND SOCIAL CARE (HSC) SYSTEM PEER REVIEW FEEDBACK

To:	**Health and Wellbeing Board**
Meeting Date:	**22 November 2017**
From:	**Wendi Ogle-Welbourn, Executive Director** **Charlotte Black, Service Director Adults & Safeguarding**
Recommendations:	**The Health and Wellbeing Board is asked to:** **a) Consider the content of the report and raise any questions**

	Officer contact:		***Member contact:***
Name:	**Helen Gregg**	Names:	Councillor Peter Topping
Post:	Partnership Manager	Post:	Chairman
Email:	Helen.gregg@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	07961 240462	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide Cambridgeshire Health & Wellbeing Board members with feedback following the Local Government Association (LGA) Cambridgeshire & Peterborough Health & Social Care (HSC) System Peer Review, which was held between 24 and 27 September 2018.

2 BACKGROUND

2.1 Please refer to the HSC System Peer Review Briefing (Appendix 1) which includes background information to the Care Quality Commission (CQC) Local System Area Reviews and a link to CQC's Beyond Barriers Report (which details their findings from the initial 20 area reviews).

2.2 The purpose of the peer review was to help prepare the 'system', for a CQC local system area review and to help the system improve outcomes for local residents. The onsite programme took place between 24 and 27 September 2018 and involved Cambridgeshire County Council, Peterborough City Council, Cambridge University Hospital (CUH) / Addenbrookes, North West Anglian Foundation Trust, Cambridgeshire & Peterborough Foundation Trust, Cambridgeshire & Peterborough Clinical Commissioning Group, Healthwatch and a number of other voluntary organisations.

2.3 The scope of the review was:

Scope Area 1: Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

Key Lines of Enquiry (KLOEs):

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the Joint Strategic Needs Assessments, (JSNA))
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

Scope Area 2: The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

Key Lines of Enquiry (KLOEs):

- How does the system ensure that people are moving through the health and social care system, are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm

- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

2.4 The peer review team were:
Cathy Kerr, Lead reviewer LGA Associate
Katherine Foreman, Lead Reviewer LGA Associate
Avril Mayhew, Senior Adviser, LGA
Rose O'Keeffe, Discharge Team Manager, Kings Hospital, London
Sharon Stewart, Assistant Director, Southampton City Council
Tanya Miles, Assistant Director Adult Social Care, Shropshire
Lisa Christensen, Improvement Manager, ECIST

2.5 During the onsite programme, peers visited the CUH (Addenbrookes) in Cambridge and the City Care Centre in Peterborough, during which they looked at live patient records, visited wards and observed a range of meetings. The peer team also undertook a case file audit before they arrived onsite.

3. MAIN ISSUES

3.1 The peer review team fed back two key messages:

- *'From everything we read and from everyone we met and spoke to, we think you are in a really strong position and have all the right ingredients to move forward – we saw energy and commitment at all levels, from executive leaders through to front line staff and wider stakeholders – everyone wants to do the right thing for the people of Cambridgeshire and Peterborough*

- *Outcomes for people in Cambridgeshire and Peterborough – we have heard about some excellent services and approaches to prevention, keeping people well, supporting independence and avoiding hospital admission but this isn't consistent and when they do go in to hospital, you have a real problem getting people out'*

3.2 Plus the following key recommendations:

- A single vision that is person focused and co-produced with people and stakeholders
- Ensure strategic partnerships include Primary Care, Voluntary Sector and Social Care providers
- Governance – Strengthen the system leadership role of Health & Wellbeing Boards and clarify supporting governance
- Establish Homefirst as a default position for the whole system
- Simplify processes and pathways – make it easier for staff to do the right thing
- Data – build on the recently developed DTOC data report

Joint Commissioning
- Understand your collective pound and agree whether your resources are in the right place ahead of winter and in the longer term
- Develop and implement a system wide commissioning strategy to deliver your vision.

- Look creatively at opportunities to shift or invest in community capacity to fully support a home first model.
- Be brave and jointly commit resources in the right place
- Homecare – work together with providers to review current arrangements/new ideas/solutions
- Don't compete with each other as commissioners – recommend a fully integrated brokerage team
- Ensure any commissioning for winter/surge periods is joined up
- A significant piece of work to be done together to put Primary Care centre stage
- Voluntary and community sector – work with the sector as strategic and operational partners to capitalize on their resource and ideas
- Build on strong relationship with Healthwatch to add more depth to co-production

Workforce

- Develop a cross system organisational development programme that reflects the whole system vision and supports staff in new ways of working
- Provide greater clinical leadership to support new processes and new ways of working across the system

3.3 It should be noted that the peer team commented that the Joint Strategic Needs Assessment was very strong, reflecting a sound understanding of the needs of the Cambridgeshire and Peterborough population. However, the peer team did not see this fully translated into a clear strategic commissioning plan across health and social care.

3.4 The Cambridgeshire and Peterborough Health & Wellbeing Boards will be the governing boards which will monitor the 'system's' progress in action taken against the above recommendations and further preparations for a CQC Local Area Review.

3.5 A draft action plan was approved by the Health Care Executive on 31 October (Appendix 2).

3.6 A delivery group will continue to meet regularly to prepare for a Care Quality Commission Area Review. The group will include representatives from the organisations detailed in paragraph 2.2.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The HSC system peer review is relevant to priorities 2, 4, 5 and 6 of the Health and Wellbeing Strategy.

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.

- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
CQC Beyond Barriers Report	https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

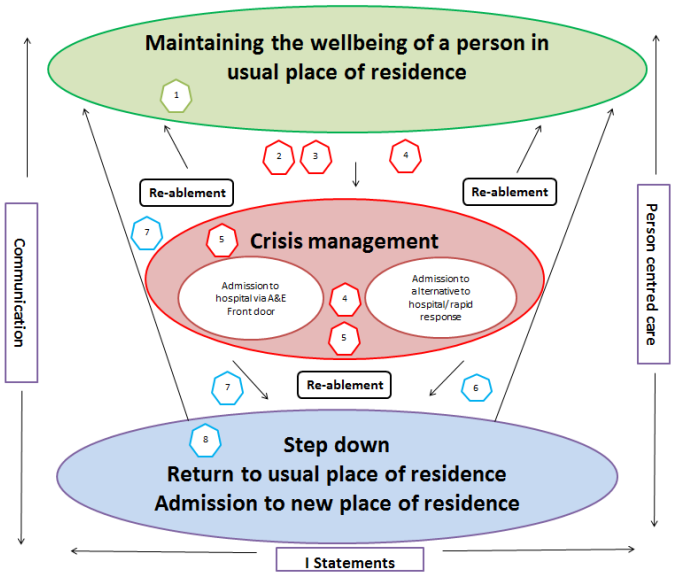
HEALTH & SOCIAL CARE PEER REVIEW
BRIEFING

BACKGROUND
Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Care Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

20 area reviews were undertaken in 2017/18. The reviews were system wide and looked at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. The scope also considered:

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

Below is a diagram showing the main operational themes:



The reviews looked specifically at how people move between health and social care with a particular focus on people over 65 years old and what improvements could be made. They included services such as:

- NHS Hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

The reviews also considered pressure points such as:

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community health services / social care
- Varied access to alternative hospital admission

- Ambulance interface
- Voluntary sector interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to and transfer from reablement and intermediate care tier services

CQC have now published their final report: Beyond Barriers. The report identifies the following common themes:

https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

In the systems reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together. Joint working is not always easy.

The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

Peer Review

Peer reviews are a constructive and supportive process with the central aim of helping areas to improve. They are not an inspection nor award any form of rating judgement or score. Reviews are delivered from the position of a 'critical friend' to promote sector led improvement.

The peer challenge process is a learning process and will help the health and social care system to assess its current achievements and to identify those areas where it could improve.

Following a scoping discussion with the Local Government Association (LGA), the following two questions and supporting key lines of enquiry were agreed by the Health Care Executive:

1. Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

KLOEs

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

2. The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

KLOEs

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

HEALTH AND SOCIAL CARE PEER REVIEW
DRAFT ACTION PLAN
NOVEMBER 2018

Mandate:

- Simplify things: plan, priorities, pathways and governance, so that we can deliver and our staff and patients / service users understand and communicate in a simple accessible way
- Reduce the number of hand offs
- Involve primary care, social care providers, voluntary and community sector organisations in a more explicit way as leaders, not just to the 'after party'
- Keep investing time in building relationships and trust at all levels

	Recommendation	Action	Accountable Delivery Board(s)	Identified Lead(s)	Deadline	Status / RAG
1	Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	STP / HCE	STP: Roland Sinker VCS: Sandie Smith (Healthwatch)	TBC	
2	Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Undertake review of membership of strategic partnership boards and add additional members / organisations where required	TBA	Local Authority: Wendi Ogle-Welbourn STP: Roland Sinker CCG / Primary Care reps: Jan Thomas VCS: Julie Farrow Provider rep: TBA	TBC	
3	Strengthen the system leadership role of HWB's and clarify supporting governance	Arrange a workshop with HWB members focusing on system leadership Produce governance structure for both boards	Cambs & Pboro HWBs	Local Authority: Dr Liz Robin	TBC	
4	Establish Homefirst as a default discharge from hospital position for the whole system and	Produce / update pathway to reflect the default position and	System D2A and DTOC Programme Board	Local Authority: Charlotte Black	TBC	

	monitor the proportion of complex discharges who go straight home	arrange briefings for hospital staff and supporting service staff to inform them of changes Add proportion of complete discharges to regular dashboard for Programme Board to monitor	Workstream: Capacity, demand and brokerage	Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling		
5	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Undertake review of all pathway, processes and procedures to simplify where needed Arrange briefings for hospital staff and supporting service staff to inform them of changes	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	TBC	
6	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Review the different forms of DTOC data reporting across the system and add any additional indicators etc into DTOC data report	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Caroline Townsend	TBC	
Joint Commissioning						
7	Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up	Add to next A&E Delivery Boards agendas	STP and A&E Delivery Boards	Local Authority: Will Patten CCG: Matthew Smith Hospitals: Neil Doverty, Sandra Myers	TBC	
8	Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE (will need to link to the single vision group)	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten, Dr Liz Robin (Public Health) CCG: Jan Thomas Primary Care Rep: TBA STP: Roland Sinker	TBC	

9	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Establish a working group to undertake piece of work to consider investment opportunities and delivery models	Link to Recommendation 4 System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten CCG: Jan Thomas VCS: Julie Farrow	TBC	
10	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Establish a series of workshops to be held with providers across the county to review and agree a way forward	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	TBC	
11	Don't compete with each other as commissioners	Create one set of commissioning principles	Link to Recommendation 8	Local Authority: Will Patten	TBC	
12	Establish a fully integrated brokerage team	Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'	Delivery Board: System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	TBC	
13	Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	HCE to review opportunities across the system and link to key boards where possible	TBA	Local Authority: Wendi Ogle-Welbourn CCG: Jan Thomas Primary Care Rep: Gary Howsam CPFT: Tracy Dowling	TBC	
14	Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	WOW to establish a mechanism for regular engagement with the VCS to strengthen the offer	Senior Officers Communities Network	Local Authority: Wendi Ogle-Welbourn, Charlotte Black VCS: Julie Farrow	TBC	
15	Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Convene a meeting with Healthwatch colleagues to review programmes of work and agree opportunities for co-production	TBA	Local Authority: Charlotte Black Healthwatch: Sandie Smith and Director rep(s)	TBC	

16	Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Link to D2A workstreams Join up with the neighbour place based model	STP	STP: Roland Sinker	TBC	
17	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s)	STP	Local Authority: Charlotte Black STP: Roland Sinker CPFT: Tracy Dowling	TBC	
Workforce						
18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	STP	STP: Tracy Dowling Local Authority: Oliver Hayward HR Directors for system including LAs	TBC	
19	Provide stronger clinical leadership to support new processes and new ways of working across the system		Link to Recommendation 5	Hospitals: Sandra Myers, Neil Doverty	TBC	

Agenda Item No: 6

BETTER CARE FUND UPDATE – OUT OF COUNTY HOUSING INVESTMENT

To: **Health and Wellbeing Board**

Meeting Date: **22nd November 2018**

From: **Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council**

Recommendations: **The Health and Wellbeing Board is asked to:**

a) Note and comment on the report and appendices

	Officer contact:		***Member contact:***
Name:	Will Patten	Names:	Councillor Peter Topping
Post:	Director of Commissioning	Post:	Chairman
Email:	Will.patten@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	07919365883	Tel:	01223 706398 (office)

PURPOSE

1.1 The purpose of this report is to provide an update on progress on the Improved Better Care Fund (iBCF) funded out of county housing project.

1.2 The project aims to support the development of housing and support options for adults with complex learning disability needs, with a particular focus on supporting service users who are currently placed out of county.

2 BACKGROUND

2.1 iBCF funding of £3m in 2017/18 and £517k in 2018/19 was identified to support the provision of suitable long term care and support, including housing, for adults with learning disabilities who have very complex needs and require bespoke and specific accommodation. This investment was intended to support the Transforming Care Programme (TCP) and out of area repatriation through the provision of accommodation.

2.2 Due to unprecedented financial pressures resulting from increased costs of care and increasing demands on resources from winter pressures, the iBCF 2017/18 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market. However, there is an ongoing commitment to seek corporate capital investment to ensure delivery of the original project deliverables. The purpose of this report is to provide an update on progress to date and next steps.

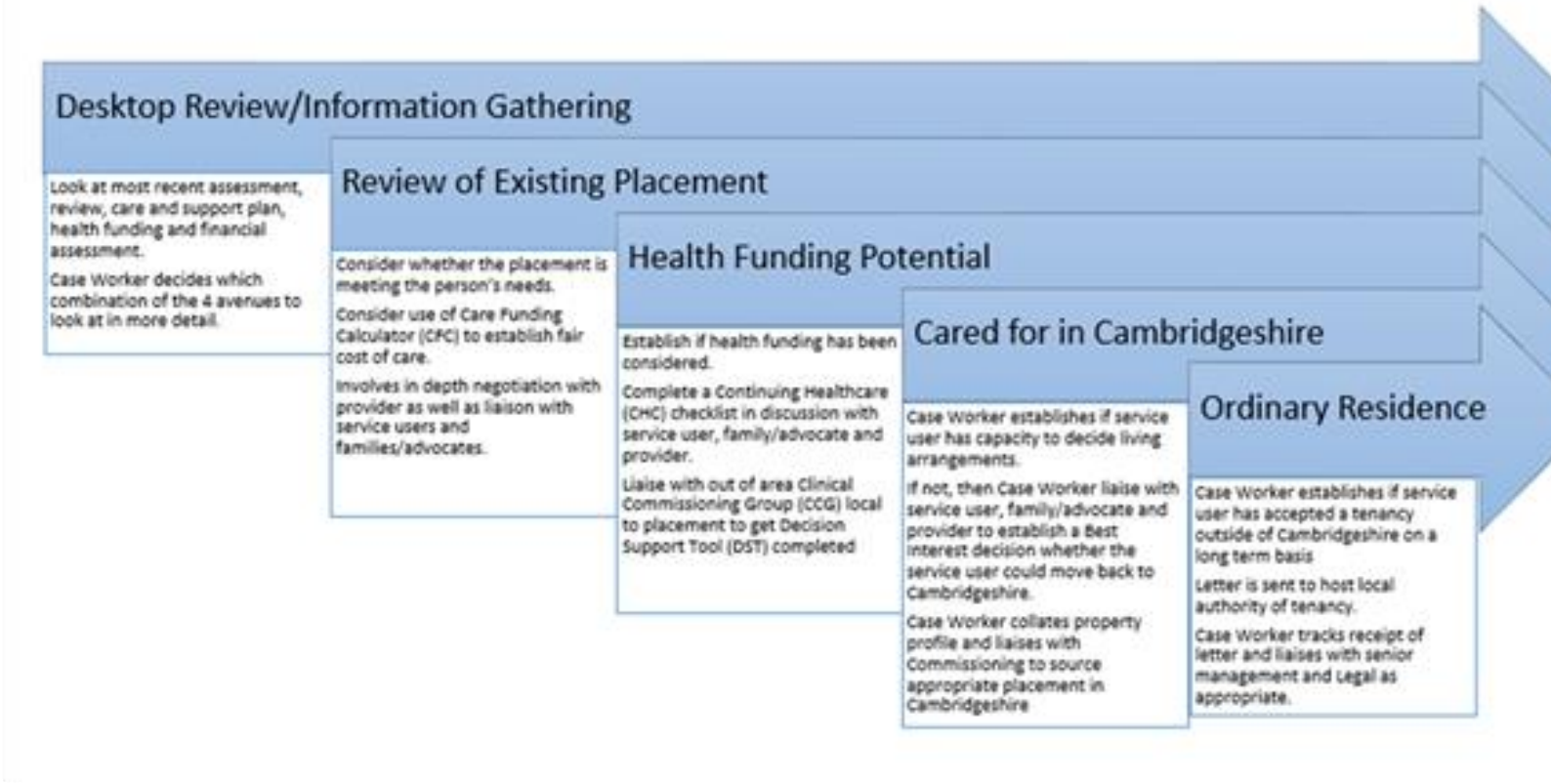
3. MAIN ISSUES

Progress

3.1 The Learning Disability Partnership (LDP) have identified a number of adults with learning disabilities who have very complex needs and who require bespoke and specific accommodation and support in Cambridgeshire.

3.2 A project assessment team (PAT), including two additional case workers, was established in November 2017 to support delivery of the following outcomes:

- A comprehensive review of all current out of area placements to ensure that needs are met in the most appropriate way in the current placement or organise care in Cambridgeshire where it is in service users' best interests, in line with their wishes and to improve outcomes for service users and their families.
- A strategic commissioning review of the sufficiency of care provision in Cambridgeshire now and in the future – and plan to create the additional capacity and improved commissioning processes we will need to minimise the number of new out of area placements in future.



- Maximise on value for money and efficiency where possible by negotiating best value on cost as well as recover any cost from out of area health authorities under the national framework continuing health care funding.

3.3 A comprehensive review of all current out of area placements is being undertaken to ensure that needs are met in the most appropriate way, in the service users' best interests, in line with their wishes and will improve outcomes for service users and their families. The operational target for this project was to ensure that all of the service users with placements out of area have been reassessed and there is clarity over whether it is in the service user's best interest to move back to Cambridgeshire, remain in their existing placement or move to an alternative out of area placement.

3.4 A complete list of people who had been placed with providers out of Cambridgeshire was collated with local knowledge from the LDP locality teams on the history and background of each case. Each case is allocated to a case worker for detailed work. There are a total of 121 cases on the list, of which 112 have been allocated so far. Allocations were prioritised according to location, size of care package and potential for a move back to Cambridgeshire. The below diagram outlines the methodology and process that is applied to each case review.

3.5 Out of the 121 cases, there are 76 where the information gathering/desktop analysis stage has been completed. The remaining cases will have been assessed before the end of March 2019. Of the assessed 76, there are currently 10 cases where a move back to Cambridgeshire is being considered. This means that 66 out of 76 service users in out of area

placements are in stable and settled placements where their needs are met appropriately and existing support networks are sustained.

3.6 For those cases where health funding has been identified, the case workers liaise with the relevant out of area CCG to ensure that the individual has appropriate access to Continuing Health Care (CHC) funding. Where this is the case, CHC funding is paid by the CCG where the individual is in residence. This therefore represents a reduction in expenditure to the local CCG and Local Authority Learning Disability pooled budget.

3.7 For those cases where a move back to Cambridgeshire is being considered, a detailed property specification was developed in early 2018 in conjunction with families, multi-disciplinary teams supporting the individual and social care providers, building on best practice knowledge and experience.

3.8 The property specification was matched against the exiting vacancy list to establish if there was any existing provision in Cambridgeshire that could meet the needs of these service users. There were no existing vacancies in Cambridgeshire that could meet either the accommodation or care provision needs of the individuals. An approach to address both accommodation and the provision of care was identified.

3.9 **Provision of Care and Support:** In order to address the shortage of care and support provision for adults with complex needs, Cambridgeshire County Council went out to tender for the Complex Supported Living Framework, which came into place in May 2018. This is a framework agreement for care and support providers. There are now 10 providers on the framework who are able to provide care and support for complex people. These are a mixture of voluntary sector and independent providers. As this is a Dynamic Purchasing Framework, it reopens every 6 months enabling new providers to join. This has enabled the Council to broaden the local capability to support the care and support provision of complex cases.

3.10 **Development of Suitable Accommodation:** Now that we have care and support providers lined up and keen to take on complex care packages, we are working to secure an appropriate site and location based on the specific requirements of the service users. We are currently working with the Councils Estates Team and family carers whose family members will be returning back to Cambridgeshire to identify an appropriate site. In addition, we have instructed independent property developers to search for suitable land. Due to the complex needs of the service users identified, there is a need for the accommodation to be single occupancy with a high level of support staff available nearby. These services need to be within close proximity to allow shared support. Therefore a core and cluster supported living model which will accommodate 6 service users is being designed, potentially more if the land currently being considered allows it. These properties will be managed by Registered Social Landlords under a management agreement with the Local Authority.

3.11 Some of the service users have specific environmental and location requirements and to meet these we will need single storey units with sufficient private space outside. The remaining people will be in specifically designed units within one building. The design and layout of the scheme is being worked on with the Occupational Therapists within the LDP and the architect to ensure the buildings are fit for purpose, meet all required specifications and is fitted with the appropriate Assistive Technology.

Next steps and Milestones

3.12 The operational target for the project is to ensure that all 121 service users with placements out of area have been reassessed and there is clarity over whether it is in the service user's best interest to move back to Cambridgeshire, remain in their existing placement or move to an alternative out of area placement. In August 2018, at month 11 of an 18 month project, the expectation would be that 74 cases would have been reassessed and a best interest decision made. To date, 76 of the 121 cases have been reassessed, with preparatory information gathering taking place on a further 36. This means the project is running slightly ahead of schedule.

3.13 Suitable land is still being identified which meets the environmental and specification requirements of the service users. A potential plot has been located, but discussions are underway with families to ensure that it meets their needs. Once suitable land has been agreed, then we will be able to progress with the building work. Indicative timelines for the development are outlined below:

- Selection process to identify the most appropriate property developer and award of contract for development of the accommodation – 3 months
- Liaison with estates, legal and property developers to ensure ownership and contract legalities are agreed
- Property Developer to build property in line with the specification – minimum 12-18 months
- Calling off procedure from the Supported Living Framework to award care provision and ensure mobilisation of provider for when the accommodation build is almost complete – calling off procedure 1 month. Mobilisation of service provision 3-4 months. (This process will start 4-6 months prior to the end of the build, to enable care provision to be ready as soon as possible).

Cost and Reduction in Package Costs

3.14 Recent developments of this kind indicate that the overall cost of land and buildings will be in the region of £3 to 3.5M. The caveat to this is the cost of land varies across the county and we are restricted with location to accommodate one of the service users' requirements.

3.15 The Core and cluster service will be developed as a supported living model; therefore the cost to the council will be for the support of the service users. The service users who are currently supported out of county are in residential services; therefore the council are paying the hotelier costs in addition to the support costs. There are significant benefits of a supported living model, allowing the service user to have greater access to benefits, thus improving their income, having more choice and control with less restriction and the cost of the 'care package' can be reduced. Current costs for residential packages to meet this cohort of service users' is in the region of £250K pa per person, we would anticipate this would reduce to £170K to 180K pa per person.

3.16 The project began in November 2017 with an understanding that 6 months' lead in time would be needed before savings began to be delivered in April 2018. However the project began delivering savings ahead of schedule in 2017/18. The original business case forecast a joint health and social care savings target of £290k per annum to the Learning Disability Partnership, which would be achieved due to a reduction in care package costs. £161k of savings was achieved in 2017/18 from reassessment reduction and brokerage renegotiations of 5 out of area cases. Of this £118k has been allocated to 2018/19 as the full year effect. The current forecast for 2018/19 is that savings of £315k will be achieved this financial year.

Governance

3.17 The Learning Disability Partnership is leading on the delivery of this project to ensure alignment with the Transforming Care Partnership and wider Learning Disability work. This is a joint initiative across the local authority and CCG, supported by a section 75 pooled budget arrangement. The governance and oversight for the partnership and project progress is via the Learning Disability Partnership Section 75 Executive Board. This board has cross representation from both the CCG and local authority. Progress updates are also reported to the Integrated Commissioning Board, which has accountability for the Improved Better Care Fund investment and system wide senior representation.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 This is relevant to priority 2 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.

Source Documents	Location
Cambridgeshire Better Care Fund 2017-19 Plan	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/

Agenda Item No: 7

BETTER CARE FUND UPDATE – IMPROVED BETTER CARE FUND EVALUATION

To:	**Health and Wellbeing Board**
Meeting Date:	**22nd November 2018**
From:	**Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council**
Recommendations:	**The Health and Wellbeing Board is asked to:**

a) note and comment on the report
b) approve the report recommendations

	Officer contact:		***Member contact:***
Name:	Will Patten	Names:	Councillor Peter Topping
Post:	Director of Commissioning	Post:	Chairman
Email:	Will.patten@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
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PURPOSE

1.1 The purpose of this paper is to summarise the Cambridgeshire Improved Better Care Fund (iBCF) evaluation findings and recommendations for the final two quarters of 2018/19.

2 BACKGROUND

2.1 The Improved Better Care Fund (iBCF) was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. The iBCF financial contribution of £8,339,311 had to be spent in line with the following national conditions:

- Meeting Adult Social Care Needs generally;
- Reducing pressures on the NHS (including DTOC); and
- Stabilising the care market

2.3 In 2017, Cambridgeshire submitted a jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The plan was approved by the Cambridgeshire Health and Wellbeing Board on 9th September 2017 and received full NHS England approval in December 2017. The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for the BCF and iBCF in 2017/18 and 2018/19.

2.4 Following the recent local health and social care system peer review (24th-27th September), which was supported by the Local Government Association (LGA), initial feedback indicated that we are utilising Better Care Fund and Improved Better Care Fund monies and implementing plans in line with the national conditions.

3. MAIN ISSUES

3.1 **Cambridgeshire 2017-19 BCF Plan Agreed Areas of Investment**

The investment as agreed within our approved Better Care Fund Plans and associated section 75 pooled budget agreements for the two year period, 2017-19 is outlined below:

Area of Investment	Cambridgeshire		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	
Investment in Adult Social Care & Social Work, including managing adult social care demands	£2,889k	£4,000k	Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity Met the national condition to meet adult social care needs generally and stabilising the care market.
Investment into housing options &	£3,000k	£517k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within

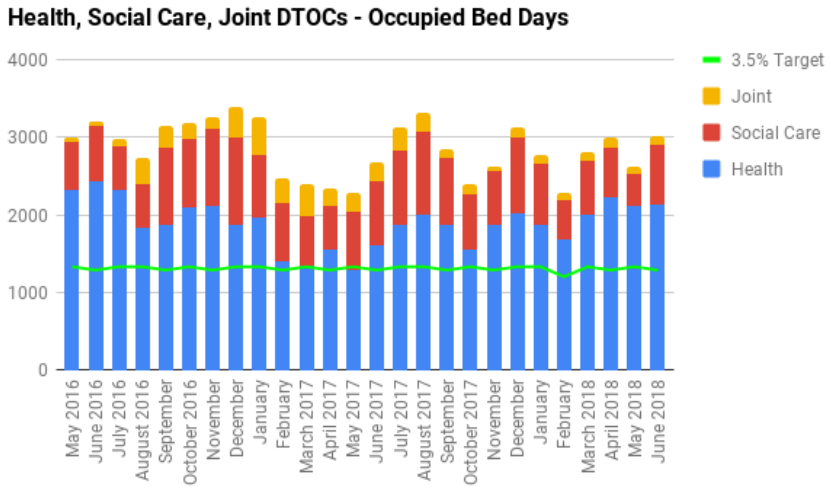
accommodation projects for vulnerable people			their own homes. Due to unprecedented financial pressures resulting from increasing costs of care and increasing demands on resources from winter pressures. The 2017/18 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market. N.B. The project deliverables are continuing, with a commitment to seek corporate capital investment as required.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation. The funding for this project was met from Public Health reserves, enabling the iBCF investment to be invested in line with the national conditions to meet adult social care needs and stabilising the care market.
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	£1,900k	Description: Targeted implementation of identified priority high impact changes. Investment in this area was across a variety of planned and unplanned areas of spend which supported the national condition to reduce pressures on the NHS. The impact of these initiatives varied and a more detailed evaluation of impact in detailed below.
Total of Spring Budget Allocation	**£8,339k**	**£6,567k**	
Protection of ASC in line with original intentions of the grant	NIL	£4,100k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	**£8,339k**	**£10,667k**	

3.2 **Cambridgeshire Delayed Transfers of Care (DTOC) Plan Impact**

Following a system wide self-assessment of the High Impact Changes for Discharge and associated identified areas of priority, the below diagram provides an overview of 2017/18 initiatives.

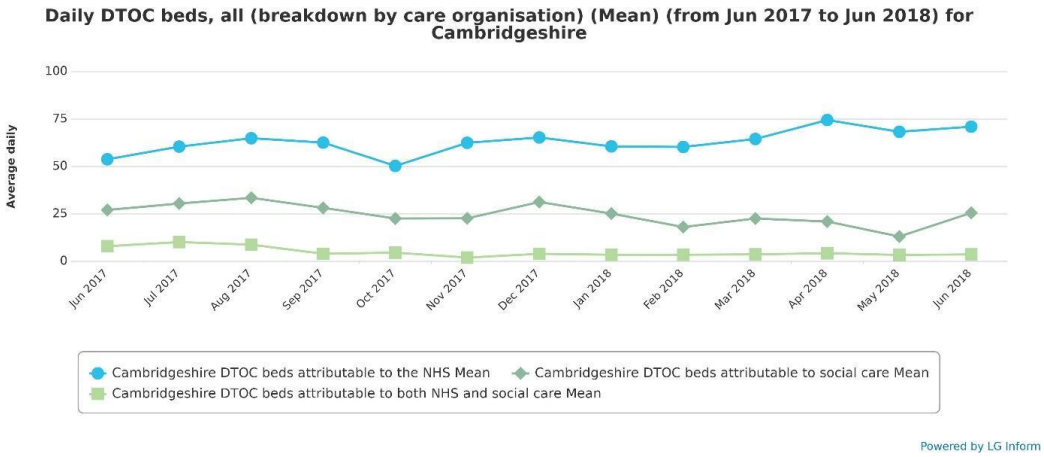
DTOC Performance

Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.



During June 2018, 81% of delayed days were within acute settings. 70.8% of all delayed days were attributable to the NHS, 25.5% were attributable to Social Care and the remaining 3.7% were attributable to both NHS and Social Care.

The graph below shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 5% increase in in NHS attributable delays, a 27% decrease in social care attributable delays and a 57% decrease in joint delays.

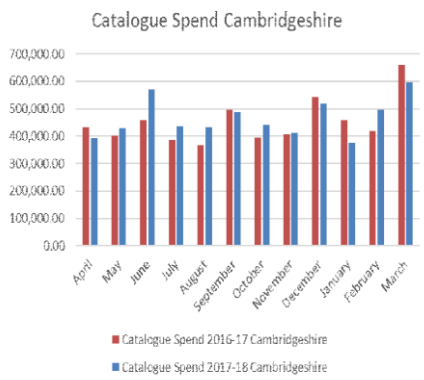


iBCF Investment areas - Impact

In 2017/18 a total of £2,281k was invested to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£1,000,000	£314,602	Recruitment to expand the service by 20% is progressing well and capacity has increased by an additional 1025 hours per week at June 2018. Packages picked up in 2018/19 in Q1 YTD have increased by 15% on the same period in 2017/18. 20,450 hours of bridging packages were delivered in 2017/18 as the provider of last resort. The service is currently utilising c. 26% of its capacity providing mainstream bridging packages.	Investment to continue at existing level
Reablement capacity – Flats Ditchburn and Eden Place	£140,000	£86,039	**Eden Place:** 5 flats are available and 6 patients have been discharged between January 2018 and April 2018. The utilisation has been poor at 50% and the average length of stay was reported as high as 44 days in March, indicating that these flats are not delivering good outcomes for service users.	Decommission
			Ditchburn: 2 flats are available and 5 patients have been discharged between February 2018 and April 2018. The flats are operating at nearly 100% utilisation and are highly cost effective (spot purchase). The service has been delivering good	Investment to continue at existing level

			outcomes for patients.	
Reablement capacity – Doddington Court	£80,000	£127,800	14 patients have been discharged into Doddington Court between November 2017 and the end of April 2018. Whilst utilisation of these flats was low in November and December 2017 at around 35%, since January 2018 there has been significant improvement with the average utilisation rate falling at just above 80%. Operational colleagues have reported that this resource is highly valued and well used in enabling them to meet individual outcomes, with 79% discharged to their own homes.	Investment to continue at existing level
CHC 4Q Pathway – additional Discharge Planning Nurses resource	£120,000	NIL	The 4Q pilot went live in November 2017. There have been issues recruiting to the additional posts which has caused some capacity issues in implementing the pilot fully. Number of patients having a 4Q (at end of March 2018): 204 Reduction in health assessment related delays: Reduction of 302 delayed bed days in December (10% of all delays) to 191 delayed bed days in March 2018 (7% of all delays)	Investment to continue
Equipment budget pressures	£140,000	£168,000	The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.	Equipment budget pressures are continuing in 18/19 based on previous year trends. Investment to increase

			 Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care.	
Discharge Cars Pressure	£140,000	NIL	iBCF investment was not needed in this area, as the pressure was mitigated via the new home care contract and better utilisation of capacity. Although additional investment would have been of benefit, there was no additional capacity in the market to purchase.	Discontinue investment
Dedicated social worker capacity to support self-funders (CUH)	£41,000	£16,176	In April 2018 a significant reduction on September 2017 is evidenced. . In September 2017 there were 65 delays in total, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.	Investment to continue
Social care lead in each acute	£100,000	£39,347	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low, including operational implementation of CHC 4Q hospital discharge pathway and the Discharge to Assess pathway implementation. Supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018.	Investment to continue

CHC Nurse resource to address CHC backlog	£250,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Social worker capacity to address CHC backlog	£125,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Trusted Assessor	CCG to review investment contribution if required	£NIL	This scheme went live in May 2018, so to date there is limited data available to show a trend. However, the initial two months of data is showing a positive impact: - 45 trusted assessor assessments have been completed. - 27 discharges have been accepted (60%) and 100 bed days have been saved.	Investment to continue for the CUH post and to extend an additional post to cover Hinchingbrooke
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website	£54,000	£NIL	This investment was not required in 2017/18 due to the late start of projects.	Investment to continue
Adult Early Help	£30,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Admissions Avoidance (Locality Teams)	£80,000	£80,000	In August 2017, the Older People's Locality Team had 1112 overdue reviews. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. A sample taken from PCH in 2016/17 showed that 12% of referrals had an outstanding review. 729 overdue reviews were completed between August 2017 and March 2018, resulting in a significant reduction in the backlog.	Investment to continue
Planned Investment Sub-Total	**£2,300,000**	**£831,984**		
Unplanned Investment				
Enhanced Response Service		£348,665	Supported the implementation of the ERS. This service provides wrap around short term care in the community to prevent unnecessary hospital admissions. Supported the national condition of Meeting ASC Needs generally. The service has	Discontinue investment

			now been established and the ongoing investment in provision is being funded by the Local Authority.	
Extension of dedicated reassessment and brokerage capacity for learning disability		£100,000	Additional investment to support the expansion of the LD team to support out of county reviews. This supported the national condition of Meeting ASC Needs generally.	Investment to continue
Implementation of contracting and brokerage system		£26,360	Supported the implementation of ADAM Direct Purchasing system, in conjunction with the newly commissioned home care framework and supports the national condition of stabilising the market.	Discontinue investment
Disability Access Projects		£68,726	Supported the national condition of Meeting Adult Social Care Needs generally.	Discontinue investment
Abetion Care Home Capacity		£40,182	Specialist support from Cardiff Council to advise on building care homes on Council land and inform approach to care homes project. This supported the national condition of Stabilising the Care Market.	Discontinue investment
Head of DTOC Performance		£66,038	Investment in Local Authority Strategic Discharge Lead. This supported oversight of the approach to manage DTOCs and an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of Reducing Pressures on the NHS.	Discontinue investment
Dedicated commissioner working to improve performance of large domiciliary care provider		£53,765	Provided support to a potential provider failure and prevented the suspension of the Council's largest domiciliary care provider and supported stabilisation of the market in line with the national condition.	Discontinue investment
Additional DTOC team agreed by executive (4 social workers part year)		£38,918	Additional investment part year to increase capacity to manage hospital discharge demand into the discharge planning teams. This supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of reducing pressures on	Investment to continue

			the NHS.	
Nursing Dementia Placements Pressure		£706,000	Mitigation of budget pressures, supporting the national condition of Meeting ASC needs generally and reducing Pressures on the NHS.	Discontinue investment
Unplanned Investment in DTOCs Sub-Total		**£1,448,654**		
TOTAL	***£2,300,000***	***£2,280,638***		

3.3 **Recommendations for Quarter 3 and Quarter 4 of 2018/19**

Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshops, the following recommendations are proposed for consideration.

Key principles were:

- Due to national delays from NHS England, iBCF approvals and monies were not in place until December 2017, this resulted in many initiatives not be implemented until the final quarter of 2017/18, with some coming online in early 2018/19, which has impacted on the timelines for delivery of outcomes.
- There are a number of existing financial commitments for 2018/19 from existing projects
- We should continue to deliver the things that are delivering well
- Where no impact is proven we should stop these initiatives
- Where pilot initiatives were working well, we should look to expand these wider
- We need to recognise where there are capacity issues and address these in the right way
- Some larger scale initiatives, it wouldn't be feasible to implement in the final two quarters of 2018/19 and these should be explored further to consider for future year funding where an identified need and benefit has been established

Cambridgeshire				
Continue		**Start 2018-19**		**Stop***
Reablement investment - General	£1,000,000	Admissions Avoidance Social Worker - Hinchingbrooke and Addenbrookes	£37,500	Adult Early Help
Reablement Flats - Doddington	£286,000	Moving & Handling Coordinator - Hinchingbrooke	£21,000	CHC Backlog - Nurse and Social Work Investment
Reablement Flats - Ditchburn		Trusted Assessor - Hinchingbrooke & CUH (CUH started April 2018)	£75,000	Reablement Flats - Eden Place
Equipment Pressures	£140,000	Occupational Therapy Investment	£180,000	
Social care discharge lead to support D2A 4Q Pathway - CUH & Hinchingbrooke	£100,000	Pilot with South Cambridgeshire District to increase reablement flat provision via use of vacant sheltered accomodation	£11,500	
Self-funder social worker - Addenbrookes	£45,000	**Areas for consideration for 2019-20**		
Prevention/Early Intervention Enabling People in Own Homes - Locality Teams	£80,000	VCS Commissioning of Discharge Support		
CHC 4Q Investment - Discharge Planning Nurses	£120,000	Discharge model for care home patients		
Discharge Planning Investment	£138,000			
Out of County LD Review Team	£114,000			
Public Health Initiatives	£69,000			
TOTALS	**£2,092,000**		**£325,000**	
Total Investment Required for 2018/19 would be £2,417,000				
*There was an agreed level of investment in the agreed 2017-19 plans for 2018/19 iBCF DTOC investment of £1,900,000. This is a reduction in investment from £2,300,000 in 2017/18				

- The iBCF DTOC investment agreed in the local Better Care Fund Plans for Cambridgeshire for 2018/19 was £1.9m. It is proposed that the £517k allocated to delivering housing to vulnerable people be re-purposed to support delivery of the DTOC plan as outlined in the financial table above. This will increase the DTOC plan investment to £2.417m for 2018/19. The Council is committed to utilising corporate funding to support delivery of the project objectives, which enable the housing project to continue in line with the original intention.

- Based on the above recommendations, the following is proposed as the iBCF investment areas for 2018/19. A copy of the 2017/18 agreed Costed DTOC Plan can be found at Appendix 1.

2018/19 Proposal	Cambridgeshire	
Detail of funding required	**Cost**	**Notes**
Reablement Capacity - general	1,000,000	Continue delivery of expanded reablement capacity
Reablement Capacity - Flats	286,000	Doddington, Ditchburn and Lapwings to continue. Clayburm Court and Eden Place decommissioned.
Admission Avoidance SW in ED	45,000	Continue PCH post and introduce new post for CUH and Hinch.
Equipment Budget Pressures (plus the continued requirement of NI	140,000	ICES pressure
Moving and Handling Coordinator	25,000	Continue PCH post. New post in Hinch. CUH - pilot already being established by TEC team. Future model for CUH to be reviewed following pilot.
Increased low level reablement support (VCS provision)	-	Cambridgeshire - recommendation to look at sustainable commissioned VCS provision in 2019/20 to support discharge.
4Q DSPN capacity	120,000	
Housing Case Worker in PCH	-	Pilot model at PCH for 2018/19
Dedicated social work capacity to support self-funders (CUH)	45,000	
Social Care Lead to support D2A pathway	100,000	Social worker in each acute to support 4Q pathway
Technology Enabled Care	-	Additional capacity in Peterborough to support TEC joint team.
Falls Lifting Response Service	-	Continue commissioning of Cross Key Home Service
Additional Interim Care Home Beds	-	Spot Purchase capacity to address peaks in demand
Trusted Assessor	75,000	Continue PCH. CUH post established in April. New post in Hinch.
Occupational Therapy	180,000	
Additional Discharge Team Social Worker Capacity	138,000	
Out of of County LD Review Team	114,000	
Stay Well in Winter	50,000	
Keep Your Head Website	4,000	
Dementia Alliance Coordinator	15,000	
Prevention / Early Intervention - Enabling People in own Homes (Locality Teams)	80,000	
Actual DTOC reduction planned		
Target reduction of DTOCs to hit 3.5% national target		
iBCF Total	**2,417,000**	
Ibcf 18/19 DTOC allocation in 2017-19 Plans	1,900,000	

In addition, it is also recommended that a programme board be established, accountable to the Integrated Commissioning Board to oversee the iBCF DTOC programme of work, to ensure:

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.
- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

3.5 Governance

A joint two year (2017-19) Cambridgeshire and Peterborough BCF and iBCF plan was submitted following Cambridgeshire Health and Wellbeing approval on 9th September 2017 and Peterborough Health and Wellbeing Board approval on the 11th September 2017. The plan received full NHS England approval in December 2017 and a two year section 75 agreement was established between Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. In addition, quarterly reporting to the Ministry of Housing, Communities and Local Government on the progress of the iBCF is also undertaken. Local monitoring of performance and financial spend is overseen by the Integrated Commissioning Board, which has delegated responsibility for the BCF and iBCF from the Health and Wellbeing Board. The Integrated Commissioning Board meets monthly and is chaired by the Director of Community Services and Integration at the CCG. Initiatives which are jointly funded with the STP are also monitored through the STP North and South Alliance Boards, which have health and social care system wide representation in attendance.

Two system wide workshops were held on 7th September 2018 and 4th October 2018 to review the iBCF interventions and informed the basis of the evaluation and final recommendations for 2018/19. The iBCF evaluation report and findings were discussed at the Integrated Commissioning Board on 17th September 2018 and were then re-presented for formal approval on the 15th October 2018. All members of the board approved the recommendations, bar the CCG representative who requested more time to consider the proposals Virtual approval from the CCG is currently being sought.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The iBCF is relevant to priorities 2 and 6 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire Better Care Fund 2017-19 Plan	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/

Appendix 1 – 2017/18 iBCF Costed DTOC Plan

	Peterborough			Cambridgeshire			
Detail of funding required	Cost	Funding stream	Impact on DTOCs per month	Cost	Funding stream	Impact on DTOCs	Notes
Integrated Discharge Pathway and ICWs		STP			STP		
Reablement capacity - general	191,000	iBCF		1,000,000	iBCF		Expand Reablement by 20%
Reablement Capacity - Flats Ditchburn				140,000	iBCF		
Reablement capacity - Doddington CT (plus required continuation of NHS contribution)				80,000	iBCF		
Admission Avoidance SW in ED x 1	40,000		105.78				
CHC 4Q x 1 DPN x 1SW and utilise existing resource	80,000	iBCF					x 1 CPFT DPN and 1 x SW to be redeployed
Equipment Budget Pressures (Cambs: plus the continued requirem	80,000	iBCF		140,000	iBCF		ICES pressure
Moving and Handling Coordinator	50,000	iBCF					
Increased low level reablement support (VCS provision)	100,000	iBCF					
CHC 4Q x 3 DPN and utilise existing resource				120,000	iBCF		x 2 DPN (x1 CUH x1CPFT) to be redeployed
Discharge Cars Pressure				140,000	iBCF		
Dedicated social work capacity to support self-funders (CUH)				41,000	iBCF	878.015	
Social Care Lead (1 per acute) to support D2A 4Q Pathway	50,000	iBCF		100,000	iBCF		4Q D2A resource
Brokerage Capacity	40,000	iBCF	98.03				
CHC Nurse resource to address CHC backlog	150,000	iBCF		250,000	iBCF		Reliant on CCG paying L.A. aged debt.
Social Worker Capacity to address CHC backlog	50,000	iBCF		125,000	iBCF	156.165	
Trusted Assessor	50,000	iBCF	8.56		iBCF		PCC - funded pilot 50/50 with South Lincs
Market Management Review	50,000	iBCF				89.61	
Stay Well in Winter	50,000	iBCF	10	50,000	iBCF		
Keep Your Head Website	4,000	iBCF		4,000	iBCF		
Dementia Alliance Coordinator	15,000	iBCF		15,000	CCC		
Adult Early Help				30,000	iBCF		
Admissions Avoidance (Locality Teams)				80,000	iBCF	36.54	
Actual DTOC reduction planned			**220.37**			1160.33	
Target reduction of DTOCs to hit 3.5% national target			**214**			1160	
iBCF Total	**1,000,000**			**2,300,000**			

Agenda Item No: 8

PUBLIC SERVICE REFORM: HEALTH & SOCIAL CARE PROPOSAL

To: **Health and Wellbeing Board**

Meeting Date: **22nd November 2018**

From: **Paul Raynes**
Director of Strategy and Assurance
Cambridgeshire and Peterborough Combined Authority

Recommendations: **The Health and Wellbeing Board is asked to:**

a) **note the reasoning behind and remit for the work led by the Combined Authority.**
b) **note the progress made to date by the partners working together on a draft proposition.**
c) **comment on future involvement with the project.**

	Officer contact:		***Member contact:***
Name:	Paul Raynes	Names:	Councillor Peter Topping
Post:	Director Strategy and Assurance	Post:	Chairman
Email:	paul.raynes@cambridgeshirepeterborough-ca.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	07766 523770	Tel:	01223 706398 (office)

1 PURPOSE

1.1 The purpose of this paper is to link members of the Health and Wellbeing Board to the Health and Social Care Proposal being developed by key partners in Cambridgeshire and Peterborough; to seek views on the topic and prompt discussion on future involvement.

2 BACKGROUND

2.1 Public Service Reform is a Cambridgeshire and Peterborough devolution deal commitment; the deal clearly signalled the intention for local partners to explore new models of public service delivery. Combined Authority partners have a unique opportunity to transform public service delivery to be much more seamless, responsive to local need, more sustainable and capable of delivering shared outcomes for citizens of Cambridgeshire and Peterborough. The recent report of the Cambridgeshire and Peterborough Independent Economic Commission has also highlighted the importance of improving the integration of health and care in our area.

2.2 In developing the devolution deal the partners identified, and have been taking action focused on, a number of priorities (Appendix A), including '*Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions.'*

2.3 This priority has determined the first area of focus for the public service reform programme; Health and Social Care. The Combined Authority, working with its partners, is developing a compelling proposal to secure government funding for an innovative, systemic solution for health and social care (including, as appropriate, upfront funding to enable reform).

2.4 In undertaking this work, our fundamental objective is to improve the health, wellbeing and quality of life for every community and individual in every part of Cambridgeshire and Peterborough. Our agreed key guiding principles are:

- People-based with holistic care as the goal - putting more choice and more independence directly into the hands of individuals and communities;
- Place-based with easy access to intermediate care;
- Increased focus on early intervention, prevention and managing demand;
- Making best use of community assets.

2.5 This work is building on a strong legacy of collaboration which is well known to the Health and Wellbeing Board; there is a raft of partnership work relating to the priorities set out in the first devolution deal already in place, for example Sustainability and Transformation Plans, public health led work with deprived areas and work to reinvent offender pathways. Cambridgeshire County Council and Peterborough City Council continue to invest in Adults' and Children's health and social care transformation programmes.

2.6 The project team is led by the Cambridgeshire and Peterborough Combined Authority and supported by ResPublica, an organisation with experience of working on and delivering devolution bids, including in the Health and Social Care sector. It includes representatives from the local NHS economy including the STP, and the two social services authorities.

3. MAIN ISSUES

3.1 The Combined Authority partners are using the evidence and proposals arising from these existing transformation projects alongside the evidence from other initiatives, such as the Economic Commission and Local Industrial Strategy, to make the case for further transfer of health and social care resources, powers and accountability to Cambridgeshire and Peterborough. This also reflects the learning from the Greater Manchester health devolution deal and other national / international best practice.

3.2 We are aware that any case for devolution, including funding for transformation, will be supported only if initial investment will enable further stages of transformation which will in turn release funding for preventative measures and wider public health initiatives. In other words, investment will need to pay back for partners in the short term (to address critical health and social care needs and funding issues) in order to invest in the longer term (focussing on prevention and wider public health priorities to reduce likely future demand).

3.3 To support this case the team is also assembling new evidence to ensure the case made is compelling and focussed on areas where most benefit can be achieved. Using data and information from our partners and national data sets, we have assessed potential benefits which could be achieved by making changes in primary care (prescribing costs), addressing delayed transfer of care (DTOC) and staffing.

3.4 Project partners and wider stakeholders have contributed data, views, experiences and ideas, and while engagement with stakeholders is ongoing, the team is now drafting the emerging proposition with a view to agreeing principles for a proposal by the end of the calendar year.

3.5 Subject to progress with partnership work and possible Ministerial support, further work in 2019 will be required to plan out the detail of funding and organisational arrangements to deliver required changes in order to secure a devolution deal.

3.6 Continued close partnership working on the emerging proposal and future actions will be necessary for all benefits to be realised for our common aims. As a statutory body with clear remit in this area the views of the Health and Wellbeing Board on how this would best be taken forward would be very welcome.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The Health and Social Care Proposal is relevant to priorities 1, 2, 3, 4, and 6 of the Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.

- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire and Peterborough Devolution Deal	https://www.gov.uk/government/publications/cambridgeshire-and-peterborough-devolution-deal

APPENDIX A

In developing the devolution, the partners identified and have been taking action focused on a number of priorities:

a) Working with relevant central and local statutory and non-statutory partners to explore innovative and integrated approaches to redesign sustainable public services with a focus on prevention and helping people and communities become more resilient (Para 62).
b) Tackling areas of deprivation considering the actions to re-shape people's economic, social and environmental conditions at each stage in their life to improve their wellbeing, quality of life and promote inclusive growth (Para 62).
c) Reflecting the impact of that planned investment will have on the demand for and delivery of public services, for example the impact of delivering 100,000 new homes (Para 18).
d) Moving progressively toward integrated health and social care to improve outcomes for residents and reduce pressure on A&E and avoidable admissions (Para 66).
e) Exploring how to integrate responses to address the root causes of vulnerability (Para 69).
f) Developing integrated pathways of service delivery to address causes of offending behaviour early and creating a more integrated approach to criminal justice (Para 70).
g) Ensuring that proposed operational delivery solutions consider the optimum target operating model, independent of existing organisational boundaries.

Agenda Item No: 9

GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE

To:	**Health and Wellbeing Board**
Meeting Date:	**22 November 2018**
From:	**Mike Hill, Director of Health & Environmental Services and Housing** **Suzanne Hemingway, Director of Health & Environmental Services**
Recommendations:	**The Health and Wellbeing Board is asked to:** **a) consider the content of the report and raise any comments**

Officer Contact:	***Member Contact:***
Name: Lesley McFarlane Post: Development Officer, Health Email: Lesley.mcfarlane@scambs.gov.k Tel: 01954 713443	Cllr Peter Topping Post: Chairman Email: peter.topping@cambridgeshire.gov.uk Tel: 01223 706398

Purpose

To provide Cambridgeshire Health and Wellbeing Board members with an update of the Living Well Area Partnerships. This paper focuses on the Greater Cambridge partnership, which includes Cambridge City Council and South Cambridgeshire District Council (SCDC).

1. Background

Please refer to the Terms of Reference (appendix 1) and the Charter (appendix 2) explaining the purpose and aims of the group, together with a membership list (appendix 3).

The group was formed in January 2018 to replace the Local Health Partnership with the aim of developing a more joined up approach between Health and Social Care, District and voluntary sector organisations. The inaugural meeting was held in February 2018; the group has continued to meet bi-monthly since. The meetings have been chaired primarily by Cath Mitchell, Clinical Commissioning Group (CCG) and deputised in her absence by either Suzanne Hemingway, Director of Health and Environmental Services Cambridge City Council or Mike Hill, Director of Health and Environmental Services and Housing SCDC.

Each meeting has been well attended with good representation from Council Officers, Primary Care, Public Health, the CCG, voluntary sector and patient representation.

Agenda items are agreed in advance between Cath Mitchell, Suzanne Hemingway and Mike Hill. Regular items feature at each meeting including updates from the Health & Wellbeing Board; STP and the BCF. Other agenda items have focused on local issues e.g. local JSNA; the challenges faced by primary care; the likely impacts of major developments across the district. Presentations from a range of third sector organisations have also been made to highlight services and look for opportunities for joined-up working between health, housing, social care and the voluntary sector.

2. Successes

2.1 An improved understanding of the health and wellbeing needs of our local populations and the vital role the voluntary sector plays in supporting our most vulnerable residents.

2.2 In response to the demand for re-ablement housing highlighted by the Better Care Fund (BCF) to address and improve Delayed Transfers of Care (DToC) experienced by Addenbrookes Hospital, SCDC have been meeting with the commissioning teams at Cambridgeshire County Council (CCC). The plan is to provide short term housing solutions for patients medically fit to leave hospital but unable to return home due to their home not being ready for their return.

Sheltered Housing schemes have been identified. The practicalities i.e. contracts are currently being worked through by CCC and SCDC.

2.3 Provision of neighbourhood working hubs at our Sheltered Housing Scheme Community Rooms (currently under utilised) have been offered to CCC to encourage more community based remote work environments enabling social care professionals and care workers the opportunity to base themselves closer to their communities. Discussions are ongoing with CCC.

2.4 Public Health Campaign Promotions. The LWAP has provided a forum for public health colleagues to promote campaigns, for example Stay Well and Stay Strong for Longer, directly to Primary Care (via the Cambridge GP Network) and voluntary sector members to improve referral rates and raise profiles. SCDC have also set up a range of community-based events at Sheltered Housing Schemes to promote information on Strength and Balance, how to stay well in winter and fuel grants together with assistive technology gadgets as a result of these meetings.

2.5 Voluntary sector organisations exploring opportunities for more joined up working, for example Citizen's Advice Bureau advice via mobile library service.

3. Challenges

3.1 Despite representation from the Cambridgeshire GP Federation, access to GPs continues to create a barrier to real joined up working between organisations.

3.2 Currently there is no CCG representation following the departure of Cath Mitchell

3.3 The meetings could be more solution focused with a "what next" approach to addressing the issues arising.

3.4 There is real potential to make a collective impact but this hasn't been fully realised yet, but the group has only met 5 times this year.

3.5 Greater sharing of pilot projects and innovation to inspire and keep fresh our approach to common issues.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The Greater Cambridgeshire Living Well Partnership is relevant to priorities 1, 2, 3, 4, 5 and 6 of the Health and Wellbeing Strategy:

Priority1: Ensure a positive start to life for children, young people and their families.

- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
None	

Living Well Area Partnership

Terms of Reference

Purpose Original:

Our purpose is to ensure that relevant local agencies work in partnership to improve the health and wellbeing of our population. The partnership will do this by delivering the service improvements, care model designs and savings opportunities identified in:

- The Health and Wellbeing Strategy
- Public Health Priorities
- The Sustainability and Transformation Plan, and
- The Better Care Fund

Principles

Living Well Area Partnerships (LWAP) will add value by working together to:

1. Understand the health and wellbeing needs and outcomes of its local populations of all ages, related to e.g. access to services, wider determinants of health, and health & wellbeing in its widest sense.

2. Make a collective impact in local areas through common ownership of shared outcomes and challenges:

    a. balancing and joining-up clinical, prevention and community approaches,
    b. building a powerful partnership culture based on effective, honest and open relationships.
    c. Learning fast from innovation and pilots and sharing and applying this across the whole system

3. Ensure agreed outcomes are delivered, taking into account local relationships, local residents' needs, and differing local strengths, assets and priorities.

4. Demonstrate successful delivery through effective programme and performance management of HWBB, STP and BCF system-wide priorities and local initiatives, ideas and priorities, ensuring that decisions are made at the appropriate local level to reduce duplication and delays.

5. Focus on aligning and better using partners' "mainstream" resources.

Accountabilities

1. Improve patient experience and outcomes on the ground for local people by overseeing the adoption, design and integrated local implementation of system-wide health improvement and wellbeing priorities.

2. Provide operational leadership, and stakeholder, clinical, and professional expertise to local partner organisations to enable them to join-up and improve integration of partnership contributions to improving the health and wellbeing of our "shared people" in our "shared place".

3. Develop and own local delivery plans, adopting a programme management approach to the monitoring and reporting of local delivery progress, risks, and resident and patient benefits realisation.

4. Link to other boards & partnerships (including BCF, ICB, HWBB, PHRG, STP structures, A&E Delivery Boards, STP Delivery Boards, Children Trust Area Partnerships, Crime and Disorder Partnership) to ensure joined-up delivery.

5. Develop and oversee delivery of a local engagement and communication plan, and ensure partners get information to the right people at the right time through an effective information sharing system.
6. Provide a forum that can facilitate learning and sharing good practice about what each partner does and can do.

7. Encourage a partnership response to address gaps in service and identified need and where necessary, to minimise any associated impact.

Meeting arrangements

Notice of Meetings
Meetings of the LWAP will be convened by local Districts to arrange the venue, clerking and recording of meetings. Agenda-setting teleconference to take place each month with key partners.

Chairmanship
TBC

Meeting Frequency
Every 2 months, based on business need, including receiving a full Programme Board report every quarter.

Membership
As a minimum, the Living Well Area Partnerships will comprise Senior Officers or substitutes from:

Core Group:
Patient Representatives
Healthwatch
Relevant CCG Director of Transformation
Local GP representatives or Primary Care Management Lead
NHS Foundation Trusts (relevant to local area)
Cambridgeshire and Peterborough NHS Foundation Trust
Cambridgeshire County Council / Peterborough City Council
District Council
Public Health
Cambridgeshire Community Services
Pharmacists
Community & Voluntary Sector
STP System Delivery Unit

As required:
Police, Fire & Rescue, East of England Ambulance Trust
Other partners as relevant.

Conflicts of Interest
Members of the LWAP will be required to declare any conflicts of interest.

Reporting / Governance
Living Well Area Partnerships are sponsored by and will report to the joint Health Care Executive / Public Service Board (HCE / PSB) on a quarterly basis. HCE / PSB will agree reports to be sent to individual Partner's governance processes and to Health & Wellbeing Boards.

Programme Management reports will be coordinated by the STP System Delivery Unit.

Status of Reports/Meeting
LWAP meetings will not be public meetings. Agendas and minutes will be published.

Impact on Other Boards
Living Well Area Partnerships will replace separate Local Health Partnership and Area Executive Partnership meetings, both of which will end.

Equality statement
Members of the Living Well Area Partnership will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

Review of Terms of Reference

The Terms of Reference will be reviewed on a bi-annual basis, or sooner if required.

Approval

Author: (name and role:	
Approved by	
Date approved:	

Cambridgeshire & Peterborough "Living Well" Partnership Charter
"Original"

Our Shared Ambition & Commitment

We will support residents across Cambridgeshire and Peterborough to maintain and improve their physical and mental health and wellbeing, now and in the future. We will provide this support by joined-up and sustainable prevention and treatment services, delivered in local partnerships.

We will take a "whole system, population health", partnership approach to deliver health outcomes for local residents and communities. We recognise that preventing ill-health, improving health, and supporting residents "living well" is not just the responsibility of health professionals. It requires co-ordinated efforts, influencing, action and alignment across central and local government, health services, local communities and individuals.

Partnership Principles & Behaviours

1. We will take a "People & Place" approach. We will work with and through local communities to support them "living well", building on their skills, strengths, resilience and local knowledge, to make an impact and deliver real outcomes.
2. We are all equal partners (not just "consultees"). We will join-up and balance clinical, prevention, and community solutions, and value the contribution we each bring to our residents and communities.
3. We will continue to meet our own obligations. However, in doing so we will seek to share and join-up our resources for the benefit of local residents to promote health and wellbeing and deal with crisis, just as those residents expect us to.
4. We will take a "public purse, whole system" approach to funding our work, avoiding unfair subsidisation and cost-shunting.
5. We respect and acknowledge the different organisational, legal, contractual, decision-making and political arrangements impacting on partners. We will look to find ways to use these as strengths to underpin our partnership working.
6. Not all partners will be able to do everything at the same time. However, those that can, will; those that cannot will not stop those that can.
7. We will challenge each other to improve our services and partnership working, sharing and to embed our learning.
8. We will take creative advantage of established, mainstream resources, structures and processes to deliver outcomes and influence the future and to eliminate duplication and bureaucracy.

Signatories

Name		Job Title	Organisation
Emma	Amez	Project Manager	HealthWatch
David	Bailey		COPE
Rita	Bali	EO	C&P Local Pharmceutical committee
Sue	Ellington	District Councillor	SCDC
Julie	Farrow	CEO	Hunts Forum
Julie	Frake-Harris	Interim Director Operations	CPFT
Mark	Freeman	CEO	CVS
Geoff	Harvey	District Cllr & H&WB Member	SCDC
Anita	Goddard	Head of Housing Services	SCDC
Suzanne	Hemingway	Director of Health and Environmental Services	Cambridge City Council
Mike	Hill	Director of Health and Environmental Services	SCDC
Katie	Johnson	Public Health	CCC
Lisa	Lim	Medical Director	Cambs GP Network
Lesley	McFarlane	Development Officer, Health	SCDC
Aleks	Mecan	Manager, Community Services	C&P CCG
Sandra	Myers	Director of Integrated Care	CUH Addenbrookes
Keith	Stonell	Patient representative	
Caroline	Townsend	Head of Commissing	C&P CC
Melaine	Wicklen	COO	Age UK
Carol	Williams	Adult Social Care & Safeguarding	CCC
Susie	Willis	Chief Officer	Care Network
Elaine	Young	South Locality Manager for Older Peoples and Adult Community Directorate	CPFT

Agenda Item No: 10

PROPOSAL TO ESTABLISH JOINT WORKING ACROSS CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

To: **Health and Wellbeing Board**

Meeting Date: **22 November 2018**

From: **Kate Parker**
Head of Public Health Business Programmes

Recommendations: **The Health and Wellbeing Board is asked to:**

a) agree the preferred model from options presented, for establishing a formal joint working relationship between the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWB)

b) agree, if required, any changes to the membership of a joint sub-committee if it differs from the membership outlined in section 4.4 i.e. full membership of both HWBs; and

c) ask the Constitution and Ethics Committee to consider the required changes to the terms of reference of the Cambridgeshire Health and Wellbeing Board (HWB) and to recommend these changes to Council for approval.

	Officer contact:		***Member contact:***
Name:	Kate Parker	Names:	Councillor Peter Topping
Post:	Head of Public Health Business Programme	Post:	Chairman
Email:	Kate.parker@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398

1. PURPOSE

1.1 Health and Wellbeing Boards (HWB) bring into one forum representatives from health, social care and the local community to decide what the main public health needs of the local population are and to determine how best to meet these needs in an integrated and holistic manner. They have a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in their area and reduce inequalities. A significant number of HWBs are now beginning to play a genuine leadership role across local health and care systems.

1.2 The purpose of this report is to provide options for Cambridgeshire Health and Wellbeing Board members to consider and agree in regards to formalising the joint working arrangements of both boards.

2 BACKGROUND

2.1 This discussion originates from a joint development session facilitated by the Local Government Association (LGA) for both HWBs on 23rd January 2018. Key areas of commonality for both Cambridgeshire and Peterborough HWBs were identified as follows:

- Growing Populations
- New Housing Development Sites
- Ageing Populations
- Health Inequalities
- Rising demand including mental health.

2.2 A report was presented to the Cambridgeshire HWB on 24th April 2018 outlining the constitutional processes to establish joint working relationships between the Cambridgeshire and Peterborough Boards from a Cambridgeshire County Council perspective. Further details were requested by board members on the membership of a joint committee. Agreement was given in principle for both HWBs to meet at the same time to discuss items on a shared agenda. Meetings of both HWBs were held on 31st May and 20th September 2018.

3. NATIONAL OVERVIEW

3.1 HWBs are a statutory requirement for upper tier and unitary local authorities. The Health and Social Care Act 2012 (“the 2012 Act”) makes it a requirement of the both Councils to establish a HWB. The Section 195 of the 2012 Act also requires HWBs to encourage those who arrange for the provision of any health and social care services in their area to work in an integrated manner.

3.2 Working together more closely for the Cambridgeshire and Peterborough HWBs will assist in discharging the functions of: encouraging integrated working between commissioners and providers of health and care in the two councils, in so far as it relates to areas of common interest and for the purposes of advancing the health and wellbeing of their populations and preparing a Joint Strategic Needs Assessment. Currently both HWBs have separate HWB Strategies but there is synergy within these strategies.

3.3 Section 198 of the Health and Social Care Act 2012 provides that

Two or more Health and Wellbeing Boards may make arrangements for: -

(a) any of their functions to be exercisable jointly
(b) any of their functions to be exercisable by a joint sub-committee of the Boards
(c) a joint sub-committee of the Boards to advise them on any matter related to the exercise of their functions.

3.4 The Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies provides that "Two or more health and wellbeing boards could choose to work together to produce JSNAs and JHWSs covering their combined geographical area. Some health and wellbeing boards may find it helpful to collaborate with neighbouring areas where they share common problems as this can prove to be more cost effective than working in isolation" (Paragraph 3.1)

3.5 The Statutory Guidance provides the option for both HWBs to be maintained as a parent board but establish a Joint Sub-Committee to discharge agreed functions for both Cambridgeshire and Peterborough HWBs. Items pertaining specifically to Cambridgeshire or Peterborough can be considered by the parent board and those wider integrated issues could be considered through the establishment of the joint sub-committee.

4. LOCAL ARRANGEMENTS

4.1 In order for these functions to be devolved to a Joint sub-committee, Cambridgeshire County Council's constitution requires Full Council to agree changes to the Cambridgeshire Health and Wellbeing Boards terms of reference. Recommendations need to be made to the Constitution and Ethics Committee who will then decide whether to recommend the amendments to Council. Table 1 outlines the associated timescales to allow for this change in the constitution.

Cambridgeshire Health & Wellbeing Board	Constitution & Ethics	Full Council	Implement new arrangements
22nd November 2018	29th November 2019	11th December 2018	21st March Joint HWB sub-committee to be confirmed
31st January 2019	28th February 2019	19th March 2019	14th May 2019 – Annual meeting of Full Council

4.2 Section 3.5 explains that the Statutory Guidance allows HWBs to be maintained via a "Parent Board". Following the meeting of the Cambridgeshire HWB on 24th April a number of discussion points were raised:-

- Concern was raised over the number of meetings increasing if a parent board was required along with joint sub-committee.
- Issues over sub-committee membership were raised with concerns expressed that participation in parent board meetings only, would not allow for a meaningful contribution.
- Difficulty over aligning membership across both Cambridgeshire and Peterborough Boards e.g. Peterborough Board had neither voluntary sector nor provider members.
- District Council participation was part of the Cambridgeshire HWB but as Peterborough City Council was a unitary authority the question of District Council representation did not arise there.

It was resolved at this meeting "to agree in principle to the approach of establishing a Health and Wellbeing Board (HWB) joint sub-committee of the Cambridgeshire and Peterborough HWBs, subject to further detail on membership being presented to and approved by the Cambridgeshire Board". Peterborough HWB has changed its terms of reference to include the following listed under its functions:

> "To establish a joint Cambridgeshire and Peterborough sub-committee in relation to issues that cross local authority boundaries"

4.3 There are a number of options around how joint working between the two HWBs could work as outlined in the options below:

Option 1 – Parent Board with joint sub-committee
Both Cambridgeshire & Peterborough HWBs maintain their "Parent Board" but hold meetings of the "Joint Cambridgeshire and Peterborough Health & Wellbeing Board (a sub-committee comprising of both boards)" where items that are relevant to both committees will be discussed e.g. wider system integration issues. Legally the status of these joint meetings means they are referred to as a sub-committee however they will be able to discharge agreed functions of both Cambridgeshire and Peterborough HWBs and will have delegated decision making authority. Membership would comprise of the full membership of both the Cambridgeshire and Peterborough HWBs and would address some of the concerns raised in section 4.2.

Items pertaining specifically to Cambridgeshire or Peterborough can be considered by the parent board. Cambridgeshire HWB currently meets six times a year so, for example, it could be proposed that there could be three meetings of the Parent Board with two to three meetings of the sub-committee. Peterborough HWB have less meetings over a year and would need to determine their preferred meeting pattern. Terms of reference and chairmanship of the sub-committee would need to be agreed by both Cambridgeshire and Peterborough HWBs.

Option 2 – Maintain two the separate Boards which periodically meet at the same time and with the same agenda – Meeting in public together

Maintain the independence of the two HWBs as two separate boards periodically holding a meeting at the same time and venue, with a shared agenda. This approach has been tested during the May 31st and Sept 20th meetings. The meeting would need to be jointly chaired and any recommendations or decisions recorded separately for each Board. Operationally this approach would require duplication of officer time with the production of two sets of minutes and having two chairs. Whilst this approach would allow for debate and perspectives from both HWBs it would mean that decisions from each HWB would be taken separately and could differ. If the purpose of establishing joint working relationships between the two HWBs is for better integration of services, this approach may present some risks to this.

4.4 As part of the establishment of new working arrangements outline in Option 1 Cambridgeshire County Council requires its Constitution and Ethics Committee to review the proposal and consider changes to the HWB's terms of reference.

It is recommended that if these are being reviewed in the context of establishing a "Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising of both Boards)", consideration should be given to the existing membership of the Cambridgeshire HWB. Currently the voluntary sector has a co-opted membership of the HWB and this presents an opportunity to formalise this arrangement to a permanent membership.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 This report is relevant to priorities (1, 2, 3, 4, 5, and 6) of the Health and Wellbeing Strategy but has a particular emphasis on priority 6: Working Together.

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

Source Documents	**Location**
Paper to HWB Board 24th April 2018: Proposal to establish joint working across Cambridgeshire and Peterborough Health and Wellbeing Boards	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/950/Committee/12/Default.aspx

Agenda Item No: 11

SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 AND LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017/18

To: **Health and Wellbeing Board**

Meeting Date: **22 November 2018**

From: **Dr Russell Wate QPM**
Chair of Cambridgeshire & Peterborough Safeguarding Adult and Children Board

Recommendations: **The Health and Wellbeing Board is asked to:**

a) receive and note the content of the annual reports

	Officer contact:		***Member contact:***
Name:	Joanne Procter	Names:	Councillor Peter Topping
Post:	Head of Cambridgeshire & Peterborough Safeguarding Adults & Children's Boards	Post:	Chairman
Email:	Joanne.procter@peterborough.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01733 863765	Tel:	01223 706398 (office)

PURPOSE

1.1 The purpose of the reports being brought to the Health and Wellbeing Board is to ensure members are fully aware of the work and progress of the Cambridgeshire and Peterborough Safeguarding Children Board and Cambridgeshire & Peterborough Safeguarding Adult Board.

1.2 The reports cover the period from April 2017-March 2018 and were published in July 2018.

2 BACKGROUND

2.1 The annual reports include information on the work that has been undertaken by the Cambridgeshire and Peterborough Safeguarding Children Board and Safeguarding Adults Board in the period April 2017- March 2018.

2.2 Partner agencies contributed to the information contained within the annual report.

2.3 The annual reports highlights the significant events during the last year, summarises both the work of the Safeguarding Children Board and Adults Board and the work of the sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

2.4 The annual reports were approved by the Safeguarding Children Board and Safeguarding Adults Board in July 2018 and were subsequently published on the Boards website (www.safeguardingpeterborough.org.uk) and shared on social media.

3. MAIN ISSUES

3.1 The annual reports highlight the significant events during the last year, summarises both the work of the Safeguarding Children Board, Safeguarding Adults Board and the work of their sub committees. It highlights areas of good practice and presents statistical information about safeguarding performance.

3.2 The report has been brought to the Health and Wellbeing Board for information purposes.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The annual reports are relevant to priorities (1, 2, 3, 4, 5,6) of the Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 6: Work together effectively.

5 SOURCES

(**Source Documents**	**Location**
The majority of statistics contained within the annual reports are from the Safeguarding children Board and Safeguarding Adults Board dataset. Partners provided information (including data) from their agencies which were used to formulate the annual report.	Partner agencies hold the source data. It is not the Safeguarding Boards data.

Cambridgeshire and Peterborough Safeguarding Adults Board

Annual Report 2017/18

Foreword

By Dr Russell Wate QPM, Independent Chair Peterborough Safeguarding Children Board

It gives me great pleasure to present to you Cambridgeshire and Peterborough's Safeguarding Adults Board annual report for the period April 2017 – March 2018.

This has been a momentous year for those of us involved with safeguarding the most vulnerable in our society, its children and adults at risk. In response we have put in place new ways of working that mean we are better able to measure what is needed and then meet those needs.

The review of Local Safeguarding Children Boards and the Social Care Act 2017 have changed how agencies will work together to protect children. This Report describes how our response to this has meant a joining together of the Boards across Cambridgeshire and Peterborough into one Adult Board coinciding with the creation of one Children Board. We have merged the Teams that keeps the Boards functioning to support these changes. This has allowed us to increase the effectiveness of our efforts and reduce barriers to services across different parts of the County whilst saving money for front-line services.

This is therefore the first Safeguarding Adults Board Report for Cambridgeshire and Peterborough. It outlines the activities and achievements of the Board and its partners over the last year and how well we have delivered on our priorities and actions in the Business Plan. It is our account to the community of the work we have done to safeguard and enhance the wellbeing of adults with care and support needs.

Safeguarding is about people -their wishes, aspirations and needs. What we as a Board do has to be judged in terms of whether it has placed adults in need of safeguarding at the centre of its work. How well we hear and respond to what people want is the measure of our success. I am confident we have the right mechanisms in place to carry out our role, and look forward to Chairing the Board as it uses those mechanisms to ensure safeguarding in Cambridgeshire and Peterborough is sensitive to the needs of the people involved, effective and above all personal.

Dr Russell Wate QPM

MAKING SAFEGUARDING PERSONAL IN CAMBRIDGESHIRE AND PETERBOROUGH

Contents

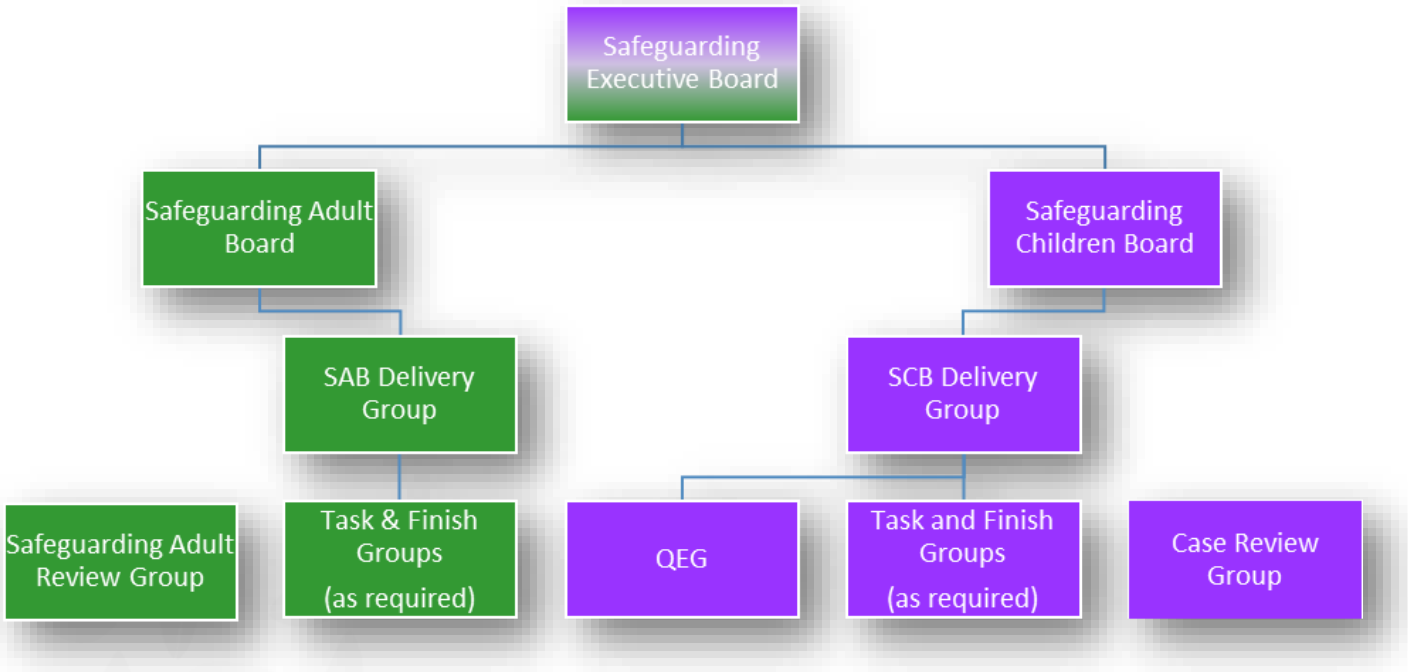
About the Board

The Safeguarding Adults Board

"14.133 Each local authority must set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria set out at paragraph 14.2.

14.134 The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect. These will include the safety of patients in its local health services, quality of local care and support services, effectiveness of prisons and approved premises in safeguarding offenders and awareness and responsiveness of further education services. The SAB will need intelligence on safeguarding in all providers of health and social care in its locality (not just those with whom its members commission or contract). It is important that SAB partners feel able to challenge each other and other organisations where it believes that their actions or inactions are increasing the risk of abuse or neglect. This will include commissioners, as well as providers of services." (Care Act Statutory Guidance)

During the course of 2017 to 2018 Cambridgeshire and Peterborough Adults and Adult's Boards came together in one structure supported by a merged Business Unit.



The **Joint Safeguarding Executive Board** is the overarching countywide governance board for both the Safeguarding Adults Board and Safeguarding Children Board and will consider issues around both the adults and children safeguarding agendas. This is a high level strategic board which will primarily focus on safeguarding systems, performance and resourcing and has the statutory accountability for safeguarding in both local authority areas.

The **Safeguarding Adults Board** is responsible for progressing the Board's business priorities through its business plan and finalise the annual report. It will authorise the policy, process, strategy and guidance required to support Board priorities and effective safeguarding. It will

scrutinise, challenge and maintain an overview of the state of adult safeguarding in Cambridgeshire and Peterborough. This will be undertaken through quality assurance activity, learning and development programmes and commissioning and overseeing SAR's / learning reviews

The **Adult Board Delivery group** will implement the business plan, manage the preparation of detailed proposals and documents for SAB approval, coordinate the dataset, audits and other sources of information about safeguarding in the local authority areas and ensure that learning is used to inform and improve practice, including through the SAB training programme.

All existing sub groups, with the exception of the **Safeguarding Adults Review (SAR),** and **Quality and Effectiveness (QEG)** subgroups, were replaced with time limited task and finish groups.

Relationship with other Boards

For the Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong links with other groups and boards who impact on adult services. The Safeguarding Boards work very closely with the Health and Wellbeing boards in both local authority areas, the Countywide Community Safety Partnership, the Local Family Justice Board, and the MAPPA Strategic Management Board. This ensures that all aspects of safeguarding are taken into account by the other statutory boards and there is a co-ordinated and consistent approach.

The Board Chair is also a member of other strategic and statutory partnerships within Cambridgeshire and Peterborough which include the Health and Wellbeing Boards, the County Wide Community Safety Partnership, the Safer Peterborough Partnership and the Strategic MAPPA Board. These links mean that safeguarding adults remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Safeguarding Adult Board across all services and activities in Cambridgeshire and Peterborough.

In addition, the Head of Service is a member of the Domestic Abuse Governance Board and the Adult and Families Joint Commissioning Board.

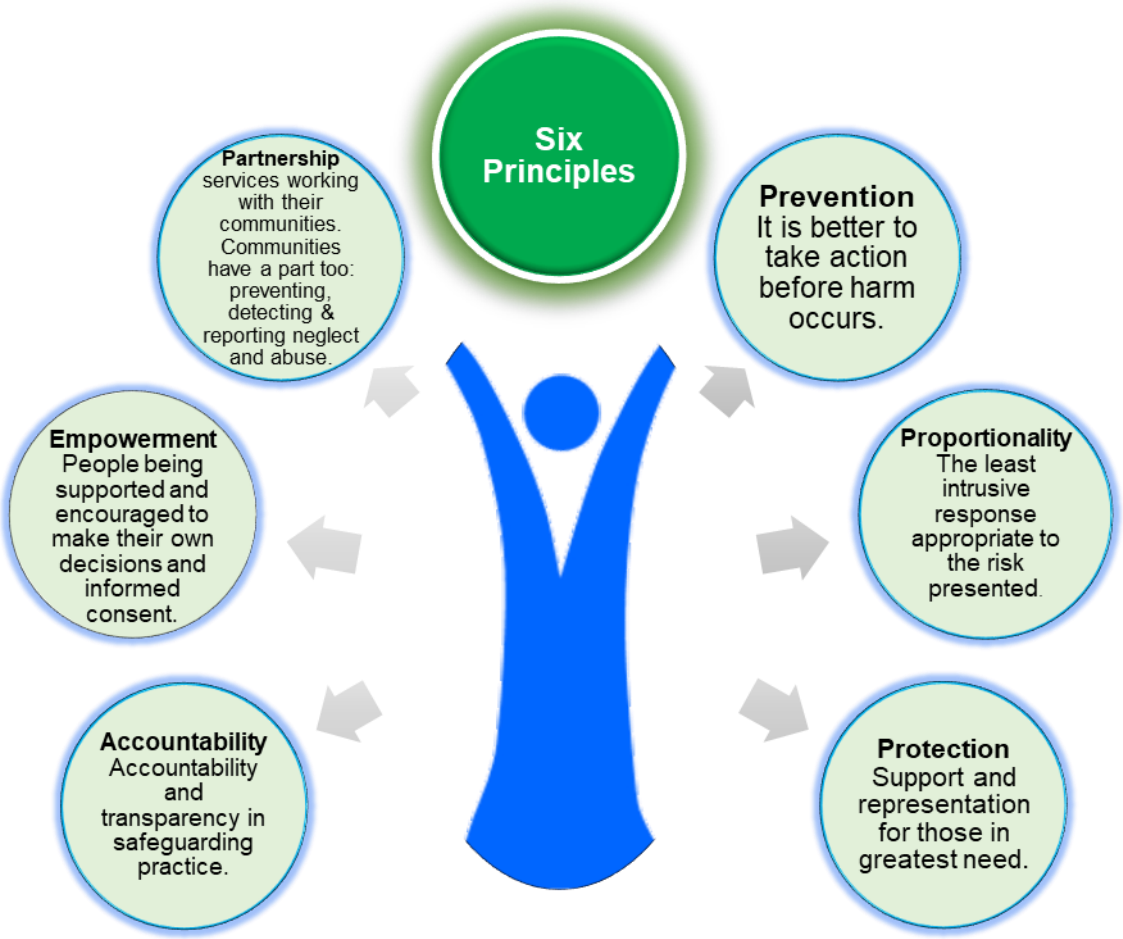
Our Aim

Our aim is clear:

> ***Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do - by working with partner agencies to safeguard adults at risk of abuse and neglect. We also have a broader aim in promoting the wider understanding of what safeguarding is and our shared responsibility in this area.***

We have worked towards these aims by building on the firm foundation the two boards had developed, through shared values and beliefs, brought together by close partnership working, commitment and our mutual accountability

Our aim is developed around the six principles that underpin adult safeguarding:



Procedures and Guidance

One of the first priorities of the joint SAB was to establish new multi-agency procedures; the Practice and Procedures sub-group pulled this work together and in May 2017 the Executive Board approved the new Cambridgeshire and Peterborough Multi-agency Safeguarding Adults Policy and Procedures, and these were adopted across the county, and are available on our website. These will be reviewed in 2018.

Also reviewed and updated was the escalation procedure, and new Safer Recruitment guidance was introduced.

Making Safeguarding Personal

The Care Act 2014 defines safeguarding adults as protecting an adult's right to live in safety, free from abuse and neglect. Making Safeguarding Personal (MSP) aims to make safeguarding person-centred and outcome focussed and moves away from process-driven approaches to safeguarding. This continues to be a priority for the SAB and the inaugural meeting of the joint SAB reviewed progress in Cambridgeshire and Peterborough and pulled together the work on MSP in the two Local Authority Areas into a shared Action Plan, which is now being implemented.

MSP and the six principles are a "golden thread" that run through all we do. This includes:

- Multi-agency Procedures - What staff should be considering and doing to be in line with MSP is embedded into the procedures and guidance.
- The SAB Audit framework - Agency service delivery is measured against MSP principles.
- Our website and communications - The term and what it means is repeatedly emphasised and promoted on all of our materials
- The agency self-assessment process was structured around MSP principles
- All SAB training explicitly incorporates MSP
- MSP was a theme at the SAB Conference and across the March Awareness Month,

Communication and social engagement

The SAB has its own website which links with the LSCB website, making it more accessible for those working in both adult and children's services and for the general public. The website can be found at: www.safeguardingpeterborough.org.uk

Although the materials and resources on the site have been rebranded for Cambridgeshire and Peterborough, and it is accessible across the county, we are still waiting for the site to be allocated a new web address which will easily identify it as being for Cambridgeshire and Peterborough. This change is imminent

The first Cambridgeshire and Peterborough Safeguarding Adults newsletter was published in January 2018. This was sent out via email to a wide range of partners and interested parties, and is also available on the SAB website. It is aimed at anyone who has an interest in safeguarding adults at risk. The newsletter aims to be an important means to keep practitioners and professionals up to date, and to share good practice and important information, it includes updates on local and national policies and developments in Safeguarding, learning from Safeguarding Adult Reviews and upcoming multi-agency training events. Contributions to the newsletter are received from various partner agencies and other information is sourced from national publications and organisations (ADASS, LGA etc.).

Throughout the year we have rebranded all our leaflets with the new joint logo and these are available on the website.

Following on from last year's successful **Safeguarding Adults Awareness** month, which took place in Peterborough, the SAB decided to run another awareness month, this time across Cambridgeshire and Peterborough, and across childrens and adult services. Each member agency was asked to commit to either doing or being involved in at least one activity.

A wide range of agencies got involved in lots of different activities including:

- Using social media to spread key messages

- Drop in events
- Including reflection on safeguarding in supervision
- Weekly emails with safeguarding themes to all staff
- Awareness events with stalls and information
- Training events
- Conferences
- Roadshows

At the end of the month agencies were asked to evaluate how the month had gone. Those that responded showed that over 2000 staff were given the awareness message as were over 750 service users and members of the public. Cambridgeshire City Council also shared the "Chelsea's Choice" production with 918 pupils, and there were also 2 community performances for parents and community groups.

Many partners delivered a communication message highlighting safeguarding, including newsletters, email messages, and training bulletins which went out to over 4000 staff. Many partners also used the month to run specific training events.

Agency comments included:

"Excellent, well worthwhile" – Cambs Early Years Team

"It is important to keep sharing the story, so people remember, and refer when they have concerns" – Cross Key Homes

"Found it a helpful challenge to do something innovative, a useful exercise for us all" – NHS England

"*There was a recognition that safeguarding is everyone's responsibility, and how it effects the majority of services and staff*" – Cambridgeshire County Council.

"*It has been a useful opportunity to raise awareness of safeguarding and to offer targeted support and learning for our staff*" – CCS NHS Trust

Highlights

The East Anglia Ambulance Service embraced the month, with key personnel going out to raise awareness amongst their teams, meeting members of the public, and spreading awareness not just in Cambridgeshire and Peterborough, but across their whole area, including Norfolk, Essex and Bedford. In total they met with over 700 staff and 300 service users/public. In their evaluation they said the awareness month had been a very positive experience, and very beneficial to staff and service users. This is a good example that we can learn from for next year.

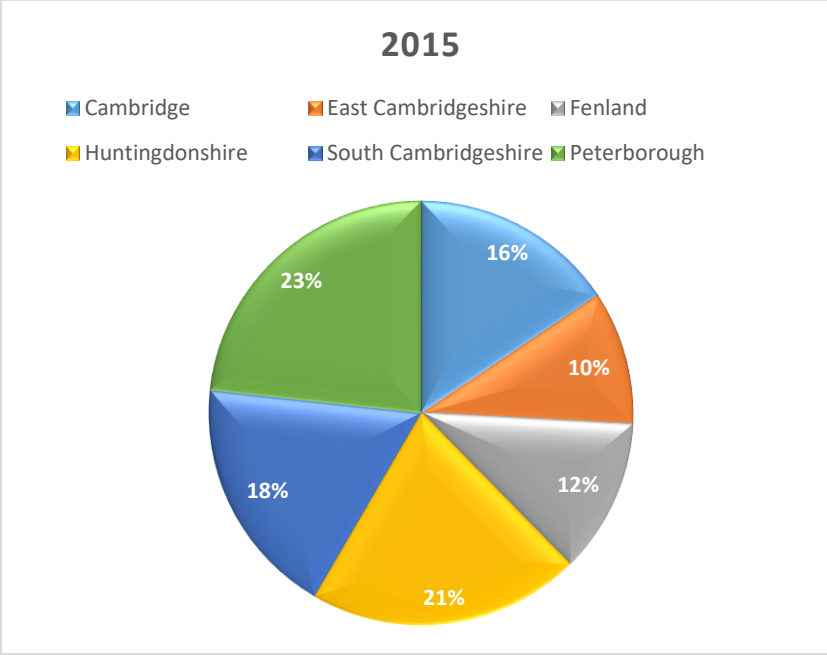
Cambridgeshire Constabulary also worked with partners to produce a short film highlighting different roles in Safeguarding, and why it's so important. This film can be found on their YouTube channel:

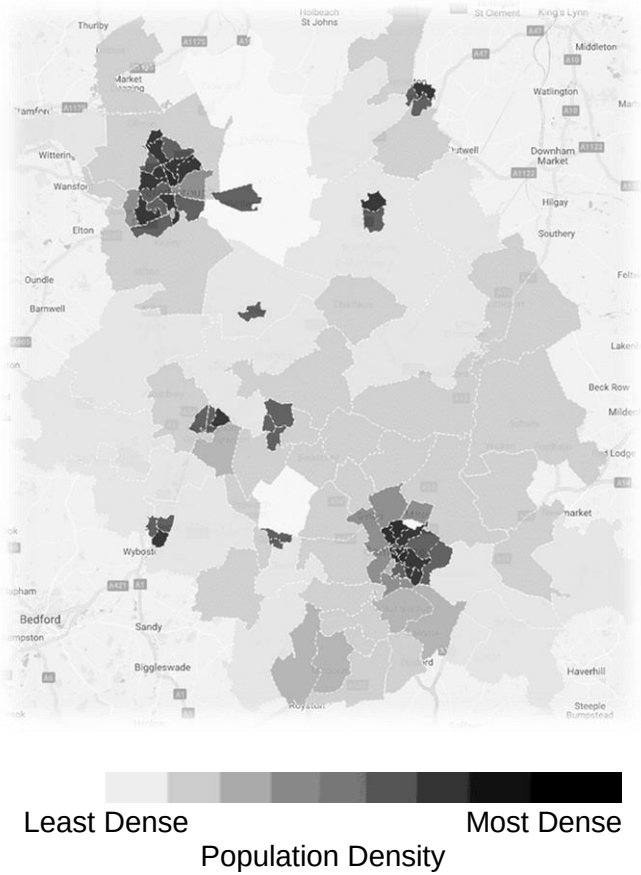
Safeguarding in Cambridgeshire and Peterborough

The Context of Cambridgeshire and Peterborough

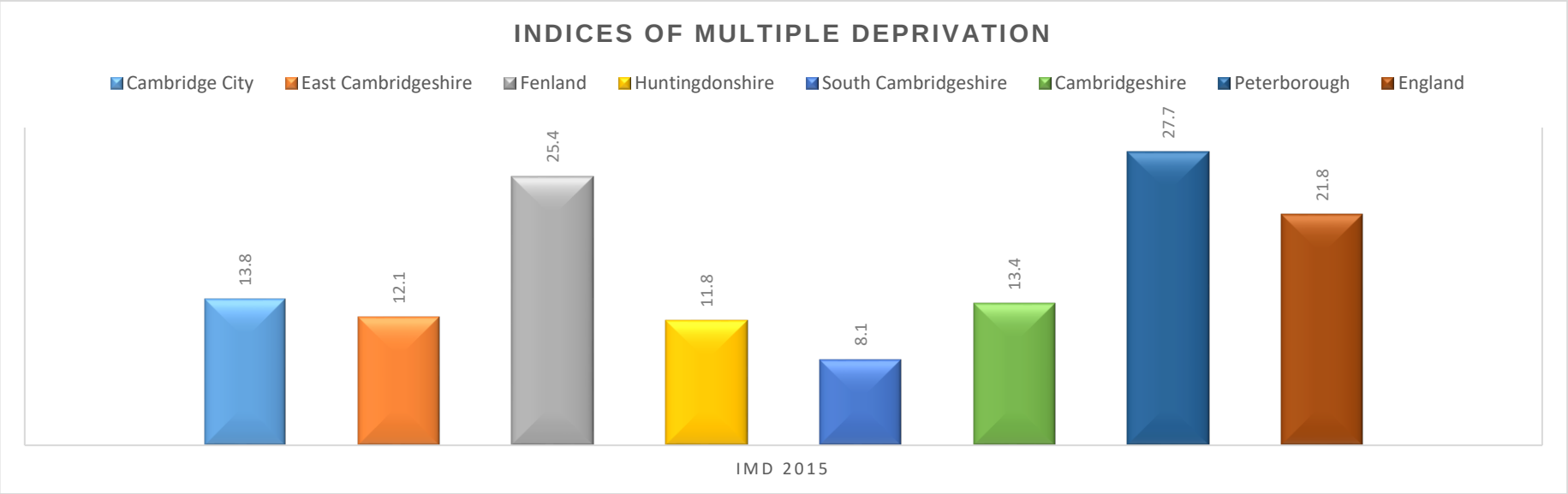
Population (Taken from Cambridgeshire Insight using 2011 census data)

	2015
Cambridge	132,130
East Cambridgeshire	86,300
Fenland	99,170
Huntingdonshire	176,050
South Cambridgeshire	154,660
Peterborough	196,640





Levels of Deprivation



Indices of Multiple Deprivation (IMD) measure relative deprivation between areas; the higher the IMD score, the greater the level of deprivation in the area. Scores reflect levels of deprivation but are not directly comparable, e.g. an area with an IMD score of 30.0 can be assessed as having a higher level of deprivation than an area with a score of 15.0 but it cannot be assumed that the area has twice the deprivation. Data show that Cambridgeshire is markedly less deprived that England, as are all of its districts with the exception of Fenland. The most deprived area within this analysis is Peterborough with an overall IMD score of 27.7.

Care and Support Needs in Cambridgeshire and Peterborough.

What do we know about how many people in our area would come under safeguarding, where are they what are their care needs?

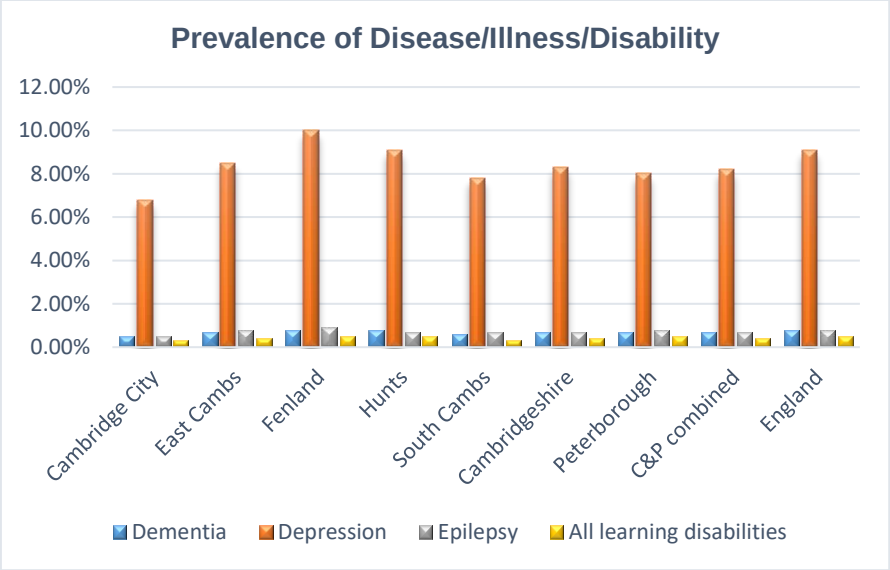
1. Disease/Illness/Disability Prevalence – Cambridgeshire Districts, Cambridgeshire, Peterborough & England, 2016/17

Indicator	Cambridge City	East Cambs	Fenland	Hunts	South Cambs	Cambridgeshire	Peterborough	C&P combined	England
Dementia	0.5%	0.7%	0.8%	0.8%	0.6%	0.7%	0.7%	0.7%	0.8%
Depression	6.8%	8.5%	10.0%	9.1%	7.8%	8.3%	8.0%	8.2%	9.1%
Epilepsy	0.5%	0.8%	0.9%	0.7%	0.7%	0.7%	0.8%	0.7%	0.8%
All learning disabilities	0.3%	0.4%	0.5%	0.5%	0.3%	0.4%	0.5%	0.4%	0.5%

Source: Quality Outcomes Framework

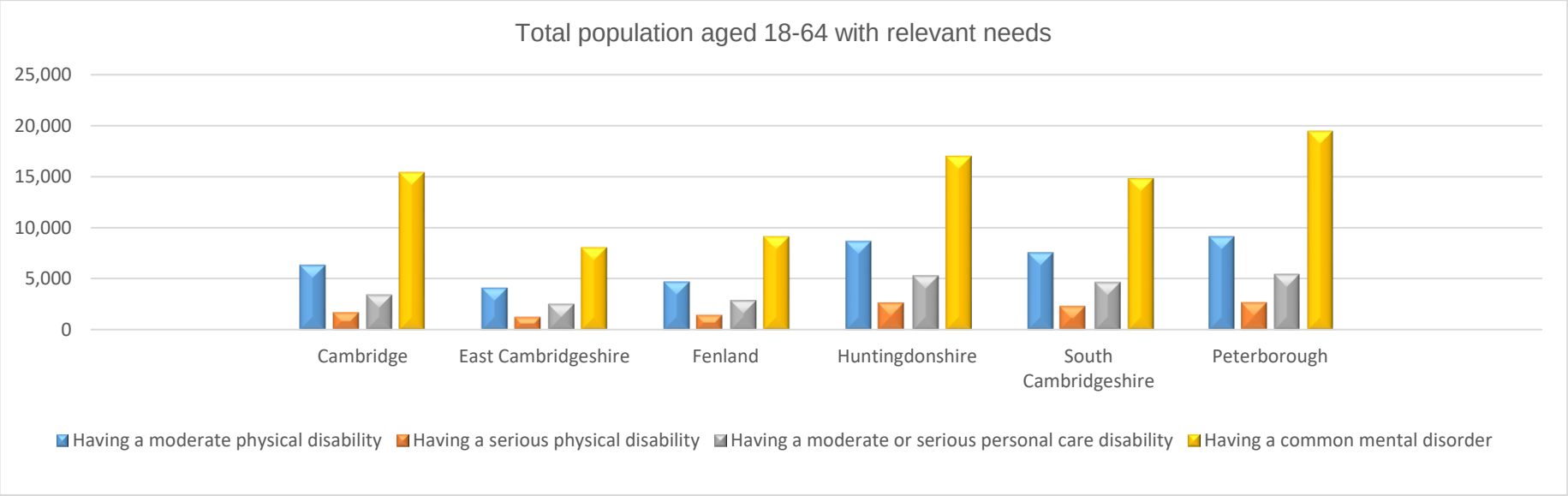
Key
Statistically significantly lower than England
Statistically similar to England
Statistically significantly worse than England

Cambridgeshire has a statistically significantly lower prevalence of dementia, depression, epilepsy and all learning disabilities combined than England. Peterborough is also statistically significantly lower than England for prevalence of dementia and depression. Fenland is the only area within the table above to have any statistically significantly high prevalence values in comparison to England, with significantly high prevalence of depression, epilepsy and all learning disabilities in comparison to the national average.



2. **Total population aged 18-64 with relevant needs** (Based on 2015 figures and with a high level of reliability)**:**

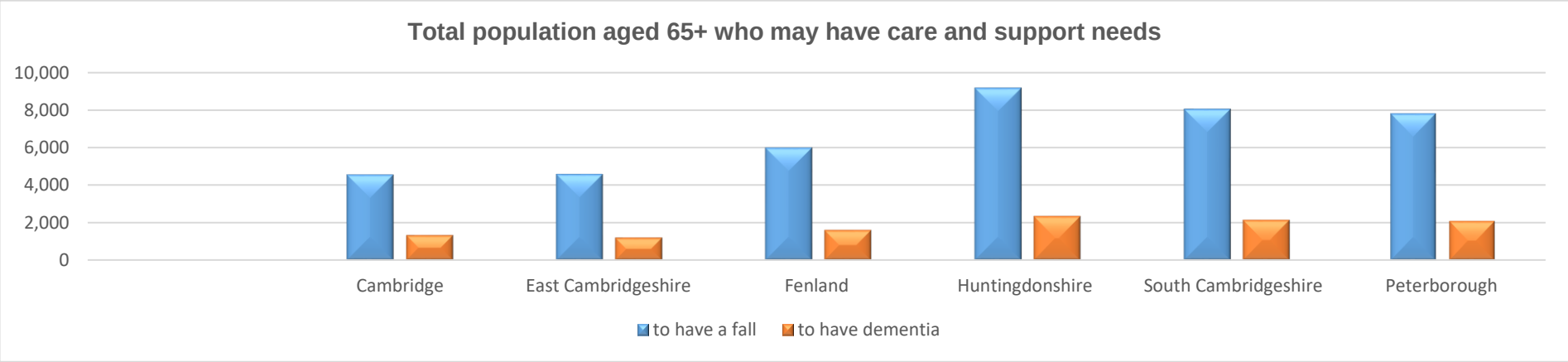
Area	Having a moderate physical disability	Having a serious physical disability	Having a moderate or serious personal care disability	Having a common mental disorder
Cambridge	6,332	1,679	3,435	15,435
East Cambridgeshire	4,116	1,245	2,530	8,128
Fenland	4,721	1,429	2,886	9,211
Huntingdonshire	8,638	2,598	5,282	17,030
South Cambridgeshire	7,531	2,274	4,626	14,859
Cambridgeshire	31,338	9,224	18,759	64,663
Peterborough	9,101	2,618	5,411	19,458



Total population aged 65+ who may have care and support needs:

Falls are the most common cause of emergency hospital admissions for older people and significantly impact on long term outcomes, e.g. being a major cause of people moving from their own home to long-term nursing or residential care. The table above outlines predicted numbers of falls in residents aged 65+, who may still be susceptible to hospital admission/minor injury and potentially lose resilience as a result of falls. The second set of data is the numbers of people suffering from dementia

Area	to have a fall	to have dementia
Cambridge	4,552	1,316
East Cambridgeshire	4,581	1,183
Fenland	5,987	1,579
Huntingdonshire	9,161	2,311
South Cambridgeshire	8,045	2,113
Cambridgeshire	32,326	8,502
Peterborough	7,792	2,051



Safeguarding in Cambridgeshire

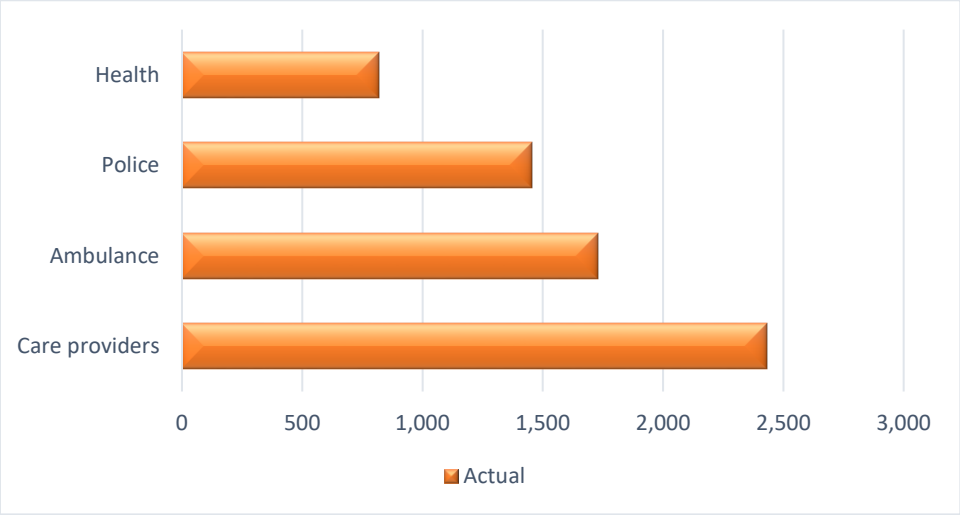
MULTI-AGENCY SAFEGUARDING HUB (MASH) DATA

How much abuse was reported?

CCC Adult MASH received 9,805 concerns in 2017/18, this was an increase on the previous year of 1,061 (12.1%). The Adult MASH carried out 391 enquiries themselves and asked adult social care teams and others to carry out a further 1,130 enquiries

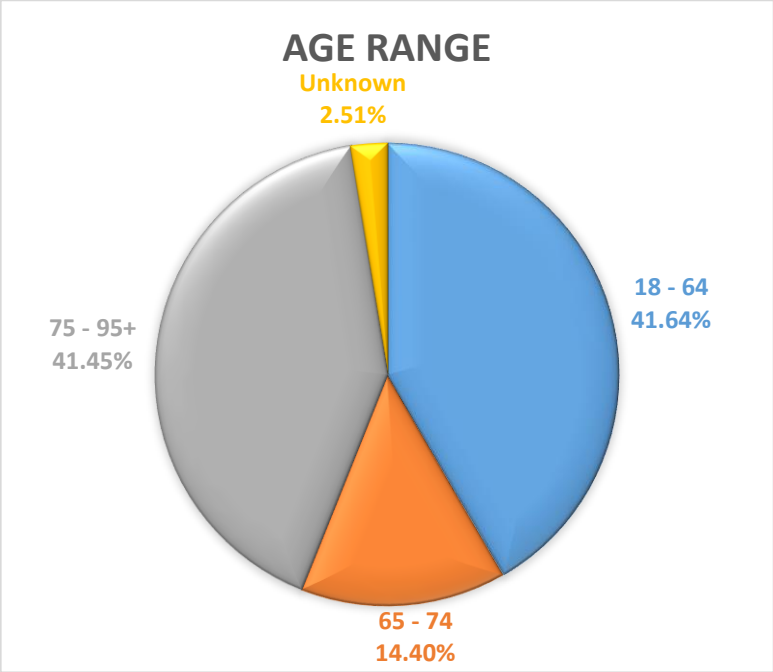
Who reported the abuse?

The four main sources for safeguarding concerns received by the adult MASH are;

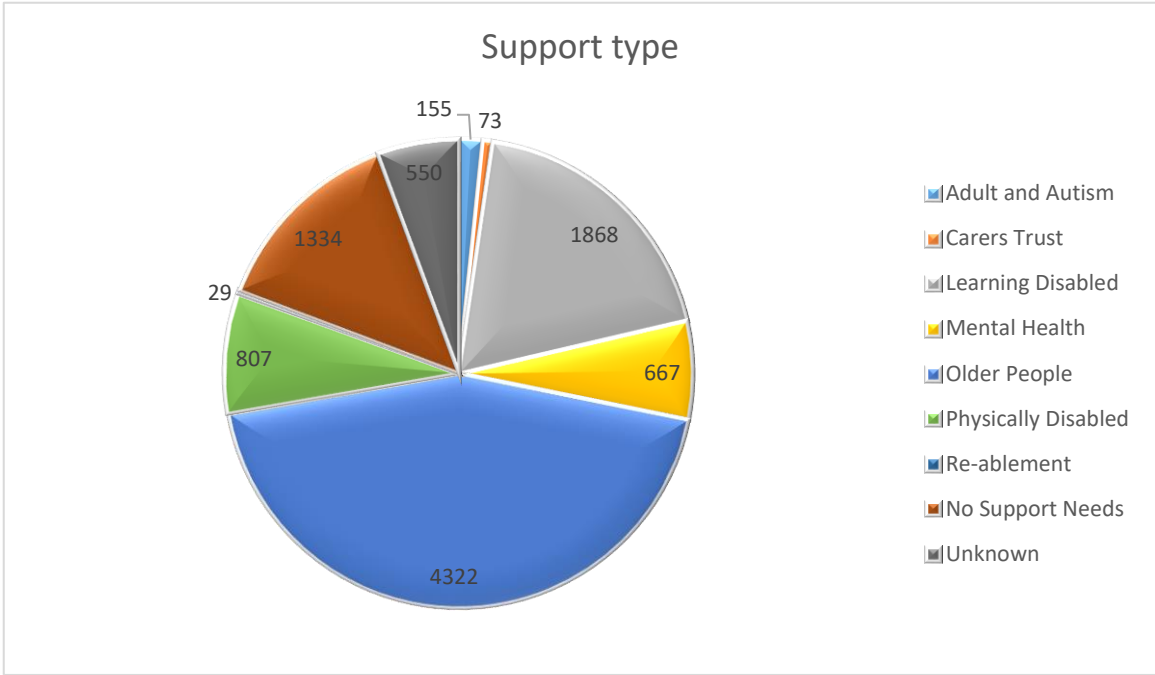


Source	Actual	% split
Care providers	2,431	27.80%
Ambulance	1,727	19.80%
Police	1,455	16.60%
Health	816	9.30%

Who was abused? By their age:



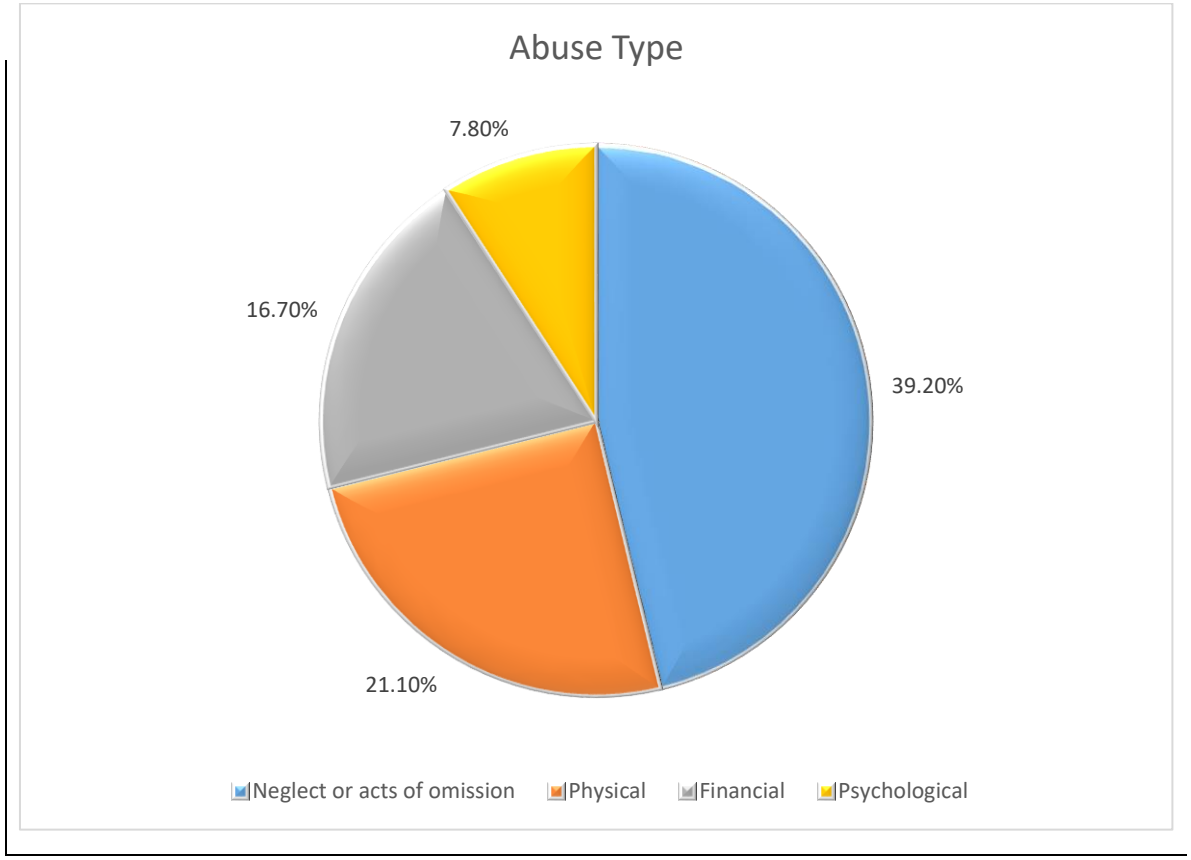
Age range	Actual	% split
Total for age range 18-64	4,083	41.6%
Total for age range 65-74	1,412	14.4%
Total for age range 75-95+	4,064	41.5%
Unknown	246	2.5%



Support type	Actual	% split	Support type	Actual	% split
Adult & Autism	155	1.6%	Physically Disabled	807	8.2%
Carers Trust	73	0.7%	Re-ablement	29	0.3%
Learning Disabled	1,868	19.1%	No Support Needs	1,334	13.6%
Mental Health	667	6.8%	Unknown	550	5.6%
Older People	4,322	44.1%			

What sort of abuse was reported?

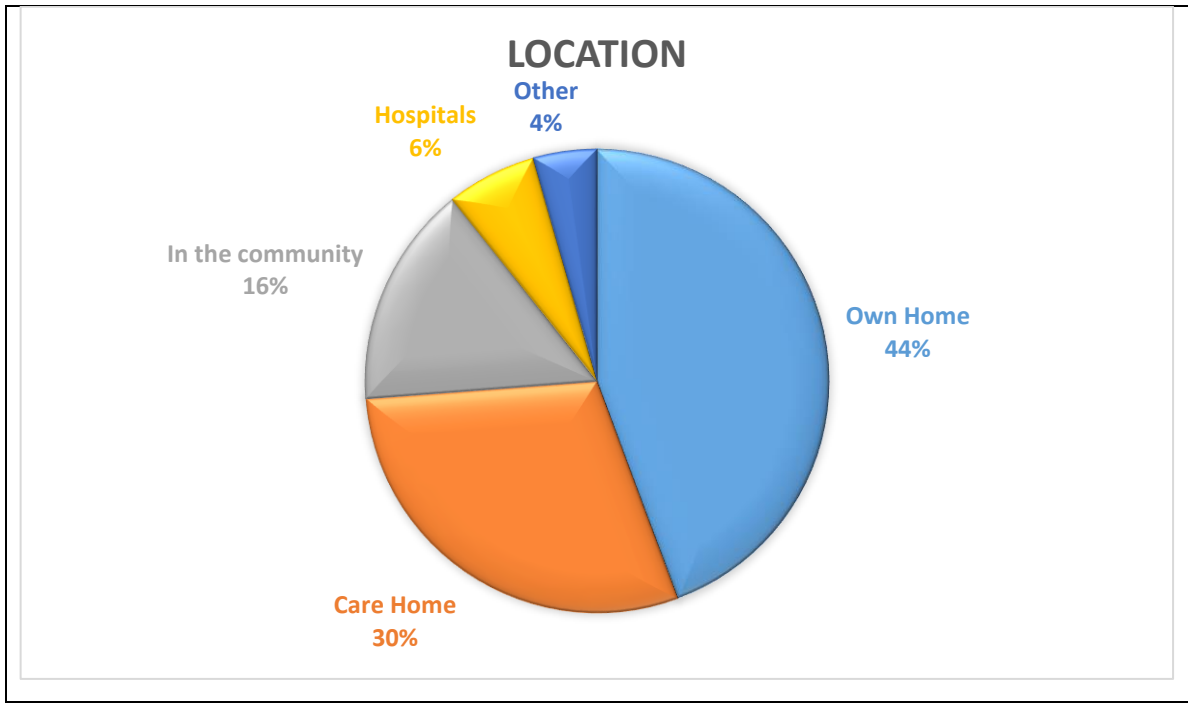
For the CCC enquiries recorded the most common abuse types were;



Abuse type	% split
Neglect or acts of omission	39.2%
Physical	21.1%
Financial	16.7%
Psychological	7.8%

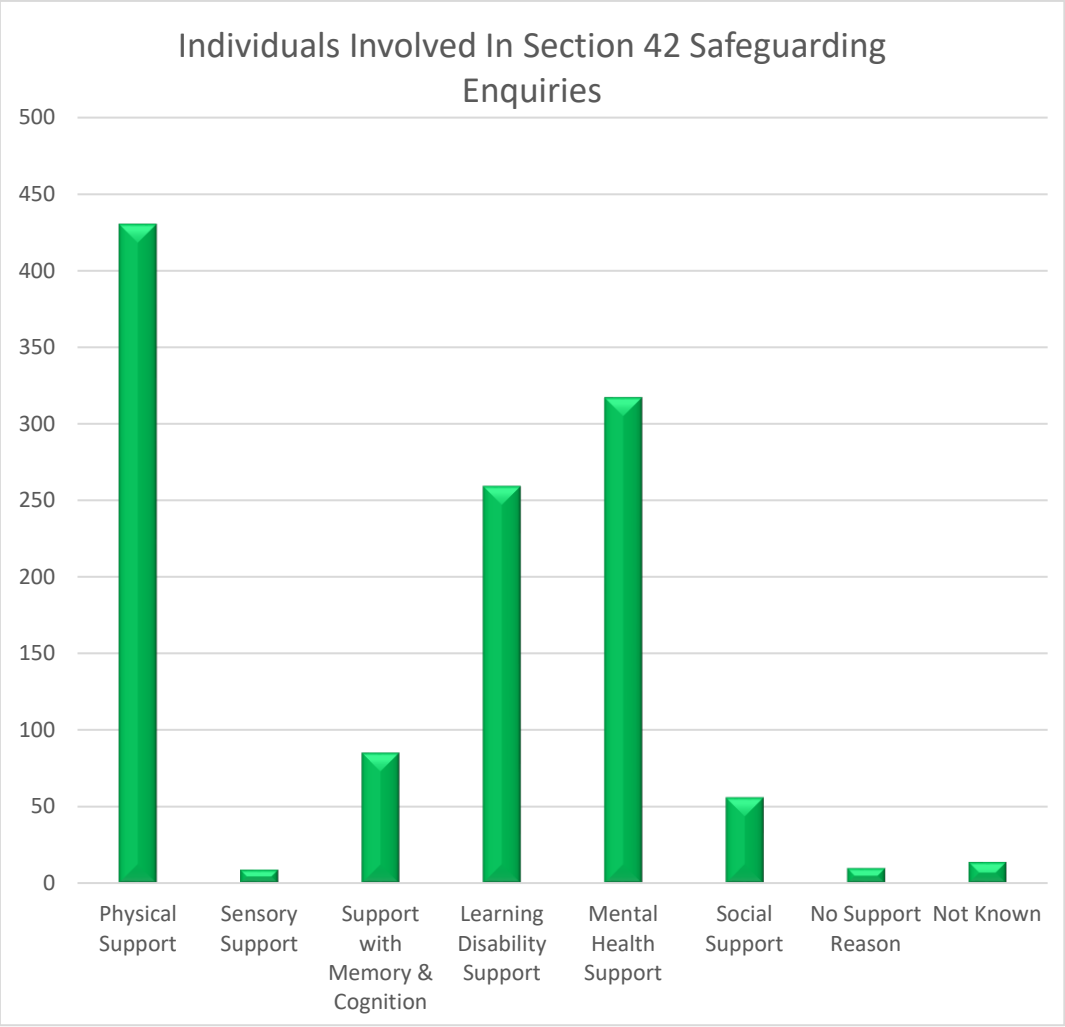
Where did it occur?

Of the CCC enquiries recorded the main locations where the abuse occurred was in;

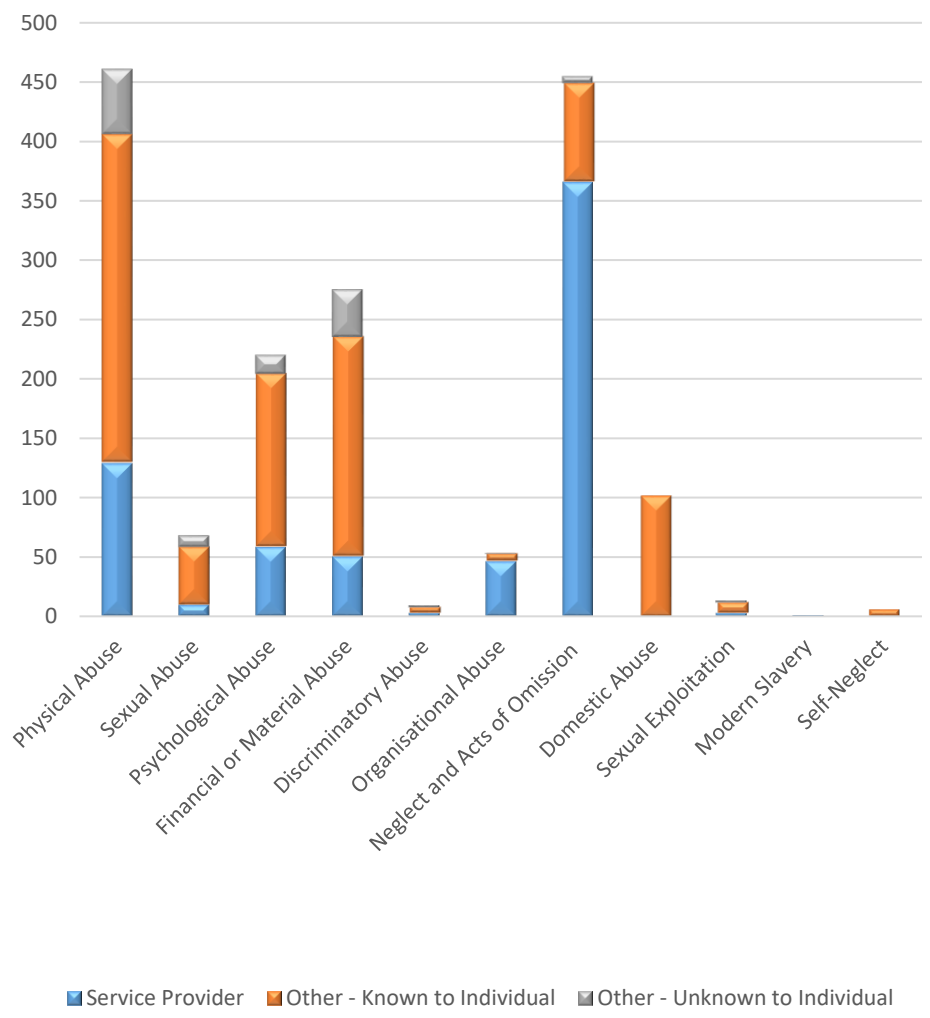


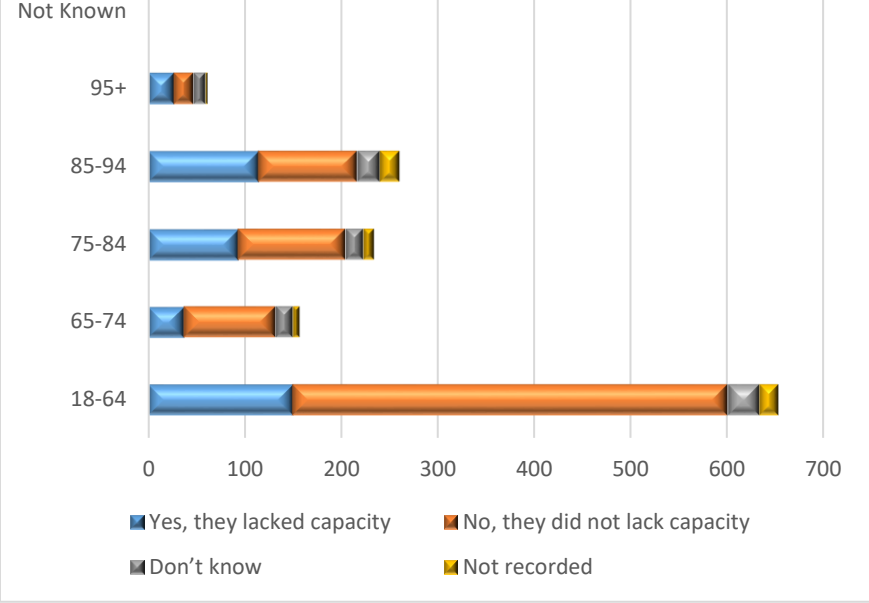
Location	% split
Own Home	44.3%
Care homes	29.5%
In the community	15.5%
Hospitals	6.3%
Other	4.4%

ENQUIRIES INTO ABUSE AND NEGLECT



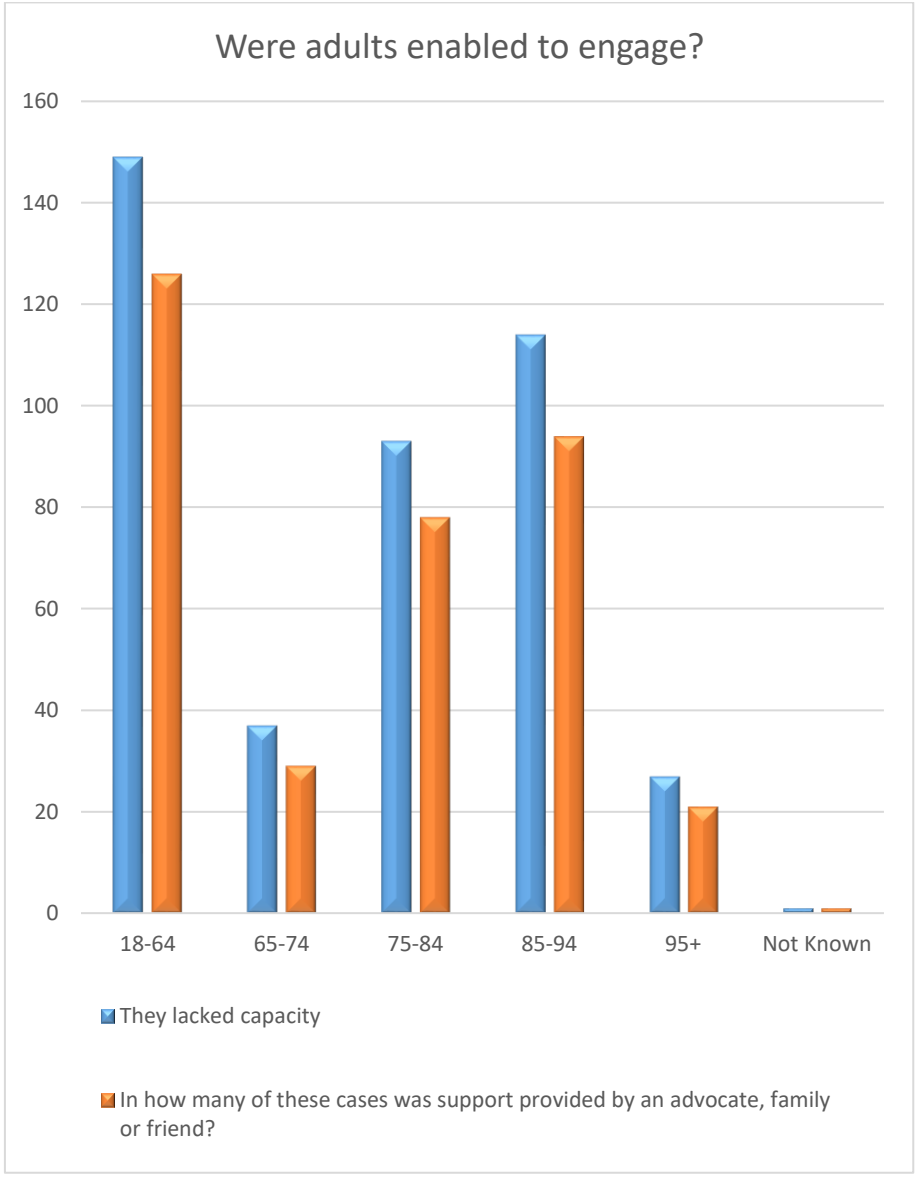
- A significant number of enquiries involved people with physical support, Learning Disability and Mental Health needs.
- Risk was most frequently coming from someone known to the adult at risk, except in cases of Neglect where the service provider was more often the cause of the concern



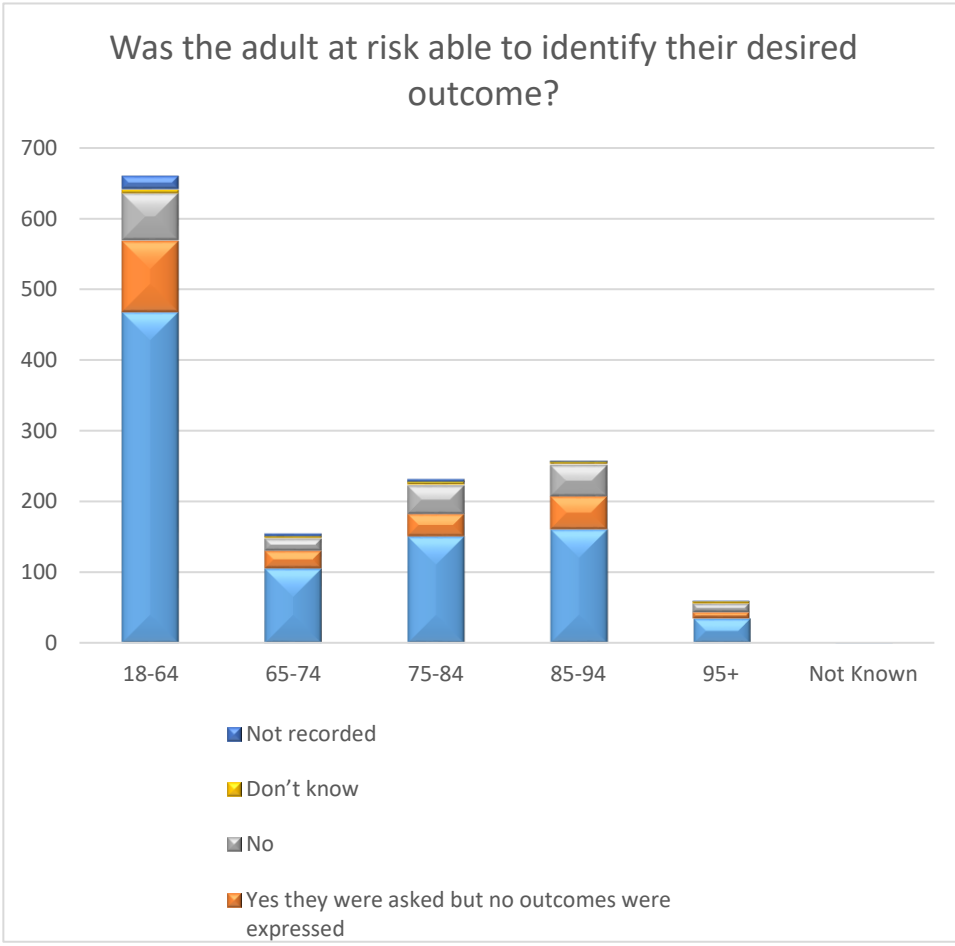


It is critically important to know if the adult at risk is able to make decisions for themselves and as far as possible enable them to do so if they can. A higher proportion of people over 75 were assessed as not being able to make specific decisions compared to younger people.

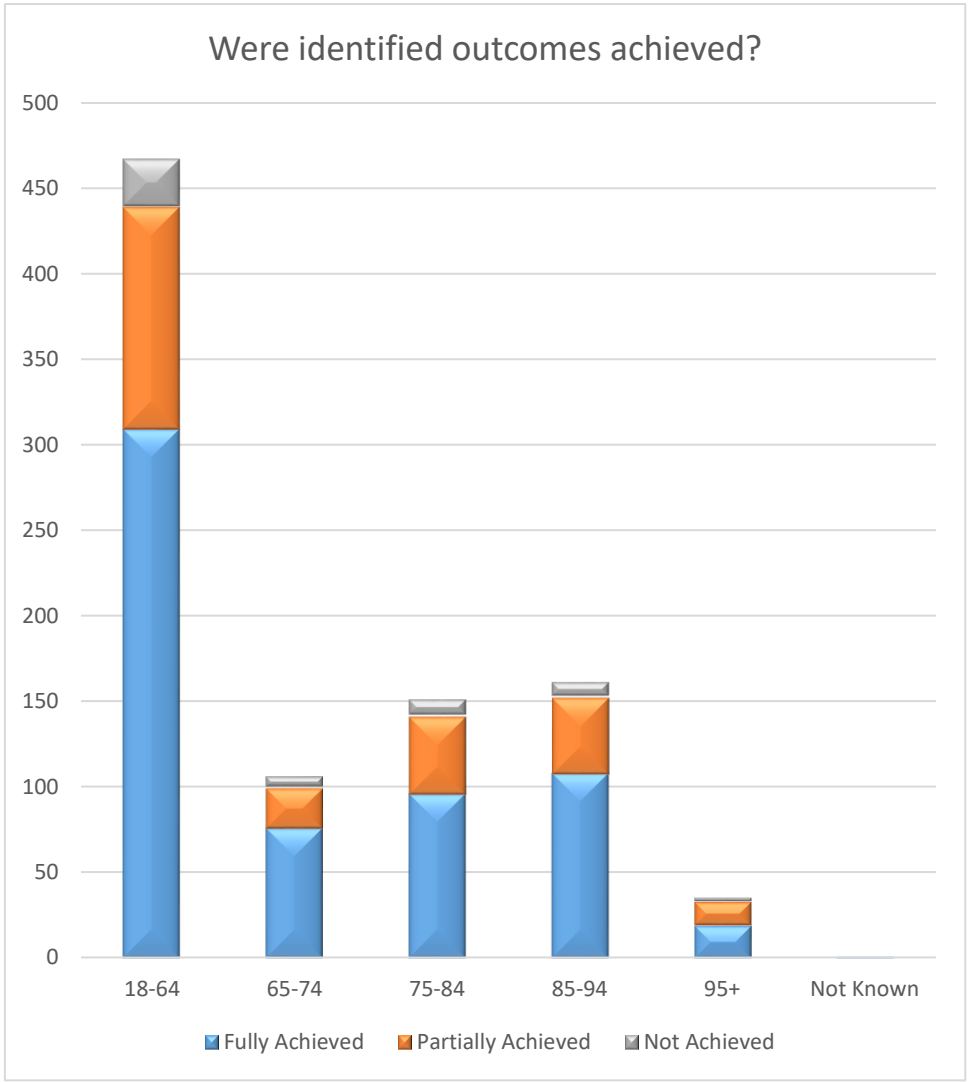
Where this is the case, work should be done to ensure the adults perspective can be heard by using a family member, friend or professional advocate.

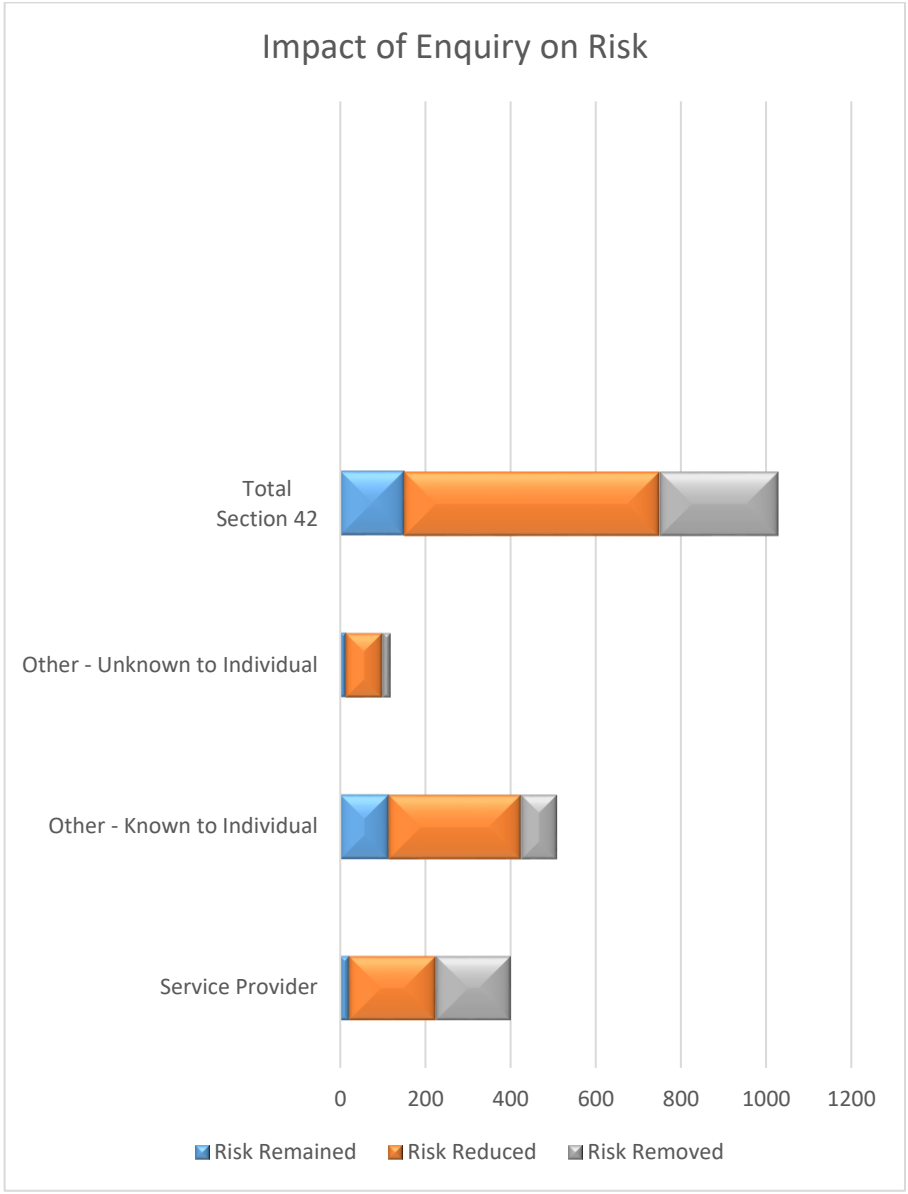


The adult at risk should be involved in agreeing the outcome that they want from the Enquiry



And then that outcome should be achieved as far as possible and the risk reduced if not removed.





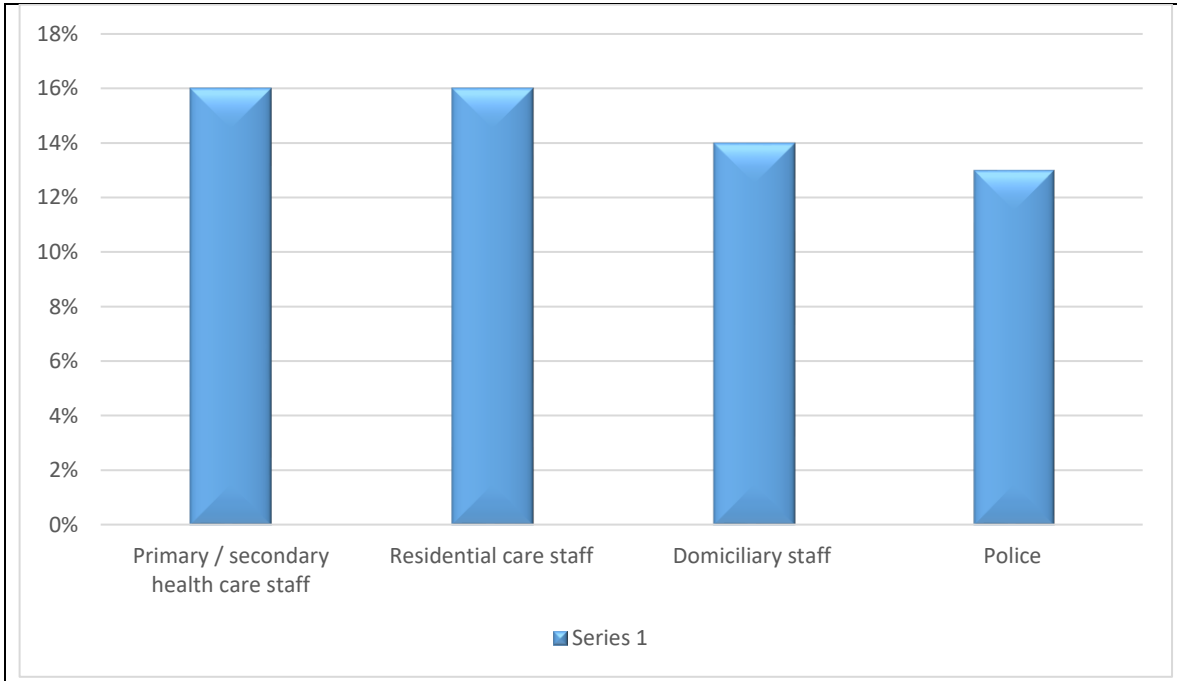
Safeguarding in Peterborough

MULTI-AGENCY SAFEGUARDING HUB (MASH) DATA

How much abuse was reported?

ASC/CPFT dealt with 1915 new safeguarding concerns (cases that progressed as far as triage) and 227 new enquiries

Who reported the abuse?



Primary/secondary health care staff 16% of concerns

Residential care staff 16%

Domiciliary staff 14%

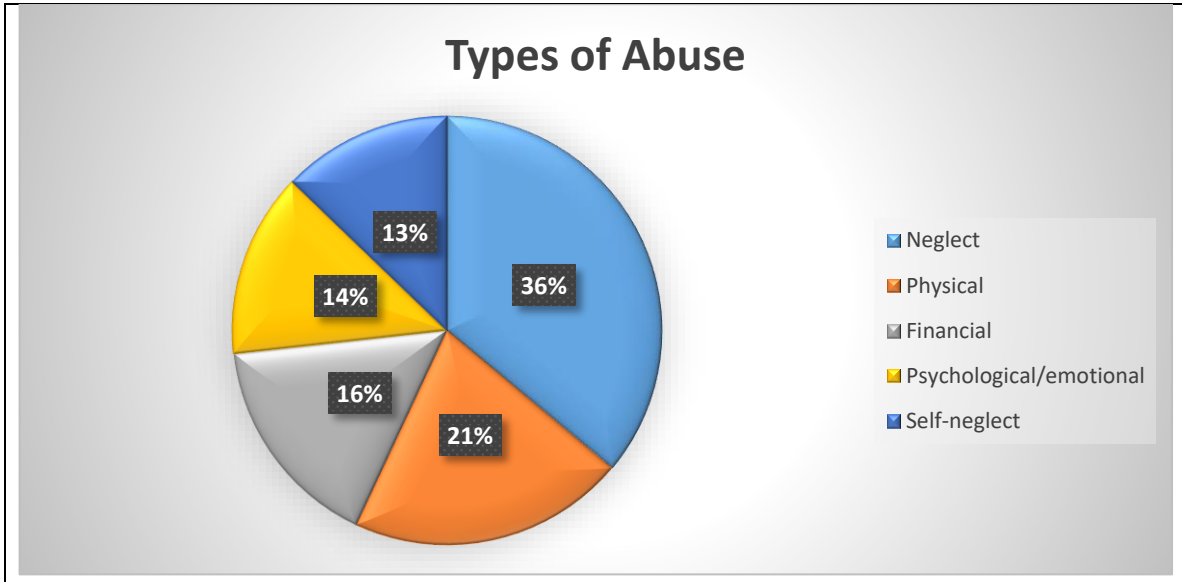
Police 13%

Who was abused?

Of the individuals involved in new safeguarding concerns

- 22% were aged under 65
- 55% were aged 65+
- 23% were aged 85+
- 60% were women
- 40% were men
- 52.6% had a physical support need (and were responsible for 54% of the safeguarding concerns)
- 12% had a learning disability (and were responsible for 14% of the safeguarding concerns)
- 10% a mental health need (and were responsible for 10% of the safeguarding concerns)

What sort of abuse was reported?



Neglect 31%

Physical 18%

Financial 14%

Psychological/emotional 12%

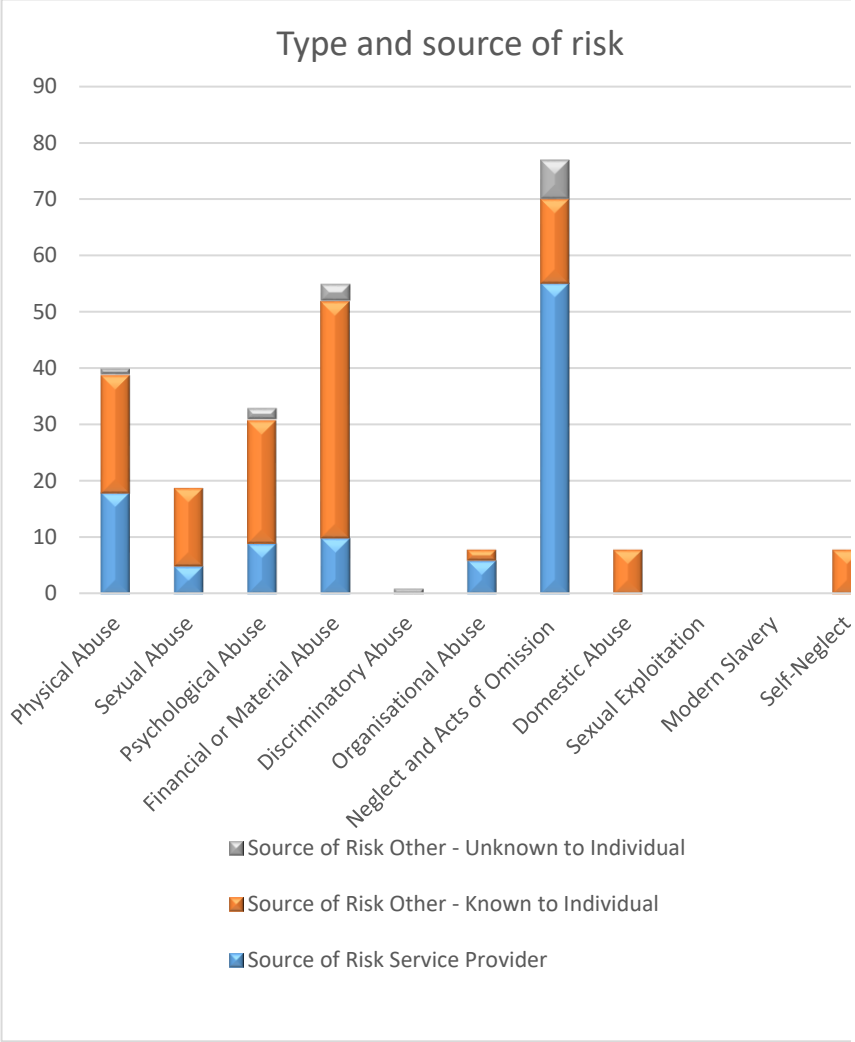
Self-neglect 11%

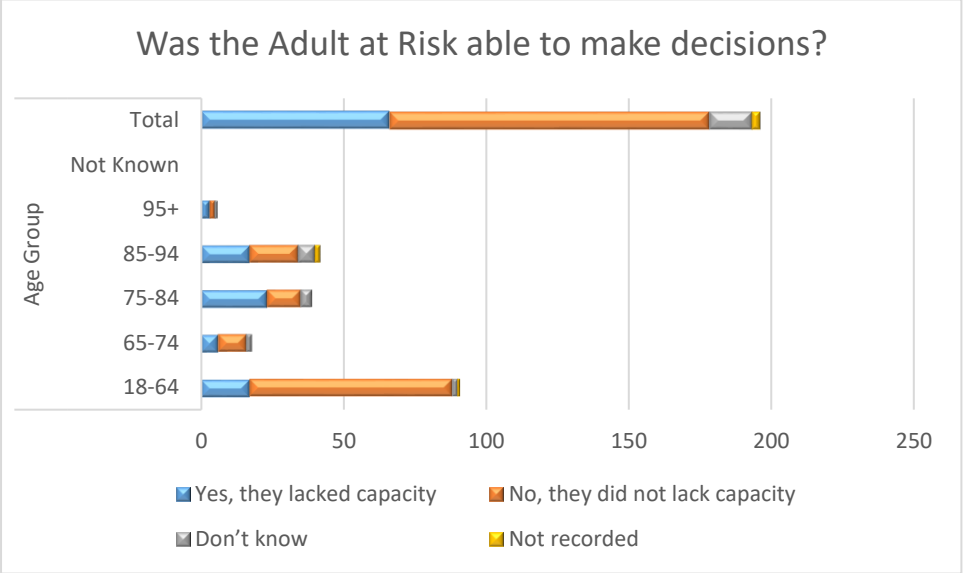
Where did it occur?

- 52% in the adult's own home
- 20% in a care home
- 10% in hospital
- 10% in the community

ENQUIRIES INTO ABUSE AND NEGLECT

- **Over half the enquiries made were with adults who had physical support needs.**
- **Risk was most frequently coming from someone known to the adult at risk, except in cases of Neglect where the service provider was more often the cause of the concern**





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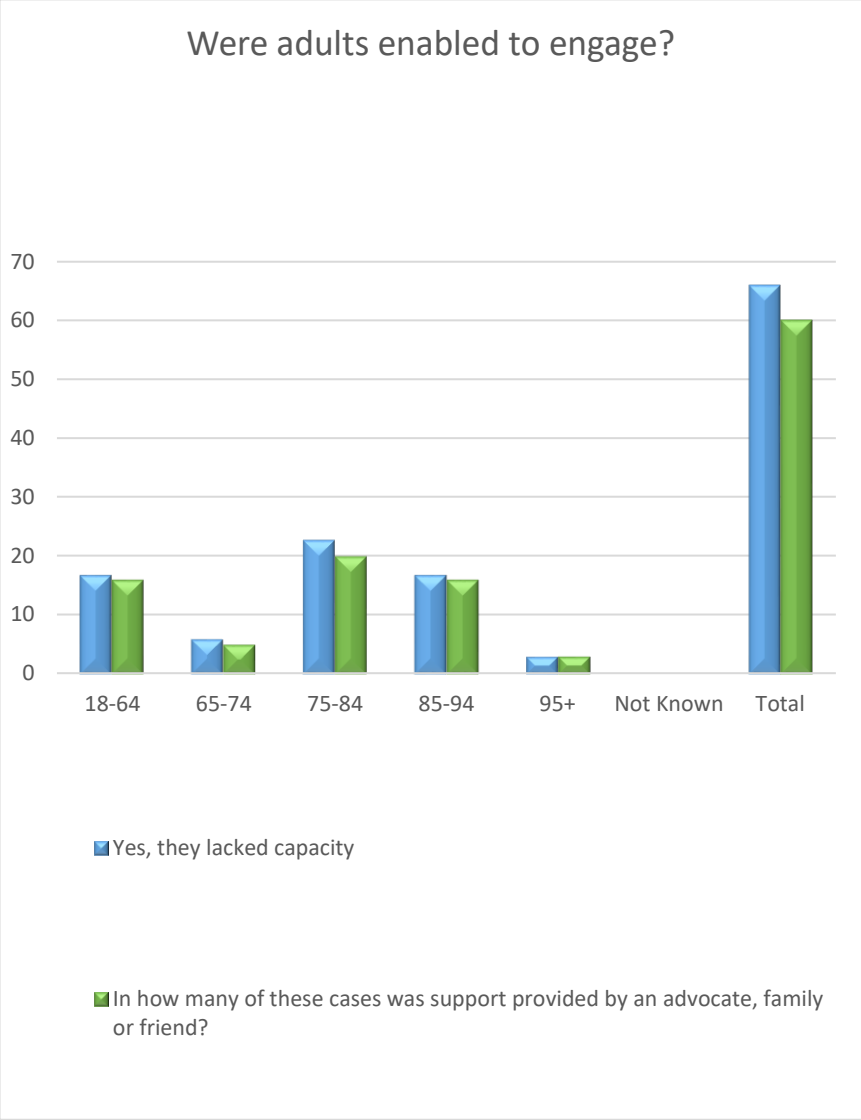

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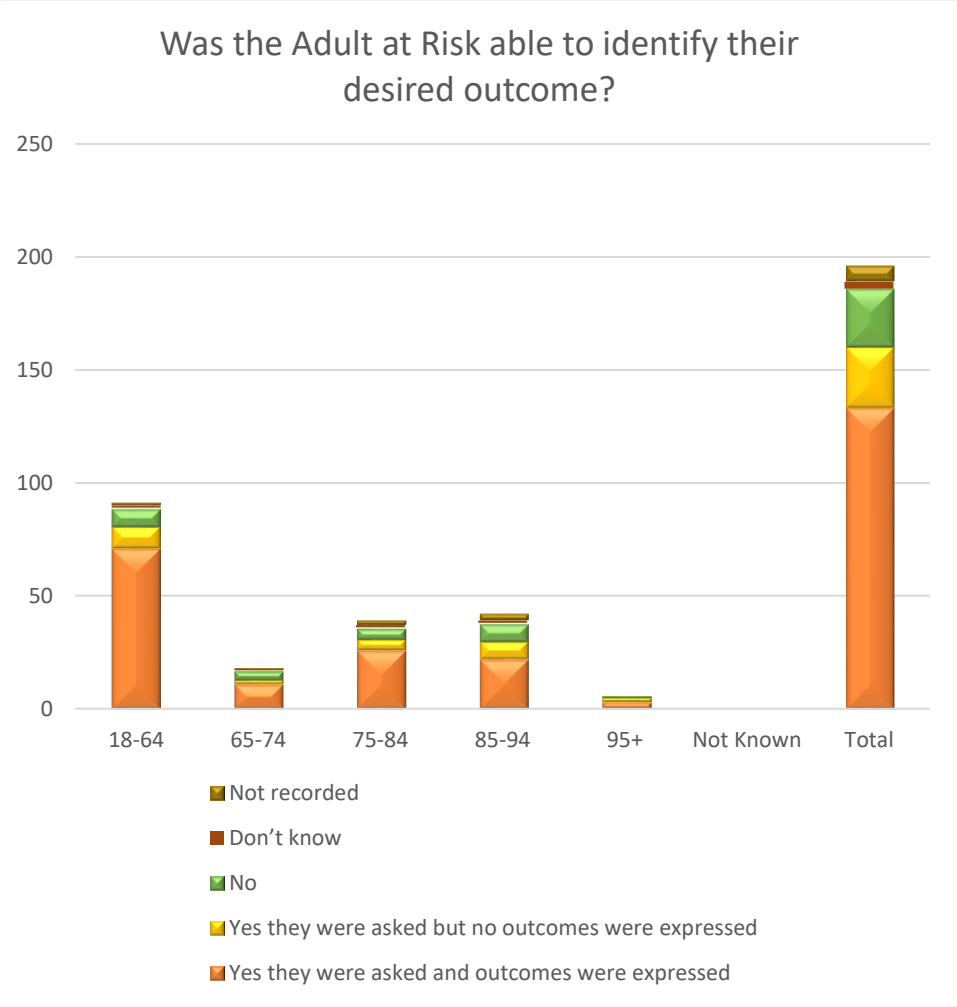

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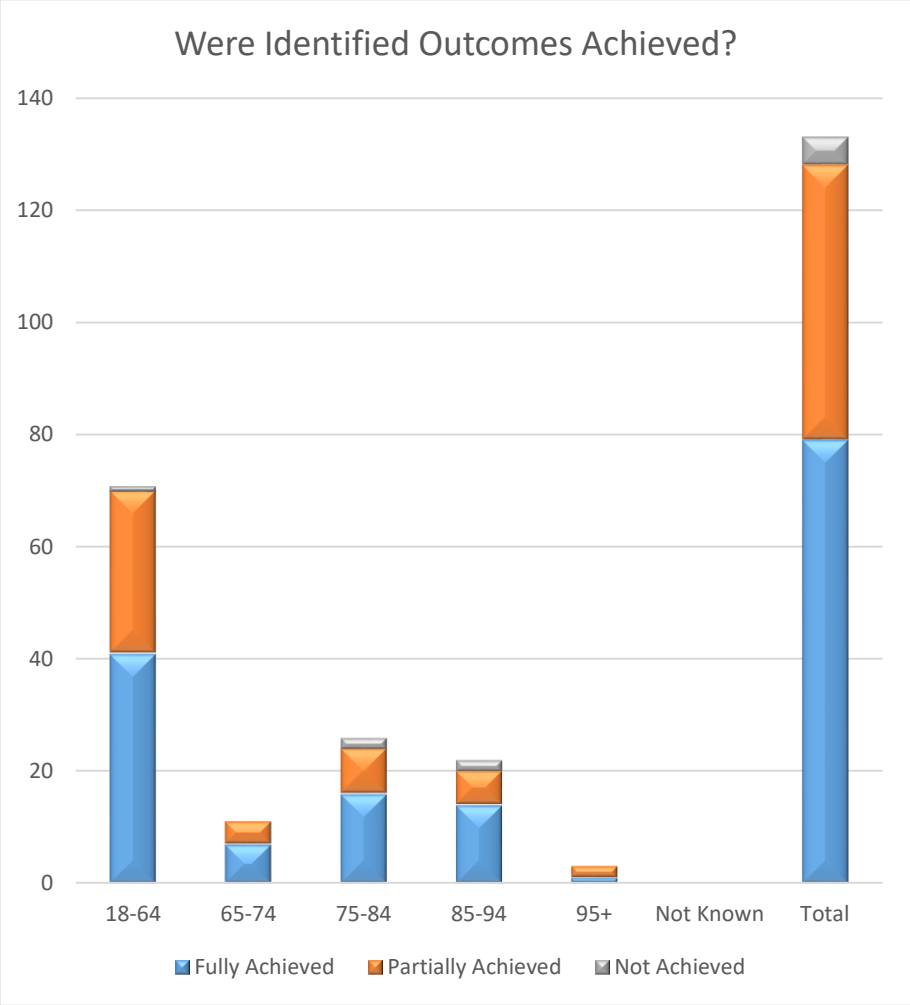
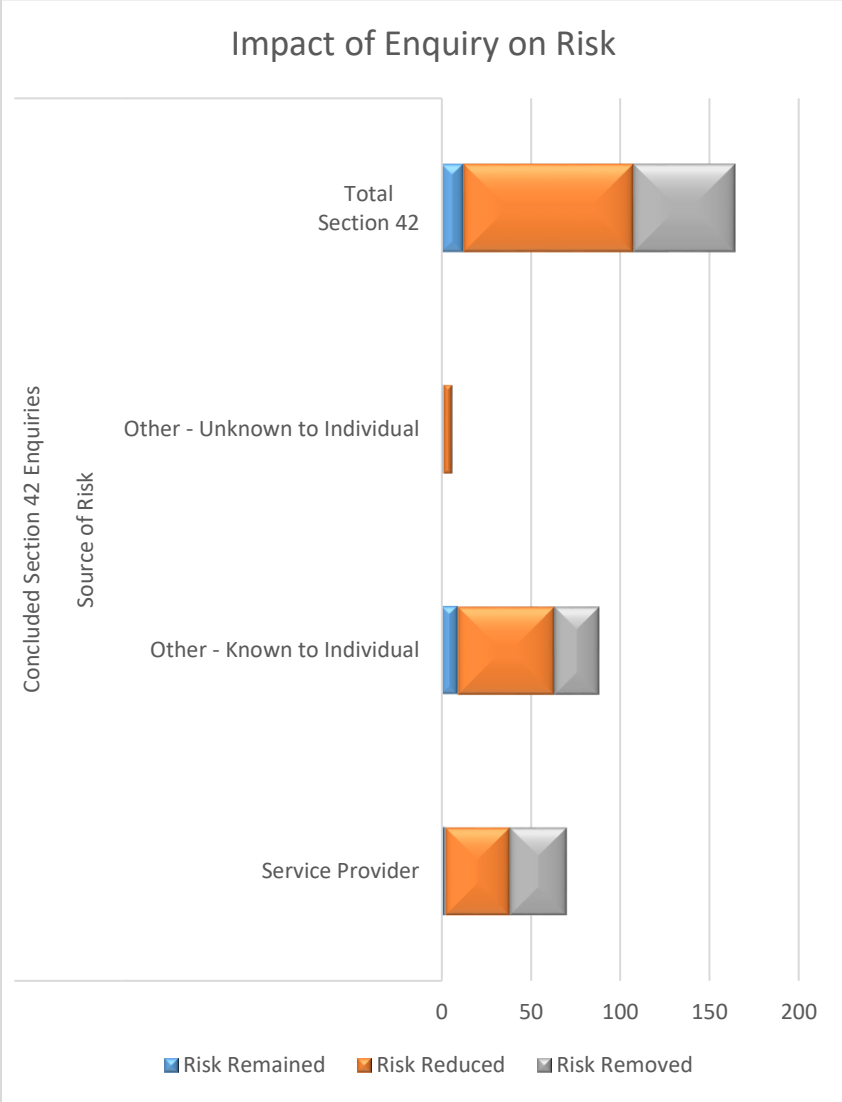




Progress against the Board Priorities

Strategic Business Plan 2017-2019

Listening and responding to the voices of the people of Cambridgeshire and Peterborough:

We have:

- Worked with a small group of people who use services and/or have experience as carers and are willing to contribute to Board meetings. An additional member has been added to this group and we provide the facilities and support that this role needs.
- Attended Conferences, together with service user representative, launching the Association of Directors of Adult Social Care (ADASS) MSP Toolkit supporting SABs in making service user involvement real.
- Started an initiative to transform the way we do business to allow community feedback to be heard and used at the right time.
- Increase our contact with other community representation groups through meetings, awareness events, SAB communications, and building on existing networks. This includes organisations that work on prevention and early help.

Prevention - by anticipating and identifying issues before abuse and neglect can occur to prevent harm from taking place

We have:

- Made links with the agencies and voluntary groups that undertake preventative work and are looking to increase their understanding of safeguarding. We have delivered training to staff and volunteers.
- Provided information on the recorded outcomes of cases that do not meet the threshold for social work services in the MASH to improve planning.

Ensuring practitioners work within the principles of Making Safeguarding Personal (MSP)

We have:

- Ensured that MSP and the six principles are a "golden thread" that run through all we do. This includes:
  - The SAB Procedures. What staff should be considering and doing to be in line with MSP is embedded into the procedures and guidance.
  - The SAB Audit framework. Agency service delivery is measured against MSP principles.
  - Our website and communications. The term and what it means is repeatedly emphasised and promoted on all of our materials
  - An agency self-assessment process was structured around MSP principles
  - All our training explicitly incorporates MSP
  - MSP was a theme at the SAB Conference and across the March Awareness Month
- The inaugural meeting of the Board reviewed progress in Cambridgeshire and Peterborough and pulled together the work on MSP in the two Local Authority Areas into a shared Action Plan, which is now being implemented.

Ensuring the workforce is appropriately skilled and trained to identify and respond to issues of abuse and neglect.

We have:

- Appointed an experienced trainer to deliver multi-agency training for the SAB alongside a colleague from Peterborough.
- Developed a training offer that covers the Board priorities.
- Worked with other training providers to ensure there is a coherent offer to professionals across all agencies where we compliment rather than compete with each other's programmes.
- Issued a training timetable and run training. The programme is continually expanding its range. Self-Neglect programme running, as is

the joint Children and Adults DA programme. An adults' programmes focusing on elder abuse and Learning Disabilities will be launched within the next three months.
- Received consistent positive feedback about the quality and relevance of the training events
- Initiated the development of a set of standards, quality expectations and assurance criteria for all adult safeguarding training
- Ran a series of Awareness events for people who would not attend formal training sessions
- Ensured MSP is at the core of all training

Monitor, scrutinise and challenge safeguarding practice across the partnership.

We have:

- Conducted a multi-agency audit of cases involving Domestic Abuse, the first such audit to be completed in Cambridgeshire or Peterborough. There were many useful lessons from this audit in regards to working together. These audit findings were turned into SMART Actions, enabling learning to generate change.
- Prepared our next audit, on cases involving neglect within an adult's home.
- Coordinated a structured self-audit by Cambridgeshire County Council, Peterborough City Council, Cambridgeshire and Peterborough CCG and the Police that covered what agencies need to have in place to deliver high quality services in line with MSP. The judgements made were discussed at a multi-agency meeting and the themes were turned into actions for further development. This exercise provided a high level of assurance that agencies were effective in working towards the goal of MSP.
- Analysed information on the work of the Multi-Agency Safeguarding Hub (MASH), including outcomes for those situations that do not lead to social work safeguarding intervention.
- Agreed the main elements of a dataset that summarises the level of activity in safeguarding, the involvement of the adult at risk and the effectiveness of the work. Currently this is reliant on Social Care information that needs augmenting with relevant information from Health and the Police. This will over time provide evidence on the effectiveness of the safeguarding system.
- Created a picture of the prevalence of people with care and support needs in Cambridgeshire and Peterborough, and the trends in the level of needs, with the support from Public Health colleagues. This will support planning and inform judgements as to whether need is being identified and services are being delivered where it is most required.
- Presented information to the SAB on how safeguarding is working locally, including benchmark data, derived from national data and surveys of those using the services. This has enabled the SAB to have a proper understanding of the strengths and weaknesses of local safeguarding. This has included the low percentage of concerns that go to social work safeguarding and differences in the level of involvement by some providers.

Raising awareness of the role of the SAB's and safeguarding issues across communities

We have:
Coordinated the March Awareness Month. Agencies included

- Age UK
- Cambridgeshire County Council (CCC)
- Peterborough City College
- Domestic Abuse and Sexual Violence Partnership Board (DASV)
- Focus Care Agency
- Hunters Down Care Centre
- NHS England
- Peterborough City Council (PCC)
- Phillia Lodge
- Cambridgeshire Constabulary

- Cambridgeshire and Peterborough CCG – with NHS England
- Cambridgeshire and Peterborough Foundation Trust (NHS) (CPFT)
- East of England Ambulance Trust (NHS)
- Healthwatch
- National Association for Care and Resettlement of Offenders (NACRO)
- North West Anglia Foundation Trust (NHS) (NWAFT)
- Peterborough Diocese
- Vivacity – Library services
- Cambridgeshire Fire and Rescue Service
- Cambridgeshire Community Services (NHS) (CCS)
- Cross Keys Housing
- Hinchingbrooke Hospital
- National Probation Service
- Papworth Hospitals
- Peterborough Regional College
- Youth Offending Services (YOS)

Events and activities included:

- Using social media to spread key messages
- Holding drop in events
- Reflection on safeguarding in supervision
- Weekly emails with safeguarding themes to all staff
- Awareness events with stalls and information
- Training events and conferences
- Single agency training and communication events

Over 2000 staff were given awareness message and over 750 service users/members of the public.

- Newsletters, email messages, and training bulletins which went out to over 4000 staff.
- Issued the first joint SAB Newsletter
- The Website is now near completion and includes materials on SAB priority areas.
- Prepared and circulated briefings on priority topics
- Delivered an Awareness Roadshow
- Run the SAB Conference on the theme that Safeguarding is Everyone's Business
- Undertaken a presentation on learning from SCR and SARs to new social workers

Our Priorities:

Domestic Abuse –

To ensure that adults at risk of abuse and neglect are protected from all types of Domestic Abuse; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal. In this priority there will be a particular focus on elder abuse (over 65)

We have:

- Undertaken a multi-agency audit and identified learning
- Coordinated our action plan within that of the Domestic Abuse and Sexual Violence (DASV) Board to maximise impact and avoid duplication.
- Worked within the DASV processes to effectively cover issues as they relate to adults at risk.
- Issued information, resources and training for staff
- Included the issue in our community awareness material
- Made the development of training covering Elder Domestic Abuse and the impact on those with learning disabilities a priority.

Neglect (including self-neglect and hoarding)

To ensure that adults, at risk of abuse and neglect, in all settings, are protected from neglect; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

- Put in place preparation for a multi-agency audit of cases involving neglect

- Timetabled a multi-agency audit of self-neglect cases
- Initiated a Safeguarding Adults Review (SAR) on a self-neglect case that includes a review of policy and guidance on effective practice
- Completed the SAR on a case involving neglect and begun to apply the learning
- Reviewed materials on the website
- Designed and delivered training that focusses on self-neglect and hoarding
- Liaised with the Fire Service on learning from fatal fire reviews where hoarding was a factor.

Adults living with mental health issues

To ensure that adults at risk of abuse and neglect are protected`, and that practitioners are skilled and trained appropriately to recognise changes in symptoms and behaviours that may indicate a deterioration in their mental health and that a change in care management/planning is required; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.
We have:

- Joined the Zero Tolerance to Suicide strategic partnership to identify and support the development of its work with adults at risk.
- Identified the training need and made it a priority for the SAB Training
- Timetabled a multi-agency audit

Other areas of work

Suicide and Serious Self-Harm

The initial work on a county-wide strategy came from a need to address the numbers of people committing suicide who had been receiving secondary mental health services. This has been expanded to include all who may be at risk of suicide in the future. Many if not all of these would come under safeguarding if abuse, neglect or self-neglect were present and a contributory cause.

Human Trafficking and Modern Slavery

This is an emerging issue for the Board. Our work needs to be coordinated within the overall approach of the Community Safety Partnerships. Their joint Strategy is still in preparation. We have worked with the police in identifying where adult safeguarding fits within the overall response from agencies on this issue. We do know that this area has a high prevalence of agriculture based modern slavery and that Peterborough and Cambridge have a significant issue regarding sex worker trafficking. Not all victims would require care or support, but many will and safeguarding services need to be available to those that do.

Pressure Ulcers Protocol

Following the release of a national Pressure Ulcers protocol, the Board has a sub group in place to review local service compliance. To date they have conducted a survey of provider awareness and needs and contacted NHS specialist professionals to confirm compliance of policy and practice with protocol. Amended local guidance to follow by September.

Learning and Improvement

Learning Disabilities Mortality Review (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) programme was established to support local areas to review the deaths of people with learning disabilities, identify learning from those deaths, and take forward the learning into service improvement initiatives.

The programme has developed a review process for the deaths of people with learning disabilities. All deaths receive an initial review; those where there are any areas of concern in relation to the care of the person who has died, or if it is felt that further learning could be gained, receive a full multi-agency review of the death.

More information, including easy read material, can be found at: http://www.bristol.ac.uk/sps/leder

Training and Supporting Reviewers

Twenty local reviewers have been trained to undertake an LeDeR review since February 2017. All reviewers have the opportunity of securing a reviewer 'buddy' if they so wish. Cambridgeshire LDP have set up a 'peer support' group for LeDeR reviewers and reviewers across Cambridgeshire and Peterborough are encouraged to participate.

By 31/03/18 Cambridgeshire and Peterborough have received Twenty nine cases for LeDeR mortality review since 'going live' on 1st May 2017.

LeDeR Reviews

There has been six Reviews completed. Four completed reviews securing feedback and approval, one review awaiting this and one has been reallocated to another CCG at the LAC request.

Age range of reported deaths is from 9 years to 89 years.

14 of the LeDeR deaths took place in general hospital settings.

What has been learnt?

The relatively low number of completed reviews make generalisation difficult. However, nationally there have been a significant number of reviews and the lessons can be drawn out from them:

> "Overall themes identified as learning points or recommendations
>
> Of the 103 completed reviews, 67 identified a total of 189 learning points. Thirty-six reviews (35%) did not explicitly identify any learning, the remainder identified between 1 and 21. Overall, the average was 2.8 learning points in each review.
>
> The most commonly reported learning and recommendations were made in relation to the need for:
>
> a) Inter-agency collaboration, including communication
> b) Awareness of the needs of people with learning disabilities
> c) The understanding and application of the Mental Capacity Act (MCA)
> It should be noted that two learning points referred to evidence of good practice and the opportunity for others to learn from positive experiences, both in relation to inter-agency communication."

LeDer Annual Report December 2017

Easy Read LeDeR Annual Report 2016-2017 (PDF, 674kB)

https://www.youtube.com/watch?v=-fXylKY-jQs&feature=youtu.be

Future Developments

LeDeR is a new initiative and only a handful of reviews have been completed. More local support is planned to improve review uptake. The purpose is to learn from the reviews and make changes that will reduce the gap between the life expectancy of someone with a Learning Disability and the rest of the community. We need to increasingly focus on what we learn from the reviews and ensure this learning leads to positive changes.

Quality and Effectiveness Subgroup

What does it do?

It will "ensure that the Safeguarding Adults Board have a detailed overview of the quality and effectiveness of agencies' practice and performance in relation to the safeguarding of adults in Cambridgeshire and Peterborough."

How does it do this?

By:

- gathering and interpreting information on how safeguarding takes place
- auditing safeguarding cases,
- requiring agencies to assess their approach to safeguarding and whether it can be improved,
- asking service users and staff about their experiences

What happens then?

There is always room for improvement. The Board and individual agencies use what they learn to make improvements and then assess if the changes made have had the required effect. There needs to be a constant cycle of learning and improvement.

Who does this?

A multi-agency cross-disciplinary group of professionals and managers who understand and influence how their agency is safeguarding adults at risk.

What have we done this year?

- A multi-agency audit of cases where domestic abuse was present
- Commissioned a picture of who has care and support needs in the area and how this will look in years to come
- Regularly review information on cases being referred into safeguarding and what then happens for the adults concerned
- Support an agency self-assessment audit by CCG, Police and the local authorities
- Developed our ability to ask professionals and service users about their experience of safeguarding

This year has been about putting into place the foundations we need to be able to deliver this work. Looking ahead, the QEG will be judged by what is different because of what it has done, and this takes time to achieve. We have:

- Highlighted the number of cases referred that don't go on to have a full social work enquiry, and the importance of understanding the situation of these adults.
- Used learning gained to focus training and develop practice
- Adopted an approach that seeks information about the engagement and involvement of the adult at risk in their own safeguarding. This is to promote Making Safeguarding Personal

Safeguarding Adults Review Subgroup

Under the 2014 Care Act, Safeguarding Adults Boards (SABs) are responsible for Safeguarding Adults Reviews (SARs). The purpose of SARs in the statutory guidance is to 'promote effective learning and improvement action to prevent future deaths or serious harm occurring again'. The aim is that lessons can be learned from the case and for those lessons to be applied to future cases to prevent similar harm re-occurring.

To meet this responsibility, we have brought together the SAR Sub Groups from Cambridgeshire and Peterborough into one meeting. This is a multi-agency meeting of managers and senior professionals with expertise in safeguarding, able to identify when a SAR is required and then oversee its completion. We have maintained a good level of attendance and engagement which has allowed us to progress the work without any interruption.

Completed SARs

We have completed one SAR, Katherine.

This SAR was commissioned following the death in 2016 of a woman under 30. Services had been involved with her since early adolescence, and the SAB suspected that neglect, and possibly abuse, had contributed to her death. Katherine was immobile and lived as a young person and adult in an unsanitary environment that caused significant physical deterioration for her and acute sensory discomfort for staff.

Katherine suffered from Chronic Regional Pain Syndrome, a rare condition where after a physical injury there is pain and physical symptoms that are highly disproportionate to the injury. Affected limbs can physically look like they have had significant nerve damage and may show significant and obvious physical signs. It can lead to multiple medical investigations, most of which return normal results. This pattern means that it can be a considerable time before this diagnosis is reached, though for Katherine in this case the diagnosis was relatively quick.

The symptoms expressed were not purely 'psychosomatic'. However, a history of more complex psychological issues tends to indicate the likely complexity and presentation of pain symptoms. The psychological focus on physical symptoms and pain, and assuming the 'sick role', can prevent recovery.

The nature of the pain can be extremely severe such that people experience pain in response to trivial sensory changes e.g. slight changes in temperature, or a gentle breeze. Treatment for CRPS involves a complex multi-disciplinary approach, which may commonly include desensitisation. Treatment received earlier in the course of the illness is more likely to be successful.

A summary of the Review can be found at: http://www.safeguardingpeterborough.org.uk/adults-board/about-the-adults-board/sars/

Summary of Themes of Key Areas of Learning

1. CRPS is a highly complex condition requiring clinical treatment addressing both physical and psychological aspects. In Katherine's case, whilst clear recommendations for treatment were made by specialist services, local services did not or were not able to support a timely package which implemented these recommendations. Physical treatment provided to Katherine focused on treating the secondary symptoms of CRPS rather than addressing core maintaining factors
2. Agencies did not always work together effectively. Katherine's care was not coordinated by a health professional with specialist knowledge of CRPS. In the last few years of her life, the GP assumed much of this role but at a level that went above and beyond what is expected from a GP. Knowledge, awareness and understanding of CRPS was poor.
3. Katherine and her mother had a complex co-dependent relationship. This impacted on the way that services interacted with Katherine as an autonomous and independent individual. Professionals did not always make sufficient effort to determine Katherine's views in the absence of her mother.
4. There were deficits on the approach to assessment of Katherine's capacity. Specifically, in the assessment of mental capacity professionals depended disproportionately on the anticipated outcome of a formal assessment for an Autism Spectrum Condition.
5. In Katherine's childhood, a number of potential concerns that should have resulted in safeguarding interventions were missed. This lack of formal intervention during childhood was potentially a significant contributor to the escalation, development and maintenance of Katherine's problems as an adult. Further passage of time made her

situation more entrenched and difficult to extricate herself from.

6. The potential and actual harm being experienced by Katherine as a result of her situation, her lack of control, the potential elements of co-dependency in her relationship with her mother, her lack of ability to engage in appropriate treatment and the fact that professionals reached a wide range of conclusions about Katherine's capacity should, taken together, have acted as a trigger of the need to urgently gain a court's view of the situation.
7. Legal advice was not sought early enough, and when sought was not followed through in a timely manner. The process for dealing with different legal advice obtained by different agencies was not clear.

What has changed?

The learning from this Review has been communicated through training, presentations and written material to inform professionals about the issues and equip them to learn and respond differently when parallel situations arise. Specific training, such as that on Self-Neglect, now covers issues identified with a wide audience.

Agencies in Cambridgeshire and Peterborough have agreed to look at a new and innovative way to ensure that in highly complex cases there is scope to have a multi-agency approach led by someone able to break through the barriers and access resources and expertise.

Services for children are undertaking the work needed to address the issues raised about opportunities missed and the sharing of information and understanding when a child moves to adulthood.

SARS BEING UNDERTAKEN.

We are currently undertaking a review into the harm suffered by a vulnerable adult with limited mobility as a single amputee. Has suffered significant harm to his health by potential neglect to his wounds. Whilst the neglect was by his choice questions remain about the effectiveness of services in supporting him in taking appropriate care of himself. The SAR Overview author is a nationally recognised lead on self-neglect and the review will address the issues in this individual case and also the existing guidance we have in place for staff.

EXISTING COMPLETED SARS

Reviews completed by the Peterborough Board were some time in the past, but the current Group has ensured that the Action Plans in place were completed appropriately.

These actions were centred on

a) Better recording of prescriptions and medication for patients living in Care Homes; and

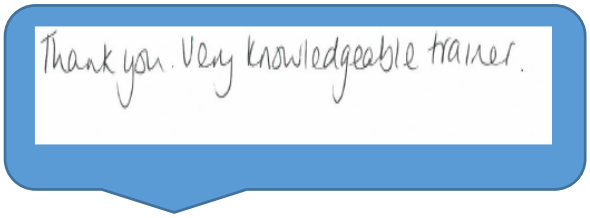
b) Effectively communicated and implemented discharge plans.

Training and Development

Training

Following the amalgamation of the Boards we have continued to deliver the existing programme but the focus has been on building for the future.

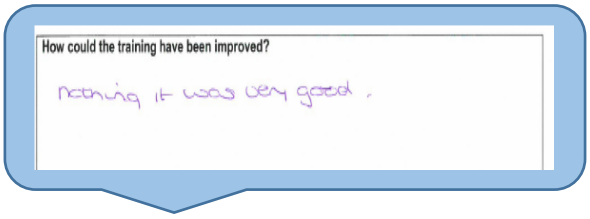
The Safeguarding Boards Unit appointed a dedicated Adult Safeguarding trainer at the end of 2017 to go complement the existing PCC trainer



We have a web based training programme and have successfully introduced an e-booking system to make access easier and streamline administrative tasks.

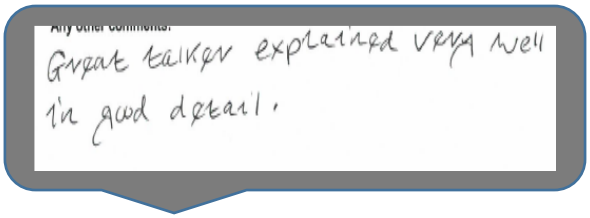
We delivered a joint Training Programme that covered children and adult safeguarding, some programmes addressing issues across children and adult safeguarding.

Matched current and future programme availability against Business Plan priorities.

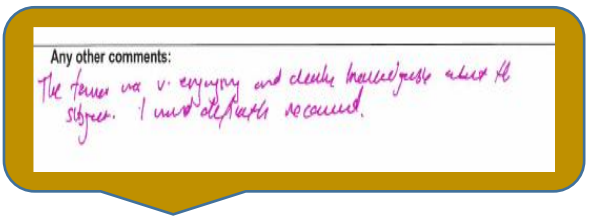


The Awareness Roadshow and Training Programme were used to obtain the perspective of staff on their current training needs.

Planned a comprehensive needs assessment for 2018-19



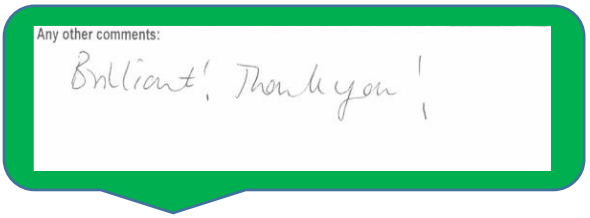
Delivered an "Awareness Roadshow" in March designed to promote a shared understanding of safeguarding. It was free to all and promoted to the "harder to reach" agencies such as Care Homes and Domiciliary Care providers.



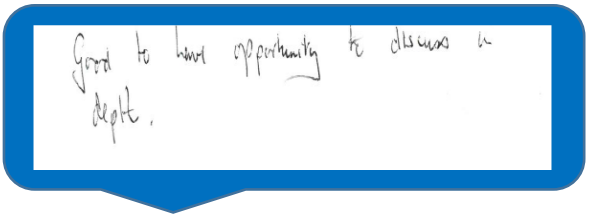
The existing training programme can be found at: http://www.safeguardingpeterborough.org.uk/availabletraining/.

This is a developing programme and it will continue to expand in the coming months.

73% of attendees at our courses said they were completely relevant.

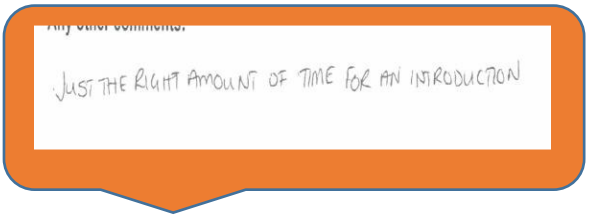


60% of attendees described the delivery at our training as Excellent, with a further 38% saying it was good/very good.



Annual Conference

Timed to coincide with the Awareness Month, the annual conference took place in March. This year's theme was "Safeguarding is Everyone's Business".



"A really good day - for learning and meeting people"

This was the first joint conference, and the aim was to introduce common topics and set a clear path for the way the SAB would work together in the future; there were presentations on Information Sharing and Making Safeguarding Personal as key areas where we must get it right and work together. Speakers included a local police officer who talked about a real case of elder abuse, and involved a member of the victim's family as part of the presentation. This made a real impact on delegates, and feedback received saying this was a powerful message. Similar feedback was also received for a presentation on the learning from a local SAR, where a key worker involved in the case gave a personal account of how it was for him.

"We need to know how we can share information"

A representative from CQC also spoke, and she told delegates about the good work that has been seen in our local services.

95 people attended the conference, with a good mix of delegates from across Cambridgeshire and Peterborough, and all key agencies were represented including CCG, CCC, PCC, Police, Residential and Domiciliary Care Providers, health, prison, probation and education.

At the end of the event delegations were asked to complete an evaluation; of the 95 delegates who attended, 79 completed the evaluation giving a completion rate of 83%.

Key points from the evaluation:

- Achievement of aims/outcomes – 90% rated this as good or excellent
- Delivery/Presentations – 79% rated as good or excellent
- Materials/Resources – 70% rated as good or excellent
- Organisation of event – 89% rated as good or excellent

Statutory Partners

The statutory members (Police, CCG and the Local Authorities) were asked to consider the following questions when outlining what they have done:

1. What has your agency done to embrace and embed the Safeguarding Principles?

- **Empowerment**
- **Prevention,**
- **Proportionality,**
- **Protection,**
- **Partnership**
- **Accountability**

2. What has your agency done to improve the safeguarding and welfare of adults in Cambridgeshire/Peterborough?

3. How does your agency evaluate its Safeguarding effectiveness and what evidence do you have?

4. How has your agency challenged itself and others to improve safeguarding arrangements?

5. What progress your agency has made against the Board priorities:

- **Domestic Abuse**
- **Neglect (including self-neglect and hoarding)**
- **Adults living with mental health issues**

Cambridgeshire Constabulary

Detective Superintendent Martin Brunning - Head of Public Protection

Cambridgeshire Constabulary is responsible for effective policing across the whole of Cambridgeshire, covering approximately 1,316 square miles of the East of England region. For policing purposes the county is divided into six districts, Peterborough, Huntingdonshire, Fenland, East Cambridgeshire, Cambridge City and South Cambridgeshire, each headed by a district commander with their own dedicated policing teams who know the local area inside out. Specialist officers and staff provide services such as major investigations, roads policing and public protection.

Primarily during 2017-18 there has been a drive within the Public Protection Department to continually develop awareness and expertise in the area of Adult Safeguarding. The Constabulary has maintained a dedicated Adult Abuse Investigations & Safeguarding Unit (AAISU). This is a specialist team comparison of 1 x Detective Sergeant, 4 x Detective Constables and 3 x Civilian Investigators. The team investigate offences where an offender is in a POT (Position of Trust). The offences are against Adults with care and support needs. They investigate offences ranging from Neglect/Rape or Serious Sexual Offences/Assaults/Fraud etc. They attend Professional's Meetings and conduct joint S42 visits with Social Workers. There is also a dedicated MASH resource to manage referrals relating to Adults at Risk. All these officers have completed training relating to Adult Safeguarding and to Making Safeguarding Personal.

1. What has your agency done to embrace and embed the Safeguarding Principles?

Evidence of the safeguarding principles can be found throughout AAISU investigations, in how our officers work with other agencies and in how we support victims. During the past 12 months there has been a drive to increase involvement in Section 42 Safeguarding enquiries even when no crime is immediately apparent, and we strive to ensure that MSP is at the heart of our investigations.

The development of co-location of the Cambridgeshire County Council Adults MASH alongside the investigation team has delivered benefits in terms of joint working, and continued visibility and contribution to SAB meetings and

sub-groups ensures that the Constabulary is engaged in actively working with partners at strategic and tactical level to improve safeguarding service delivery.

2. What has your agency done to improve the safeguarding and welfare of adults in Cambridgeshire/Peterborough?

In addition to the above, training events during autumn 2017 were dedicated to Adult Safeguarding. Under the heading "Recognising Vulnerability" over 100 officers from different teams received training relating to Mental Capacity, Deprivation of Liberty Safeguards, The Mental Capacity Act, and MSP principles and practice. These events were supported by cases studies and a panel of professionals who took part in a Q&A session.

An AAISU investigator also gave a presentation at the annual Safeguarding Adults Conference, talking about a local case where an elderly lady, who had Dementia was abused in her home by her paid carers. This case highlighted how we work with partners and support the victims and their families.

We have used internal and external media to promote the work of adult safeguarding and the ways in which we can support victims of abuse and neglect. We ensure appropriate referrals for ongoing support services are made and that information is shared correctly.

We have worked closer with our partners, for example doing joint visits with social workers where possible.

3. How does your agency evaluate its Safeguarding effectiveness and what evidence do you have?

We are developing our existing crime review methodology into regular monthly audits that will consider safeguarding across a range of disciplines including Adults. This is work in progress and includes:

- Op Sherlock – This is a Force Operation that was rolled out last year to improve the quality of crime investigations. Officers were given briefings on how to improve the initial investigation and also in relation to improved supervision of crimes. Safeguarding is an included part of the investigation. Crimes were dip sampled by a Detective Inspector / Detective Chief Inspector on a monthly basis and feedback given to Officers.
- Crime Reviews – The crime review is conducted by a Detective Sergeant and looks at the investigation as a whole, this includes actions completed and outstanding actions. It also looks at the Safeguarding aspect of the crime, this relates to the risks to the victim and also the risk that the suspect poses to the victim and other people. If the risk is high then this will make a difference to what safeguarding actions the Police decide (Marker on the victim's address/IDVA/Referral to MARAC/Arrest/Bail Conditions etc.)

4. How has your agency challenged itself and others to improve safeguarding arrangements?

As well as the measures outlined above the following training offered to police officers and partner agencies challenges us to improve our safeguarding arrangements:

- Recognising Vulnerability – PPD Training given by Adult Social Care in relation to the Mental Capacity Act and Safeguarding.
- Initial crime Investigators Development Programme (ICIDP) – 3 hour presentations given by an officer from the AAISU to the ICIDP course of newly qualified detectives, focused on offences of neglect. A similar course will soon be offered to probationers.
- Raising public awareness through promotion of court results to the media. TV and radio interviews done with Look East, Radio, Caught on Camera etc. Also national media coverage in papers to highlight cases where

adults at risk have been neglected by carers – to shows the consequences of actions for people who neglect/abuse adults at risk in their care.

5. What progress your agency has made against the Board priorities:

The work of the AAISU encompasses the priorities and aims to keep MSP at the heart of what we do, and in particular the following measures ensure we work towards the best outcomes:

- sharing of information through the MASH to Partner Agencies
- promoting more joint working with Social Workers from ASC/CPFT when a S42 investigation is commenced and a crime is identified, including joint visits to see the victim so each agency can work closely together, resulting in better joined up working and a better outcome for the victim.
- closer working with ASC MASH/CPFT to identify high risk cases and act immediately
- Victim Care Contracts completed with 100% compliance ensuring victims are updated in line with the Victim's Code.
- DVNA's completed and referrals made to the Victim's Hub for ongoing Support & signposting
- referral to MARAC if threshold met.
- referral to ISVA's for sexual offences

Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG)

Carol Davies - Designated Nurse for Safeguarding Adults

Cambridgeshire and Peterborough Clinical Commissioning Group ('the CCG') is one of the largest CCGs in England (by patient population), with 102 GP practices as members. They cover all GP practices across Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford). The CCG is responsible for planning and buying local NHS services for the local population, such as the care you receive at hospital and in the community, ensuring that the care and treatment delivered is of the best possible standards.

1. What has the CCG done to embrace and embed the safeguarding principles?

CAPCCG strives to prioritise the importance of safeguarding adults to the health and well-being of our population and continues to promote a culture of 'Making Safeguarding Personal'[1]. The safeguarding of adults is firmly embedded within the statutory duties of the CCG in order to promote well-being, prevent harm and respond effectively if concerns are raised. We are committed to working with partner agencies to identify all forms of abuse and maltreatment, ensuring that 'Safeguarding is everyone's business.'

In addition, services commissioned by the CCG are expected to comply with the Care Act 2014[2], Care and Support Statutory Guidance[3] and Care Quality Commission (CQC) regulations[4], as well as meeting the requirements of the NHS

[1] https://www.adass.org.uk/media/6137/msp-resources-2017-for-safeguarding-adults-boards.pdf

[2] http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

[3] https://www.gov.uk/guidance/care-and-support-statutory-guidance

[4] http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper

Contract[5]. The CCG is robust in holding commissioned Providers to account for their performance around Safeguarding Adults. This activity in turn contributes to raising awareness and promoting excellent practice by staff around the safeguarding and welfare of adults at risk locally.

Empowerment – People being supported to and encouraged to make their own decisions and informed consent.

The broad principles of 'Making Safeguarding Personal'[6] are mirrored in the NHS Constitution[7] and it is therefore an expectation that all NHS organisations work to these principles. Similarly, NHS staff are required to address the requirements within the Mental Capacity Act 2005[8] which aims to empower people to make decisions for themselves as much as possible and to protect people who may not be able to take some decisions.

***Prevention – It is better to take action before harm occurs*.**

The CCG fully supports a proactive approach to the avoidance of harm. Learning from past incidents via Safeguarding Adult Board (SAB) processes (e.g. Safeguarding Adult Reviews) is key for both the CCG and commissioned Providers. Lessons learned as a result of Serious Incidents[9] (SIs) which have safeguarding implications are shared across the local Health economy. The CCG also takes a system leadership role around Fatal Fire Reviews[10] and Domestic Homicide Reviews[11] to contribute towards the prevention of future harm. Responses to 'Whistle blowing' and complaints that have a safeguarding context equally provide an opportunity for learning.

During March 2018 (Safeguarding Awareness Month) the CCG arranged GP training events with Norfolk and Suffolk CCG colleagues for General Practice staff, and supported the Community Education Provider Network training events for GPs in particular. The CCG also delivered training in partnership with the SAB to staff and residents of Cross Keys Housing.

Proportionality – The least intrusive response appropriate to the risk presented.

There is an expectation that CCG staff and commissioned Providers will apply the principles of Making Safeguarding Personal[12] and the Mental Capacity Act[13] to acknowledge an adult's right to choose whether they want to engage with safeguarding processes. This would include respecting the notion of 'unwise' decision making, whilst remaining alert to the need to intervene under certain circumstances.

Protection – support and representation for those in greatest need.

Mindful of the potential need for patient support and representation, awareness of Advocacy Services is flagged in CCG staff training and we expect commissioned Providers to do so similarly. The CCG and commissioned Providers have also adopted 'Safer' recruitment practices in line with standard NHS requirements to reduce the likelihood of unsuitable staff being recruited.

Partnership – Local solutions through services working with their communities.

The CCG takes its responsibilities to partnership working in the safeguarding adults' arena

[5] https://www.england.nhs.uk/wp-content/uploads/2018/05/2-nhs-standard-contract-2017-19-particulars-service-conditions-may-2018.pdf Service Condition 32
[6] See 1.
[7] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
[8] https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance
[9] https://improvement.nhs.uk/resources/serious-incident-framework/
[10] A fatal fire review considers all community safety information gathered regarding the person who died in the fire and the circumstances of the fire, in order to identify organisational learning points that can be implemented
[11] https://www.gov.uk/government/collections/domestic-homicide-review
[12] See 1.
[13] See 8.

seriously. The CCG actively participates in the work of the Safeguarding Adult Board, including membership of the Joint Executive Board, the Board, Delivery Group and a range of sub-groups. The Designated Nurse has developed strong working relationships with the local healthcare community as Chair of the Health Safeguarding Group which links to the SAB. Similarly, the Designated Nurse meets regularly with the Head of Safeguarding for Adult Social Care and the Head of the SAB Business Unit.

Accountability – Accountability and transparency in delivering safeguarding.

There are Safeguarding Adult requirements specified by NHS England which apply to all NHS organisations, including both Providers and the CCG[14]. The CCG is also required to fulfil safeguarding obligations as part of the CCG authorisation process[15].

Commissioned Providers are expected to demonstrate compliance with measures around accountability and transparency in the Quality Schedule of the NHS Contract, and fulfilment of these measures is monitored via the Clinical and Contract Quality Review (CCQR) process.

2. What has the CCG done to improve the safeguarding and welfare of adults across Cambridgeshire as a whole?

The CCG is conscientious in actively engaging with SAB and partners locally, and as described previously is proactive in seeking assurance that local healthcare Providers are meeting their responsibilities too.

3. How does the CCG evaluate its Safeguarding effectiveness and what evidence do you have?

The CCG completed the SAB Safeguarding Self-Assessment Toolkit and believe that the SAB was sufficiently assured of the CCG's effectiveness. The CCG also participated in a pilot of an electronic Safeguarding Assurance Tool[16] led by NHS England which resulted in an overall rating of 'Green'.

4. How has the CCG challenged itself and others to improve safeguarding arrangements?

This is broadly described in previous sections.

Regarding the SAB Priorities;

- Domestic Abuse - To ensure that adults at risk of abuse and neglect are protected from all types of Domestic Abuse; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal. In this priority there will be a particular focus on elder abuse (over 65).

The Designated Nurse is a member of the Domestic Abuse and Sexual Violence Board, representing the Health economy, and is a Domestic Abuse Champion. The Health Safeguarding Group has begun a peer review exercise of their memberships' Domestic Abuse Policies.

- Neglect (including self-neglect and hoarding) - To ensure that adults, at risk of abuse and neglect, in all settings, are protected from neglect; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

The Designated Nurse was involved in the review of the SAB Self-Neglect and Hoarding Protocol and frequently participates in multi-agency 'Complex Case' discussions to support more effective management of such cases.

- Adults living with mental health issues - To ensure that adults at risk of abuse and neglect

[14] https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

[15] https://www.england.nhs.uk/wp-content/uploads/2012/04/ccg-auth-app-guide.pdf

[16] http://www.quiqsolutions.com/SAT.html

are protected`, and that practitioners are skilled and trained appropriately to recognise changes in symptoms and behaviours that may indicate a deterioration in their mental health and that a change in care management/planning is required; and when victims are identified they are provided with appropriate support to recover and are safeguarded in line with the principles of Making Safeguarding Personal.

The Designated Nurse works to influence best practice in this field as part of the working relationship with the primary provider of mental health services locally. Where required influencing CCG commissioning and contracting colleagues is undertaken.

Local Authority

Helen Duncan - Head of Adult Safeguarding/Principal Social Worker, (Cambridgeshire County Council and Peterborough City Council)

Debbie McQuade - Assistant Director Adult Operations, Adult Social Care, Peterborough City Council

1. What have you done to embrace and embed the Safeguarding Principles?

Cambridgeshire County Council

Initially there was a lack of clarity regarding process for dealing with Safeguarding for referrals that had complaint issues and complaints that had Safeguarding issues. The Safeguarding team has worked with the Customer Care Team to ensure that any complaint issues in safeguarding referral are properly addressed. Similarly there is now greater clarity regarding the process for ensuring that appropriate action is taken when a complaint that raises safeguarding issues is the received.

As part of Safeguarding Awareness Month presentations about Making Safeguarding Personal were given at:

- The Adult Social Care Forum,
- Learning Disability Partnership Board,
- Older People's Partnership Board
- Physical Disability & Sensory Impairment Partnership Board meetings.

The Care Act – "Making Safeguarding Personal" (MSP) Principles have been embedded as quality measure themes within both operational Case File and Thematic Audit frameworks; this has included:

- Core Format - Case File Recording Standards – self-audit implemented from 01/02/2018
- Reflective Professional Practice – management audit implemented from 01/02/2018
- Care & Support Planning – thematic audit undertaken during December 2017
- Carers Assessment & Support planning – thematic audit undertaken during January 2018
- Safeguarding Adults S42 Enquiries – thematic audit undertaken during February/March 2018
- Mental Capacity Act Assessment – thematic audit to be undertaken during 2018

The Adults Principal Social Worker attended IDVA Team meeting to discuss overlap between IDVA and Adult Safeguarding processes. DASV Adult SG Lead attended Adult SG refresher training to ensure any advice given to IDVAs embraces MSP and Safeguarding.

The Counting Every Adult (CEA) Service at Cambridgeshire County Council works with the most chaotic and excluded adults in the county to improve outcomes for individuals and for society as a whole. Individuals with multiple and complex needs have a disproportionally large impact across services such criminal justice, housing, mental health, substance misuse, domestic violence and tenancy support due to the chaotic lifestyles that they lead. The service is widely recognised as a national leader in the field of supporting multiple needs individuals, as an example of good practice, has featured at UK conferences and in the local and national press.

The six core safeguarding principles underpin and encapsulate all work undertaken by CEA; their

key priority of client-led support being "person 1st, service user 2nd". This empowering approach to support has continued to be promoted during 2017/2018; with ongoing exploration of development opportunities. Additionally the six core principles are embedded in our cross partner operational work. Working closely with services such as the Police, CPFT, Housing and a wide number of voluntary sector organisations, CEA encourages frontline workers to embrace the principles in their work around multiple disadvantaged individuals as well as creating this culture within their own services.

Adult Principal Social Worker joint delivers both the Safeguarding Training and Mental Capacity Act training to further embed the MSP principles and support practitioners to have the confidence to challenge systems that may not support this.

Peterborough City Council

There continues to be a dedicated Safeguarding Team Manager who line manages the Safeguarding Lead Practitioners and Co-ordinator. This ensures a consistent response to concerns being raised at MASH. We had a provider shadow MASH for part of the day and the feedback from them was extremely positive and helped them understand the information required when referring concerns that enabled MASH to make appropriate decisions on risk and the need for S42 work. The team have links to MARAC, attend meetings with Channel, Quality Improvement Team and CQC. The leads organise and facilitate CPD sessions for staff .PCC & CCC MASH managers have met and shadowed each other to understand and share best practice.

All staff are required and supported to attend the safeguarding board awareness training. Awareness training is also provided on a bespoke basis to teams where identified as a need. All social workers are required and supported to attend leading safeguarding enquiries training which is scheduled twice a year. The content of which supports the safeguarding principles:

- The safeguarding process, current themes and approaches, messages from research and application to practice, including new safeguarding legislation
- Explore safeguarding concerns in the community and institutional care
- Further learning on consent, information sharing, mental capacity, etc.
- Practice risk assessment and outcome focused planning
- Application of procedures and guidance
- Evaluating and Recording safeguarding concerns

Evaluation of training:

100% of delegates rated the course as good or excellent overall.

Describe how you are going to apply the skills and knowledge gained from the training:

- Safeguarding - ensuring follow the Care Act law. Collaborative multi agency working.
- Triangle of evidence. HRA & interaction with safeguarding.
- Care act principles. Inform staff. Reflections/discussions with staff. Supervise safeguarding enquiries closely within the team.
- Involving the MDT in safeguarding enquiries - effective communication at all times. Empowering the service user & ensuring their safety at all times. Ensuring/share knowledge on safeguarding concerns to the team confidently.
- Use of the Care Act safeguarding principles when conducting my first enquiry under mentoring of our team. Be more aware of Human Rights relevant articles to guide my practice.
- Better evidence gathering. Overarching legislation.
- Use the balance of probability scales. Checks & balances for the low human rights being contravened.

- Applying human rights to audits. Weighing evidence. Burden of proof.
- Think about dignity and find a way of implementing this.
- Treating people with dignity & value under Human Rights. Understanding the frameworks to include when undertaking safeguarding e.g. Human Rights & MC.
- Using the safeguarding principles & applying to the situation. For example how has the service user been empowered? Using the evidence domains - observation, communication & writing during all visits. Also looking at the bigger picture.

These principles are embedded as standard in the operational practice of services. The Client Income Service supported 3 clients during 2017/18 to take back responsibility for managing their own financial affairs. This followed a period where the Local Authority managed these clients' finances as corporate appointee either because of a crisis, or because they were asked to do so because client felt unable to manage their own finances.

The PCC in-house Older People's Day Service has supported and assisted many clients to maintain their independence and health & wellbeing in a range of ways for example, recognizing self-neglect in terms of not eating well and making arrangements for food shopping / supporting with meal preparation / provision of a choice of hot meals at the day centre / giving general encouragement to eat, making appointments with GP's and supporting clients to take medication to help avoid hospitalisation, carrying out small remedial repair tasks in the home to help with security e.g. fitting coloured key fobs to help identify the right key, putting clients in touch with the Council's handyperson & Care & Repair teams to carry out other property adaptations e.g. grab rails, access ramps and rails etc.

The Client Income Service has also continued to offer support with daily living finances in the form of appointeeship to vulnerable adults who are struggling to manage, thus preventing build-up of debt / unpaid bills especially rent, utilities etc. and reducing the risk of financial abuse, self-neglect

Q2 - What have you done to improve the safeguarding and welfare of adults in Cambridgeshire and Peterborough?

Cambridgeshire County Council

Within in the Customer Care Team all team members have received refresher training in Safeguarding Awareness and are aware of who to contact should they become aware of that abuse may be taking place. For example a complaint was received stating that a terminally ill man had been discharged from hospital with no care and support arrangements. On receipt of the complaint the Principal Social Worker was made aware and the Complex Care team were made aware of the situation and made urgent arrangements to ensure that appropriate care was put in place

Each of the thematic audits undertaken from December 2017 to date is supported by an Action Plan designed to advance improvements in the safety, well-being and welfare experiences of adults in Cambridgeshire.

The suite of Practitioner Factsheets, available to all staff involved in Adult Social Care services in Cambridgeshire, is directly linked to statutory duties/responsibilities and is subject to an ongoing review and updating process, in order to promote and improve the safety, well-being and welfare of the people who use, or are in contact with, services and their carers.

The Partnership Support Officer (Domestic Violence/Abuse) participated in audit of Domestic Abuse/Adult Safeguarding/Adult Social Care cases – a multi-agency action plan is being taken forward from this audit. Developed a DA/AS/ASC Action Plan with specific actions related to safeguarding to feed into main VAWG Action Plan.

In the pursuit of ongoing development and improvements to the safety, welfare and well-being of local citizens with multiple and complex needs, the CEA service has, in partnership with Cambridge City Council, worked on the expansion of the existing local "Housing First" scheme which meets the needs of those individuals who have been refused accommodation based support – typically because they are deemed to pose a risk to other residents or because their needs are too high or too complex. This expansion is planned to commence during the summer of 2018 and is a 3 year funded programme designed to inform the creation of a "Homelessness Pathway" with/for single people.

In addition, the Cambridgeshire CEA service has been accepted to form part of the new national "Making Every Adult Matter" (MEAM) study which will look at 25 areas, rising to 40, over three years and provide a full impact assessment of work with adults with multiple needs. Taking part in this study will provide a valuable opportunity to share learning with other authorities, generate some robust evaluation data and help Cambridgeshire shape the future delivery model. CEA is also working with MEAM to improve client participation with a view to achieving true co-production of services.

CEA have ensured that a number of adults in Cambridgeshire have received vital services when they were at risk of exclusion or so peripheral to services that they were not engaged with any treatment or support. CEA do this routinely with individuals who they become aware of but do not work with on the basis that we cannot ignore and adult at risk just because they are not eligible for our service. In doing this we have, on occasion, had to challenge internal working practice as well as external.

The DOLS 'team has formulated an action plan to constructively address the back log of DOLS' applications and also reviewing systems within the Team. In particular, aiming to prioritise all of them in accordance to the ADASS' Priority Tool and ensuring the high priority cases will be assessed and responded to.

Peterborough City Council

By recognising that safeguarding is a core and key priority embedded across all areas of service that have contact with or relate to individuals, and by making sure that the profile of safeguarding is continually high by ensuring it is a feature of 1:1;s team meeting agendas, annual appraisals etc.

Q3 - How do you evaluate your Safeguarding effectiveness and what evidence do you have?

Cambridgeshire County Council

In 2016/17 5% (7 of 140) of complaints had some safeguarding concerns this increased in 2017/18 to 8% (13/163). This increase, in part indicates an increased staff awareness of what constitutes a safeguarding issue.

All audits undertaken (as recorded above) are designed to evaluate the effectiveness of current practice and processes in line with MSP Principles. Evaluation of the evidence gathered has directed the development of clear and time-scaled plans of action. All supporting evidence is available for review.

Quarterly performance data on the percentage of IDVA clients with a safety plan in place. DA victims with a safety plan are at less risk of homicide than those with no safety plan.

Internal audit is undertaking an audit of the DOLS' procedures and processes.

Peterborough City Council

Alert and aware to safeguarding concerns and effective in response to these - but not complacent. There have been a number of safeguarding alerts raised by staff in these service areas which have resulted in safeguarding investigations and good outcomes for service users e.g. PCC acting as corporate appointee/deputy in managing and safeguarding client finances, improvements in client

condition/wellbeing due to interventions at home or increased say service attendance.

The work of the Quality Assurance team, outlined below, also challenges our safeguarding effectiveness.

Q4 - How have you challenged itself and others to improve safeguarding arrangements?

Cambridgeshire County Council

Reviewing statistics and practice at weekly meetings and also on a quarterly basis

Peterborough City Council

Safeguarding is a constant theme in all areas of activity where direct contact/dealings with clients is had, and also is a regular theme at team meetings, in 1:1's, and at annual staff appraisals. Mandatory safeguarding training is also completed as necessary, and regular contributions are made to safeguarding investigations e.g. to provide advice/information/evidence on financial abuse, and asking for/contributing to care and support reviews.

Q5 - **What progress have you made against the Board priorities?**

Cambridgeshire County Council

Where practice issues are identified as part of a complaint investigation we work closely with CPFT. An example of this involved a complaint about the care and support provided to a man with Mental Health issues. The complaint went to the Local Government Ombudsman (LGO) and the investigation showed that there needed to be further training carried out with regard to assessments reviews and contingency planning. As a result a training day was subsequently delivered to CCC and CPFT staff.

Full participation in the SAB coordinated Domestic Abuse Multi-agency Thematic Audit.

Domestic Abuse Partnership have been fully involved in the DA Audit and work closely with CPFT to improve professional responses to DA and SV across the trust.

The thematic audits introduced in CCC are all in line with the SAB priorities and also follow the order of the MSP principles.

Peterborough City Council

Neglect

The need has been identified for reablement and other HSDM workers to develop an awareness of neglect and hoarding- bespoke training has now been planned (2018)

Adults living with mental health issues

Provision of mental health awareness training in 2017/18. Advanced training will be provided in 2018/19 including a focus on section 117 aftercare.

Quality Assurance Audit

The QA team continue to audit MASH contacts, S.42 safeguarding enquiries on a regular basis. Within the last six months two thematic audits and a contact dip sample were completed, which all involved part of the adult safeguarding process. A total of 100 cases were audited (20 from each audit and 60 from contact dips) and each were presented to Senior Management within Adult Social Care. A summary of each can be found below, along with common areas of good practice, and areas for development.

S.42 Enquiry Audit: The most recent s.42 audit showed improvement compared to the previous two audits, highlighting examples of good practice as well as areas for further development. Adult Social Care, including CPFT, appropriately identified and responded to risks and effectively safeguarded adults at risk. There was evidence of well-coordinated multi-agency working and cooperation although a more consistent approach to the consultation and involvement of the Quality Improvement Team is required.

There was good evidence of making safeguarding personal principles. Staff adopted a person-

centred and outcomes-based approach, ensuring adults at risk or their families were empowered and supported where necessary to express their preferred outcomes. They were consulted, fully involved, regularly updated on progress and given feedback on outcomes achieved.

There is a need to ensure that all information relevant to safeguarding enquiries is recorded on Framework. While acknowledging that there will be variation between cases, there is a need to ensure adherence, where possible, to the guideline timescales published in the Cambridgeshire and Peterborough Safeguarding Adults Board Procedures October 2017. There was evidence that Adult at Risk meetings contributed to positive outcomes for the adult at risk and their family as well as improving partnership working and enhancing organisational learning.

Self-Neglect Audit: This audit shows that organisationally, there is good knowledge of self-neglect and workers have confidence in their ability to identify its signs and symptoms. However, there appears to be a lack of awareness and knowledge of local guidance on multi-agency policy and procedures to support those who self-neglect and exhibit hoarding behaviour. The majority of those with previous involvement of self-neglect felt that they had sufficient prior training, found reflective practice valuable and had adequate supervision and management oversight.

There are concerns about the efficiency and effectiveness of safeguarding enquiries. Timescales from referral to MASH decision, including high risk cases, and from enquiry start to conclusion were not consistently within local guidance timescales. In addition, the audit indicated that not all safeguarding concerns were triaged via MASH, as two referrals were sent directly to the allocated CPFT worker for an adult already under their support. Potentially, some information relevant to safeguarding enquiries, including management discussion and oversight, is only recorded on the RiO recording system and not copied across to Frameworki recording system.

Staff consistently assessed capacity, considered all information relevant to the case and conducted a proportionate, person-centred enquiry in light of identified risk. Records should be clear, analytical and jargon-free. There is a need for broader analysis to help understand why some adults do not want to engage or accept care and support. While effective joint agency working is evident, better use of multi-agency risk management meetings and SMART planning would ensure a more holistic and coordinated approach to self-neglect cases.

Embedding organisational awareness and understanding of local safeguarding adults board procedures and multi-agency policy and procedures to support people who self-neglect and display hoarding behaviours will improve practice and service delivery enabling better health and wellbeing outcomes for adults at risk.

MASH Contact Dip: Action taken by the MASH in response to safeguarding concerns were consistent and proportionate to the initial concern. Work conducted was timely, and considerate of both adults and children involved in the concern. Risk assessments conducted by the MASH varied quality, and documentation of decision making did not always incorporate the completed risk assessment.

Work conducted was person centred and some adults were involved in the process and were empowered to express their desired outcomes in relation to the safeguarding concern. The use of advocates was considered where appropriate, however the independence and suitability of some family members acting as advocates should be considered at all times.

Where there is a requirement to question an adult's capacity and to conduct a Mental Capacity Assessment there should be clear documentation that this has been considered.

It is important that the MASH and QI Team work together in an effective way where safeguarding referrals are raised in relation to independent providers. NoCs were completed where required, but it is unclear if issues raised in safeguarding concerns that may affect other service users would be dealt with as part of a collaborative effort by QI and MASH.

Good Practice Areas: The following areas of good practice were identified:

- Mental capacity was considered in the majority of cases, and capacity assessments were completed when required.
- Enquiries were proportionate, comprehensive and person-centred.
- Decision making considered historical involvement.
- Evidence of consideration and response to diversity was found.
- Up to date protection plans were present.
- The adult at risk's family or representative were given appropriate feedback.
- Notifications of Concern (NOC) were raised where appropriate.
- Providers contributed to safeguarding enquiries where appropriate.

Areas for Further Development

The following areas for further development were identified:

- Where possible, safeguarding enquiries should adhere to the timescales suggested by local Safeguarding Adults Board guidance to ensure efficiency and effectiveness.
- All relevant and up to date information relating to safeguarding cases should be recorded on Framework and not just on RiO, CPFT's recording system.
- Ensuring the adult at risk's response is recorded where advocacy is offered.
- Ensuring a coordinated joint agency approach to self-neglect cases, holding multi-agency risk management meetings and producing SMART plans where appropriate.
- Ensuring better management oversight by the allocated worker's manager in both ASC and CPFT and all management discussions are recorded in Framework.
- Case recording should be clear, analytical and jargon-free.
- Increasing organisational awareness of the knowledge and practice hub on self-neglect on CC Inform across ASC and CPFT.
- Risk and Strengths Assessment in the MASH Safeguarding Triage Assessment requires consistency in its completion.
- Consent needs to be considered and discussed with all adults.
- When recording the adult's voice, the specific words used by the adult should be recorded in order to capture their direct voice.
- Safeguarding concerns relating to independent providers should consider the potential wider impact on other service users, as others may have been effected by a similar issue.
- Adult at risk meeting minutes should be uploaded to the record in FWi within a reasonable timescale.

Appendix 1 Glossary and Jargon Buster

GLOSSARY AND JARGON BUSTER

ADASS	Association of Directors of Adult Social Care
ASC	Adult Social Care
CCC	Cambridgeshire County Council
CCC	Cambridge City Council
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services
CPFT	Cambridgeshire and Peterborough Foundation Trust
CQC	Care Quality Commission
CRC	Community Rehabilitation Company
CUHT	Cambridge University Hospital Trust
DASV	Domestic Abuse and Sexual Violence
GP	General Practitioner
LeDeR	Learning Disabilities Mortality Review
LGA	Local Government Association
LGO	Local Government and Social Care Ombudsman
LSCB	Local Safeguarding Children Board
CPSCB	Cambridgeshire and Peterborough Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MASH	Multi-Agency Safeguarding Hub
MSP	Making Safeguarding Personal
NACRO	National Association for the Care and Resettlement of Offenders
NHS	National Health Service
NOC	Notification of Concern
NPS	National probation Service
NWAFT	North West Anglia Foundation Trust
PCC	Peterborough City Council
QEG	Quality and Effectiveness Group
QI	Quality Improvement
SAB	Safeguarding Adults Board
CPSAB	Cambridgeshire and Peterborough Safeguarding Adults Board
SAR	Safeguarding Adult Review
SSAFA	Armed Forces Charity
YOS	Youth Offending Service

Adult at risk is a person aged 18 or over who is in need of care and support regardless of whether they are receiving them, and because of those needs are unable to protect themselves against abuse or neglect.

Adult safeguarding means protecting a person's right to live in safety, free from abuse and neglect.

Adult safeguarding lead is the title given to the member of staff in an organisation who is given the lead for Safeguarding Adults.

Advocacy taking action to help people who experience substantial difficulty contributing to the safeguarding process to say what they want, secure their rights, represent their interests and obtain the services they need.

Best Interest - the Mental Capacity Act 2005 (MCA) states that if a person lacks mental capacity to make a particular decision then whoever is making that decision or taking any action on that person's behalf must do so in the person's best interest. This is one of the principles of the MCA.

Appropriate individual within this document an 'appropriate individual' is a person who supports an adult at risk typically but not exclusively in an advocacy role, and is separate to an Appropriate Adult as described above.

Care Act 2014 - The Care Act 2014 introduces major reforms to the legal framework for adult social care, to the funding system and to the duties of local authorities and rights of those in need of social care

Care setting is where a person receives care and support from health and social care organisations. This includes hospitals, hospices, respite units, nursing homes, residential care homes, and day opportunities arrangements.

Carer someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.

Commissioning is the cyclical activity, to assess the needs of local populations for care and support services, determining what element of this, needs to be arranged by the respective organisations, then designing, delivering, monitoring and evaluating those services.

Concern is the term used to describe when there is or might be an incident of abuse or neglect.

Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

Enquiry (Section 42 Enquiry) establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. Previously this may have been referred to as a 'referral'

Enquiry Lead is the agency who leads the enquiry described above.

Enquiry Officer is the member of staff who undertakes and co-ordinates the actions under Section 42 (Care Act 2015) enquiries.

Independent Domestic Violence Advocate - Adults who are the subject of domestic violence may be supported by an Independent Domestic Violence Advocate (IDVA). IDVA's provide practical and emotional support to people who are at the highest levels of risk. Practitioners should consult with the adult at risk to consider if the IDVA is the most appropriate person to support them and ensure their eligibility for the service.

IMCA (independent mental capacity advocate) established by the Mental Capacity Act (MCA) 2005 IMCAs are mainly instructed to represent people where there is no one independent of services, such as family or friend, who is able to represent them. IMCAs are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care reviews or adult safeguarding concerns.

Independent Sexual Violence Advocate (ISVA) - is trained to provide support to people in rape or sexual assault cases. They help victims to understand how the criminal justice process works and explain processes, for example, what will happen following a report to the police and the importance of forensic DNA retrieval.

LGBT (lesbian, gay, bisexual and transgender) is an acronym used to refer collectively to lesbian, gay, bisexual and transgender people.

Making Safeguarding Personal is about person centred and outcome focussed practice. It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people, and is personal and meaningful to them.

Natural justice refers to the principles and procedures that govern the adjudication of an issue, which should be unbiased, without prejudice, and there is equal right to being heard.

Position of trust refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or to intentionally abuse or neglect someone who is vulnerable and unable to protect him or herself.

Procurement is the specific function to buy or acquire services which commissioners have duties to arrange to meet people's needs, to agreed quality standards, providing value for money to the public purse.

Public interest is a decision about what is in the public interest needs to be made by balancing the rights of the individual to privacy with the rights of others to protection.

Regulated Provider is an individual, organisation or partnership that carries on activities that are specified in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sexual Assault Referral Centres (SARC) is for people who have been raped or sexually assaulted.

Victim Support is a national charity, which provides support for victims and witnesses of crime in England and Wales. It provides free and confidential help to family, friends and anyone else affected by crime, which includes information, emotional and practical support. Help can be accessed either directly from local branches or through the Victim Support helpline.

Appendix 2
Board Administration and Budget Contributions

Key Roles and Relationships

Dr Russell Wate, QPM, is the Independent Chair of the CPSAB and is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions.

The Chair is accountable to the **Chief Executive of Peterborough City Council and Cambridgeshire County Council** and they met frequently during 2017/18. **The Corporate Director of People and Communities** for both Local Authorities also continued to work closely with the Chair on related safeguarding challenges.

The Lead Member for Adult's Services in Peterborough and the **Chairman of Adult & Young People Committee** in Cambridgeshire are "participating observers" of the CPSAB; engaging in discussions but not part of the decision making process which provides the independence to challenge the Local Authority when necessary.

The CPSAB Business Unit

The Cambridgeshire and Peterborough Safeguarding Board Business Unit supports both the Adult and Children's Safeguarding Boards and is made up of the following members of staff;

- Head of Service (Children's Lead)
- Service Manager (Adults Lead)
- Safeguarding Board Officer – Adult's Lead 0.8 FTE
- Safeguarding Board Officer – Children's Lead
- Communication and Online Safeguarding Lead
- Exploitation Strategy Coordinator
- Practice Improvement and Development Lead x 1.5
- Safeguarding Adults Board Trainer 0.8 FTE
- Business Support Officer - Full-time x2
- Business Support Officer - Part-time x2

Board Finances

Historically, there have been two Safeguarding Adults Boards across Cambridgeshire and Peterborough. Each Board had a different funding formula and business unit structure to support and drive forward the work of the Boards, and safeguarding in the two local authority areas.

During 2017, the two SAB's were amalgamated to form a single countywide SAB and the two Local Safeguarding Children Boards were also amalgamated to form a single countywide LSCB. As part of the changes the existing business units for all of these boards were merged into a single Adults and Children's business unit.

Partner contributions towards the SAB budgets for 2017/18 are broken down as follows:

Adults Board	Cambridgeshire	Peterborough
Cambridgeshire County Council*	£20,000	-
Peterborough City Council	-	£37,992.00
Police (via the Office of Police and Crime Commissioner)	£35,000	£35,884.00
NWAFT	-	£4,750.00
CPFT	-	£4,750.00
CCG	-	£4,750.00
Total	**£55,000**	**£92,876.00**
** CCC contributes additional funds for a full time SAB trainer		

Board Membership & Attendance

This year has been unusual in that the re-structure of the Boards led to there being only two meetings each for the Board and Delivery Group.

Cambridgeshire and Peterborough Safeguarding Adults Board

Attendance of partner organisations. 2 meetings held between January 2018 and March 2018

	Number of seats allocated	Attendance	%
Safeguarding Boards Independent Chair	1	2	100.00%
Assistant Director Commissioning & Commercial Operations, Cambridgeshire & Peterborough Local Authorities	1	1	50.00%
Assistant Director, Children's Social Care (Cambridgeshire)	1	0	0.00%
Assistant Directors, Adult Social Care, Cambridgeshire & Peterborough Local Authorities	2	2	100.00%
Cambridge Regional College	1	1	50.00%
Chief Executive Officer, Healthwatch	1	1	50.00%
Chief Executive, Cambridgeshire Age UK (representing voluntary sector)	1	2	100.00%
Deputy Director and Head of Cambridgeshire Local Delivery Unit, BeNCH CRC	1	2	100.00%
Deputy Director Patient Quality & Safety, CCG	1	0	0.00%
Designated Nurse for Safeguarding Adults, CCG	1	2	100.00%
District Council Representatives	1	1	50.00%
Head of Cambridgeshire Local Delivery Unit, National Probation Service	1	2	100.00%
Head of Public Protection, Cambridgeshire Constabulary	1	2	100.00%
Head of Safeguarding, Cambridgeshire Fire & Rescue	1	2	100.00%
HM Prison representative	1	1	50.00%
Housing association representative (Axiom housing)	1	1	50.00%
Further Education	2	2	100.00%
Representatives of the Community Network Group	1	2	100.00%
Senior Locality Manager, East of England Ambulance Service	1	2	100.00%
Service Director, Adult's & Safeguarding, Cambridgeshire & Peterborough Local Authorities/Regional Housing Representative	1	1	50.00%

Cambridgeshire and Peterborough Safeguarding Adults Delivery Group

Attendance of partner organisations. 2 meetings held between January 2018 and March 2018

	Number of seats allocated	Attendance	%
Safeguarding Boards Independent Chair	1	2	100.00%
Adult Safeguarding Manager, Cambridgeshire County Council	1	2	100.00%
DCI representative, Public Protection Department, Cambridgeshire Constabulary	1	2	100.00%
Designated nurse for safeguarding adults, CCG	1	2	100.00%
District Council Representative	1	1	50.00%
Drugs and Alcohol Action Team	1	1	50.00%
East of England Ambulance Service	1	0	0.00%
Head of Commissioning, Social Care, Cambridgeshire & Peterborough Local Authority	1	1	50.00%
Head of Service, Assessment and Care Management, Peterborough Local Authority	1	2	100.00%
Head of Adult Safeguarding, Cambridgeshire County Council	1	2	100.00%
Healthwatch representative	1	1	50.00%
CCS (Cambridgeshire Community Service NHS)	*1*	*0*	0.00%
CPFT (Cambridgeshire & Peterborough NHS Foundation Trust)	*1*	*2*	100.00%
CUH (Cambridgeshire University Hospital)	*1*	*1*	50.00%
Hinchingbrooke Healthcare (North West Anglia NHS Foundation Trust)	*1*	*2*	100.00%
Papworth Hospital NHS Foundation Trust	*1*	*1*	50.00%
Peterborough City Hospital (North West Anglia NHS Foundation Trust)	*1*	*1*	50.00%
Cross Keys Homes	*1*	*0*	0.00%
Peterborough Care	*1*	*0*	0.00%
Representatives of Community Network Group	1	2	100.00%

Safeguarding Lead, Safeguarding and Quality Assurance, Peterborough City Council	1	0	0.00%
SSAFA representative	1	0	0.00%
Team Leader BeNCH CRC	1	2	100.00%
Team Leader, National Probation Service	1	2	100.00%
Peterborough Church of England Diocese	1	1	50.00%

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Cambridgeshire and Peterborough Safeguarding Children Board

Annual Report 2017/18

Foreword

BY DR RUSSELL WATE QPM, INDEPENDENT CHAIR PETERBOROUGH SAFEGUARDING CHILDREN BOARD

It gives me great pleasure to present to you the combined Cambridgeshire and Peterborough's Safeguarding Children Board annual report for the period April 2017 – March 2018. The report outlines both the activity and the contribution of the Board and its partners that has taken place during the last year. The year has been a very challenging one for all agencies. There have been numerous changes and restructures in all of our key agencies including both local authorities, the police and aspects of health agencies. It is a real testimony to the high regard that agencies have for safeguarding that this is always at the forefront of their changes, the want to continue to protect our children and young people. I would like to thank all of the Board members (in particular the Lay Members) and their organisations, especially the front line staff, for the hard work they have carried out to keep children and young people safe from harm in Cambridgeshire and Peterborough.

The overarching objectives through Working Together 2015 are to:

1. Co-ordinate what is being done by each person or body represented on the board to safeguard and promote the welfare of children in Cambridgeshire and Peterborough
2. Ensure the effectiveness of what is done by each such person or body for those purposes.

You will see in the report that we have worked well through our priorities for the year. Some of these priorities we share with our partner boards, for example we have and continue to work very closely with the Countywide Community Safety Partnership. This ensures no duplication and that we support each other's work going forward.

Within the time period covered by this report we have not published any Serious Case Reviews (SCR) however we have been working on a number during the year that will published in the next reporting period. We have already in some of these cases embedded the learning that has arisen from the review.

The Children and Social Work Act 2017 has meant that we have had to think how we do things differently when Safeguarding boards, in about 18 months' time, change to be called multi-agency partnerships. I am pleased to say that the board and its partners have already put in place plans for these changes. We have already combined the safeguarding children boards for both areas.

In the last year a lot of activity has taken place on implementing a partnership neglect strategy. Our challenge now is to make sure these are embedded further in our front line practitioners' daily work.

We, as a Board, feel the next year is an exciting one for us with lots of opportunities for the partnership to continue our work and to move to be a very good, if not outstanding, Safeguarding Board.

Finally I would like to thank Jo Procter and all of her team for their unstinting commitment to the work of the Board and keeping children in Cambridgeshire and Peterborough safe.

Dr Russell Wate QPM

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Safeguarding in Peterborough

Safeguarding in Peterborough 2017/18 Snapshot

Approximately **53000** children live in the city

27% of the total population of the City

153 languages are spoken in schools

18.7% of children are living in poverty

1284 Total number of Violent or sexual offences against under 18s

9998 Total number of contacts to Children's Social Care for April 2016 - March 2017

1995 contacts to Children's Social Care with the reason of domestic abuse/DV

1381 Total number of Domestic Abuse incidents where children were present

53 Total number of Repeat Domestic Abuse incidents where children were present

579 Cases / **209** repeat cases discussed at MARAC

1797 contacts and **38** referrals to Children's Social Care with an outcome of Early Help

1801 Total number of Early Help Assessments completed during the year

2998 Total Number of single assessments completed

1098 Number of open Children in Need cases (as of March 2017)

230 Number of children on a CP Plan (as of March 2017)

353 Number of looked after children (as of March 2017)

398 Children reported missing from Home or Care

98 Children and young people missing from Home or Care for two days or more

17 Children identified as being at risk of Child Sexual Exploitation

222 Allegations against staff who work or volunteer with Children and young people

4 Children Privately Fostered

Local Context

Peterborough is noted in the 2018 Centre for Cities report 'Cities Outlook 2018' to be the fourth-fastest growing city in the UK, behind only Exeter, Coventry and Cambridge City[1].

Population density is highest in Peterborough among the urban, relatively deprived areas towards the centre of the Local Authority, although Peterborough also has some rural areas towards its outer boundaries, which tend to be more sparsely population and less deprived.

Approximately 53,000 children and young people under the age of 19 live in Peterborough, which is 27% of the total population in the area.

Peterborough has an increasingly diverse population where 153 languages are spoken in Peterborough schools. There is a growing number of children and families moving to the city from Central and Eastern Europe.

School children and young people from minority ethnic groups account for 47.6% of all children living in the area, compared with 31% in the country as a whole. The largest minority ethnic group of pupils is still Asian Pakistani, reflecting earlier patterns of migration. However, this group as a proportion of the school population is now relatively stable, whilst the population of Polish and Lithuanian children in Peterborough schools increased by 19% and 13% respectively between October 2013 and October 2014.

32% of children and young people in Peterborough schools do not have English as their first language compared to the national average of 14%.

In 2011, 64% of Peterborough schools was classed as Segregated. By 2016, this rose to 75%

The child population in this area

		Local	Region	England
Live births (2016)		3,076	72,250	663,157
Children aged 0 to 4 years (2016)		16,300 8.3%	379,000 6.2%	3,429,000 6.2%
Children aged 0 to 19 years (2016)		53,100 27.0%	1,450,900 23.7%	13,107,000 23.7%
Children aged 0 to 19 years in 2026 (projected)		58,000 27.2%	1,582,200 23.8%	14,065,900 23.8%
School children from minority ethnic groups (2017)		15,114 47.6%	189,781 24.4%	2,132,802 31.0%
School pupils with social, emotional and mental health needs (2017)		662 1.8%	19,881 2.2%	186,793 2.3%
Children living in poverty aged under 16 years (2015)		18.7%	13.9%	16.8%
Life expectancy at birth (2014-2016)	Boys	78.6	80.4	79.5
	Girls	82.2	83.7	83.1

Source: Public Health England Child Profiles 2018

Child and Family Poverty in Peterborough

Peterborough remains a local authority with relatively high levels of deprivation, as measured by the Income Deprivation Affecting Children Index (IDACI), which forms part of the Index of Multiple Deprivation (IMD).

Among Peterborough's CIPFA (Chartered Institute of Public Finance and Accountancy) comparator group of 15 socio-economic neighbours, Peterborough has moved from being the fifth-most deprived local authority to the fourth-most deprived.

Levels of deprivation are particularly high in areas near the centre of Peterborough and there is a higher concentration of relatively deprived areas towards the south of the geographical area that comprises Peterborough. Deprivation, as measured by the Income Deprivation Affecting Children Index, is markedly less prevalent in Peterborough's more affluent, rural wards.

The health and wellbeing of children in Peterborough is generally worse than the England average.

[1] http://www.centreforcities.org/wp-content/uploads/2017/01/Cities-Outlook-2017-Web.pdf

Early Help

Early Help delivery in Peterborough is based on a commissioning model. The Early Help service supports practitioners and professionals in the field to take on the role of Lead Professional, complete Early Help Assessments and co-ordinate services around the family. Interventions and services to support families are, in the main, commissioned and delivered by external partners, many of whom are third sector organisations.

Partners are encouraged to open an Early Help Assessment if there is more than one unmet need requiring a multi-agency response, on an electronic case management system known as the Early Help Module. Training is provided for all professionals who might need to complete an Early Help Assessment with a family or contribute to one that another professional has started. The Liquid Logic Early Help Module shares the same database of families as the Children's Social Care system on Liquid Logic which supports the step-up and step-down process.

Accessing Targeted Support within Early Help

Greater support and access to targeted resources where needed can be accessed via a range of Early Help panels in Peterborough including three locality based Multi-agency Support Group (MASG) panels; Primary Behaviour Panel; and 0-5 Early Support Pathway.

Partner engagement with Early Help

Between April 2017 and March 2018 there has been 1761 individual child/young person assessments opened contributing to 1135 grouped episodes (or whole family assessments) representing 241.8 children/young people per 10,000 population age 0-17. This demonstrated continued engagement and commitment from partners to supporting children and young people with Early Help support. The focus in Peterborough is to ensure that Early Help Assessments are opened on those most in need of support, building resilience in families to be able to access support from communities and family members where appropriate

Performance reporting indicates the greatest number of Early Help Assessments being completed by schools, with good engagement from health and early years settings. Very few assessments are initiated by adult services and we continue to seek out opportunities to increase engagement with this sector.

Of all Early Help Assessments opened between April 2017 and March 2018:

- 63% of individuals are male (compared to 64% the previous year)
- 37% of individuals are female (compared to 36% the previous year)
- 63.3% are recorded as White British (compared to 68.2% the previous year)
- 8.6% are recorded as White European (compared to 6.5% the previous year)
- 6.8% are recorded as Pakistani (compared to 8.4% the previous year)
- Approximately 46% of individuals are in the 5-11 age range
- Approximately 28% of individuals are in the 0-4 age range
- Approximately 26% of individuals are in the 12-18 age range
- The largest percentage of individual assessments was opened on children age 3, with the number opened on the 0-4 age group generally increasing.

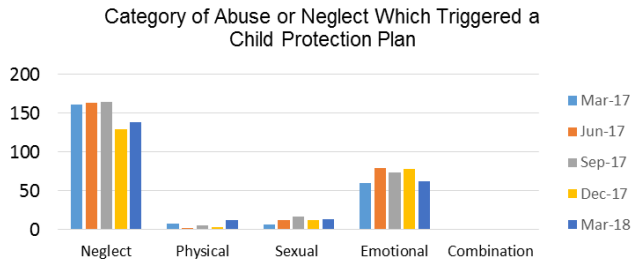
Child Protection Plans

All children at risk of significant harm or abuse will be the subject of a Child Protection Plan. A child protection plan is a working tool that should enable the family and professionals to understand what is expected of them and what they can expect of others. The aims of the plan are:

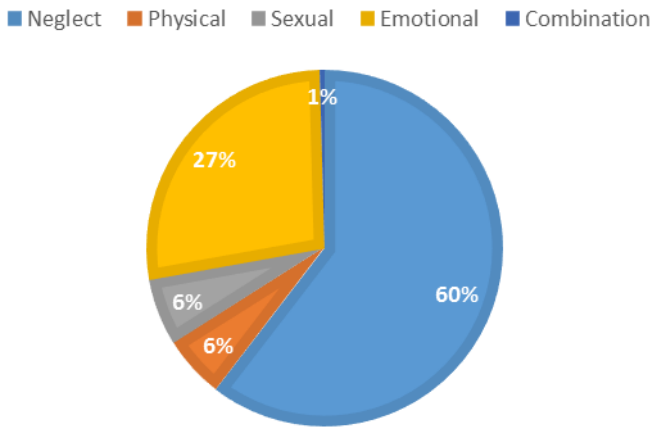
- To keep the child safe
- To promote their welfare
- To support their wider family to care for them, if it can be done safely.

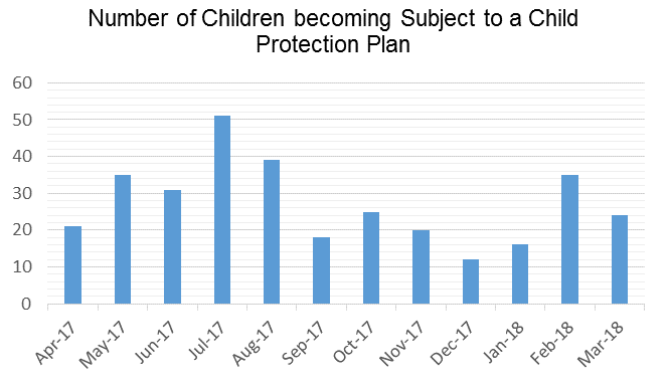
The table and charts show the number of Peterborough children on a Child Protection Plan.

	Child Protection
Apr-17	236
Jun-17	259
Sep-17	262
Dec-17	233
Mar-18	230



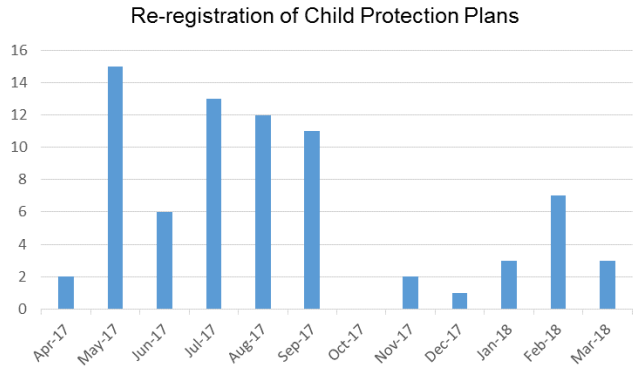
The majority of children and young people who are the subject of Child Protection Plans in Peterborough are registered under the category of Neglect (60%). The Peterborough Safeguarding Children Board has recognised this and accordingly, Neglect will remain as a business priority for the Board in 2018/19 and further work around the issue of Neglect will take place.





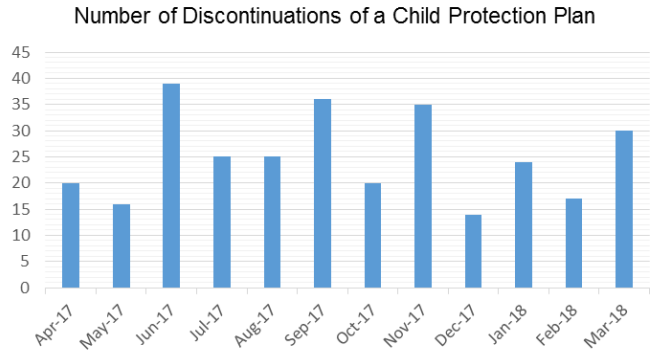
There were 327 children who became subject to a Child Protection Plan during 2017/18. This equates to a rate per 10,000 of 68.5

The number who became subject to a CP plan for second or subsequent time:



Of the 327 children who became subject to a Child Protection Plan during 2017/18, 76 (22.9%) of them had previously had a Child Protection Plan in Peterborough.

The number of discontinuations of a Child Protection Plan per 10,000 of the local population under 18:



There were 301 children who ceased to be subject to a Child Protection Plan during 2017/18. This equates to a rate per 10,000 of 63.1

Of the 301 children who ceased to be subject to a Child Protection Plan during 2017/2018, 5 of them had been subject to a Child Protection Plan for more than two years.

Looked After Children

Looked after children in Peterborough are accommodated through the use of two legal orders s.31 and s.20. The numbers of children needing to be looked after has increased steadily in line with national figures and comparative neighbours.

During 2017-18 Peterborough's internal panels have continued to govern the decision making process for children who are looked after such as Peterborough Access to Support Panel (which reviews all initial placements) after the Assistant Director has made the decision to accommodate.

The majority of children accommodated are placed with 'in-house' foster carers, in the geographical area of Peterborough. The use of independent fostering agencies occurs when there are no internal placements available.

Matching is undertaken by the social worker and ART (Access to Resources Team) working closely together to ensure the placement is the right one for a child.

Some children do need residential placements and these along with the use of independent fostering agencies are monitored closely and robustly through a multi-agency panel (placement and care planning) which monitors the commissioning arrangement, with a strong emphasis on outcomes of the commissioning arrangement.

There is a strong Corporate Parenting Committee which scrutinise the work of the council and its partners to ensure children who are looked after receive high quality looked after provision right through their period of being accommodated and as care leavers. Young people regularly attend and joint chair the committee meetings at agreed times in the year.

2017-18 Events and Developments

1. Summer activities organised by the participation worker promoting practical based independent skill development.
2. Mind of My own (MOMO) was relaunched with significant success. Peterborough was awarded the highest user award for 2017-18.
3. Children in Care Awards was held in February and was successful and well attended by young people.
4. The children in care forum and the Care leavers Forum both meet monthly during the year and their views, ideas, comments are linked back to the corporate parenting committee and listened too.
5. The Children in Care Council has developed a pocket size 'Z card' explaining what it's like to be in care.
6. All children in care and care leavers receive a Vivacity card which enables them to access leisure activities/ sports centres across the city for free as part of the council's commitment to their overall wellbeing.

Children Missing from Home and Care

Between April 2017 and March 2018 there were 511 (previous year 613) Missing from Home Episodes relating to 398 (previous year 417) Peterborough children. Of the 398 children who were reported missing 175 were female and 223 were male.

In terms of ethnicity, it is clear to see that the majority of children going missing are from a white British background (51%), with White European 12% and children from an Asian representing 10%.

The age split shows that 53% of individuals who went missing were from the 10-15 year group with 41% from the 16-17 age group.

During the year out of 511 missing incidents, 72% (370) were reported missing and found on the same day, 43 (8%) were found within 1 day, 31 (6%) were found within 2 days and 67(13%) were missing for 3 or more days.

Private Fostering

A Private Fostering arrangement is one that is made privately (that is to say without the involvement of the local authority), for the care of a child under the age of 16 (under 18, if disabled), by someone other than a parent or close relative, with the intention that it should last for 28 days or more.

1st April 2017 to 1st April 2018 – There are 4 active private fostering arrangements.

TACT Permanency Service Peterborough has promoted private fostering awareness workshops with Peterborough Children Services Teams from November 2017 until March 2018.

TACT Permanency Service Peterborough has also updated a private fostering leaflet which will be delivered to partner agencies and the public, meeting the duty to promote public awareness of the requirement to notify the local authority of private fostering arrangements and therefore to reduce the number of 'unknown' private fostering arrangements, responding to notifications and assessing private fostering arrangements, meeting the duty to support private fostering arrangements.

Allegations Management

The Designated Officer (commonly known as the LADO) has the responsibility to have oversight of all allegations against a professional working with children.

As most local agencies working with children are familiar and continue to use the term 'LADO' this term has been kept within Peterborough.

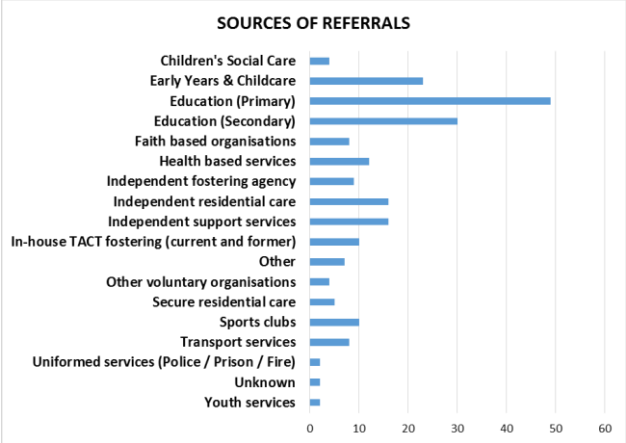
The LADO is responsible for:-

- Providing information, advice and guidance to employers and voluntary organisations regarding allegations management and concerns relating to paid and unpaid workers.
- Managing and overseeing individual cases from all partner agencies.
- Ensuring the child's view is heard and they/other children are safeguarded.
- Ensuring there is a consistent and thorough process for all adults working with children against whom an allegation is made.
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible.
- Arranging and chairing Allegations Management Meetings (AMM) where the allegation meets the 'tier three' threshold

The LADO role within Peterborough continues to be undertaken by an experienced Independent Chair who is also a registered Social Worker. This year, we have amended the terminology slightly from Complex Strategy Meetings (CSMs) to Allegation Management Meetings (AMMs). This is to avoid confusion with complex strategy meeting process used in CSE or other complex S47 cases and is also in line with the terminology that the Cambridgeshire LADOs use.

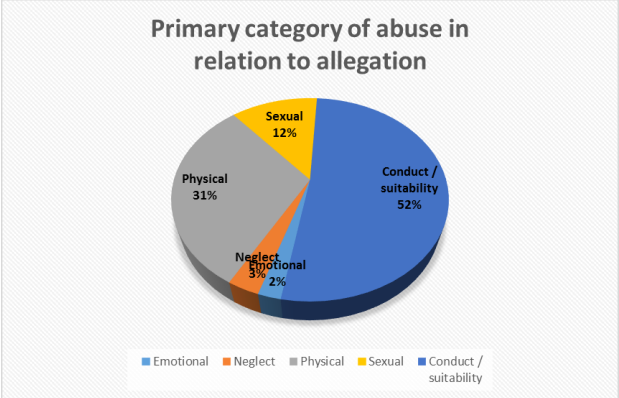
The level of referrals has continued to rise during this year with a 7% increase compared to the previous year. However, the number of referrals that met the tier two or tier one threshold intervention has declined with 18% being managed through the Allegations Management multi-agency meeting process.

Table one profiles the sources of referrals:

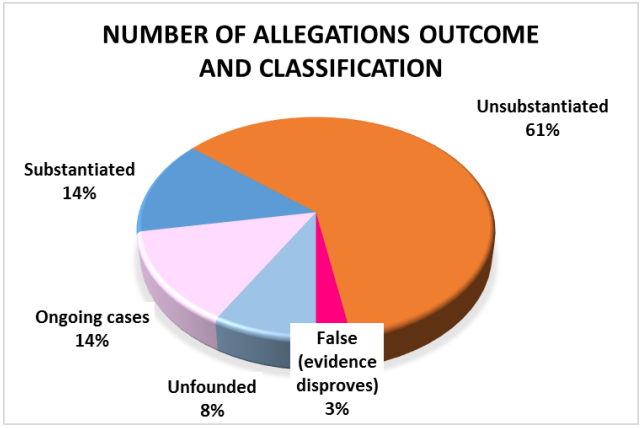


The chart below shows the primary category of abuse in relation to allegations received.

Where an allegation has been made that a person who works or volunteers with children has harmed their own child, or been involved in an offence outside of the workplace and this may affect their suitability to work with children, this has been recorded as a conduct or suitability issue.



The chart below shows the outcome classification for those allegations that met tier three threshold and were subject to multi-agency allegations management meetings:



The number of allegations that could be substantiated has remained broadly consistent with the year 16/17, but significantly lower than previous years. There are no definitive reasons apparent for this, it is highly dependent upon the level and quality of evidence available. All disclosures by children are taken very seriously by the LADO and Police and must be thoroughly investigated. When an allegation cannot be substantiated, the employer then has to carry out an internal investigation. During this year there were no 'deliberately invented or malicious' allegations.

During 2017/18 processes have been established to record if online abuse or abuse using electronic devices is a feature of a referral. Of the 222 consultations and referrals, 14 concerned allegations that the main source of abuse or concern was via online applications such as social media, email and text and indecent images or inappropriate content online.

The use of restraint in Secure Settings

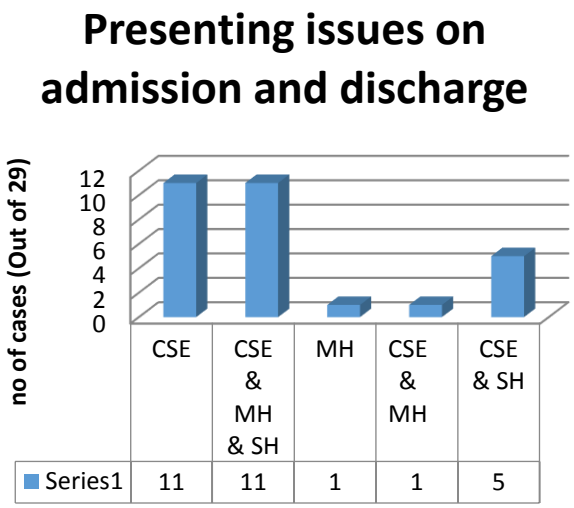
Clare Lodge is a 16 bed all female, all welfare unit. Since 01 October 2017 there have been 17 admissions and 16 discharges in the past six months. This was almost double the turnover on the previous six months. Most of these young people were from different local authorities.

The increase in emotional needs has continued. Many have had numerous placements, have

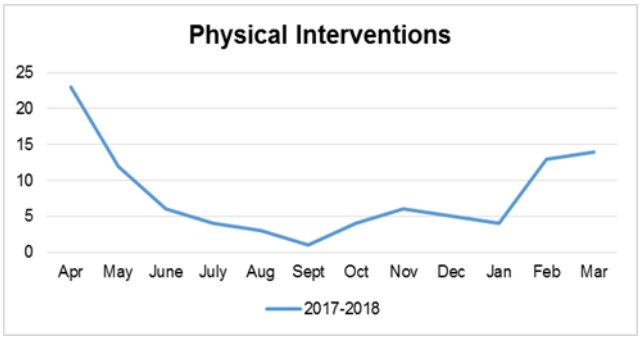
been in exploitative situations, drug / alcohol misuse and have many missing from home episodes.

Around 50% of the group are prescribed psychoactive medications by the inreach psychiatrist. 100 % of the group have been subjected to CSE.

Of those discharged the average length of stay was 183 days this was a decrease on the previous six months which was 260 days. Average age has remained at 16 over the past 12 months. See graphs for presenting issues, we have seen an increase in complex presentations of girls with CSE, mental health and self-harm issues.



Physical interventions dipped to their lowest ever from the middle of last year till January this year as we had reduced occupancy and had a stable group. We had a high turnover of discharges, admissions and shorter length of stay earlier in the year beginning 2018 causing a peak of emotionally unstable young people along with a new cohort of less experienced staff.



All new staff have now been trained in “Calm theory” the theory for understanding aggression and how this can be diffused and managed. They have also all been trained in “ARC”. This framework was developed mainly because of the awareness of the complexity of highly trauma-affected youth and their unique differences in managing and coming through such trauma. When having this understanding it helps staff to maintain their resilience levels when coping with high levels of emotions.

Safeguarding in Cambridgeshire

Safeguarding in Cambridgeshire 2017/18 Snapshot

Approximately **150,900** children live in the county

23.1% of the total population of the County

149 languages are spoken in schools

11.3% of children are living in poverty

2364 Total number of Violent or sexual offences against under 18s

4435 Total number of contacts to Children's Social Care for April 2017 - March 2018

2100 contacts to Children's Social Care with the reason of domestic abuse/DV

1381 Total number of Domestic Abuse incidents where children were present

53 Total number of Repeat Domestic Abuse incidents where children were present

1020 Cases / **414** repeat cases discussed at MARAC

3691 contacts and referrals to Children's Social Care with an outcome of Early Help

3894 Total number of Early Help Assessments completed during the year

4717 Total Number of single assessments completed

3428 Number of open Children in Need cases (as of March 2018)

477 Number of children on a CP Plan (as of March 2018)

698 Number of looked after children (as of March 2018)

418 Children reported missing from Home or Care

145 Children and young people missing from Home or Care for two days or more

127 Children identified as being at risk of Child Sexual Exploitation (as of March 2018)

411 Allegations against staff who work or volunteer with Children and young people

25 Children Privately Fostered

Local Context

Cambridgeshire, as part of the East of England, has a high rate of population growth that averages above England as a whole[2]. Using figures from the last census the Cambridgeshire research group has estimated that the total population has risen from 624,180 in 2011 to 652,100 in 2016. This equates to a rise of nearly 5%.

The latest forecasts compiled by the Cambridgeshire research group show continuous population growth through until 2036. The population is expected to grow to 803,200, a rise of 23%[3].

According to the Cambridgeshire research group's population forecasts, Children and young people (0-24 years) make up 29.1% of the total population with around 194,300 people under the age of 25.[4] This ratio is predicted to remain relatively stable but there is a predicted increase of around 5,000 more 0-4 year olds between 2016 and 2026. This could increase pressure on services in Cambridgeshire.[5]

The distribution of Cambridgeshire residents between urban and rural settlements is relatively even. Approximately 344,260 or 54% of Cambridgeshire's population reside in an urban city or town environment. This compares with approximately 201,820 (31%) living in a rural town and fringe development and 102,230 (15%) residents who are more dispersed or living in a rural village.[6]

The level of urbanisation within the Cambridgeshire population naturally differs across the five districts. The most extreme case is within Cambridge City as every single resident (100%) is living within an urban city or town. With the obvious exception there are still significant differences between other districts as well. For example, in East Cambridgeshire 28% (24,680) of the population reside in an urban or town compared with Fenland where 76% (75,700) reside in an urban or town setting.

Huntingdonshire has the largest total population of the five districts with 176,050 and East Cambridgeshire the smallest population with 86,300.

Ethnicity

The following figures are all obtained from the 2011 census and so figures can only be regarded as an indication as figures may have fluctuated significantly since then.

Cambridgeshire's ethnic composition is primarily White British. 84.5% (524,617) have identified as White British with a further 0.8% (4,908) identifying as White – Irish and 7.1% (43,954) White Other. This totals 92.6% of the population who are classed as White.

The next largest ethnicity group is Indian with 1.2% (7,430) followed by Chinese with 1.1% (6,723) and Other Asian also with 1.1% (6,550).

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2 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/subnationalpopulationprojectionsforengland/2014basedprojections#where-can-i-find-more-information

3 http://cambridgeshireinsight.org.uk/populationanddemographics

4 http://opendata.cambridgeshireinsight.org.uk/dataset/2015-based-population-and-dwelling-stock-forecasts-cambridgeshire-and-peterborough/resource

5 http://opendata.cambridgeshireinsight.org.uk/dataset/2015-based-population-and-dwelling-stock-forecasts-cambridgeshire-and-peterborough/resource

6 According to Cambridgeshire Research Group's estimates

Black African 3,426 (0.6%), Black Caribbean 1,647 (0.3%) and Other Black 937 (0.2%) total 6010 (1.1%).

The ethnic composition is more diverse in certain districts than others in Cambridgeshire. For example Cambridge City is much more ethnically diverse than Fenland. Within Cambridge City 66% of residents identified as White British compared to 90.4% of Fenland residents, a difference of 24%.

91.7 % of Cambridgeshire identify English as being the main language in their household.

Deprivation

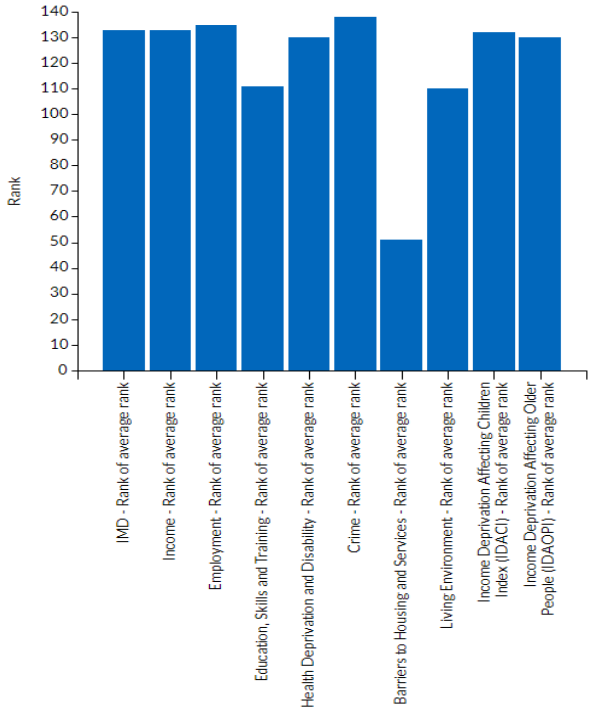
Deprivation is measured by the department of Communities and Local government. It releases the English indices of deprivation (ID 2015) which are combined into the composite index of multiple deprivation (IMD 2015).

The IMD measures relative deprivation across small areas of England called Lower Layer Super Output Areas (LSOAs). There are different indices of deprivation that range from income and employment to living environment and crime.

Cambridgeshire as a whole performs relatively well in terms of deprivation as it ranks 133rd of 152 upper tier local authorities in England with 1 being the most deprived.

Cambridgeshire has low recorded levels of deprivation, according to the IMD, in all areas apart from access to housing and services where it ranks as the 51st most deprived of 152 authorities. Cambridgeshire does however have some areas that are very deprived. 16 LSOAs are in the most 20% deprived nationally and 4 of these LSOAs (lower super output areas) fall into the 10% most deprived decile in England. These pockets of deprivation are located in several areas of Cambridgeshire, most commonly in urban areas. Cambridge City has 2 LSOAs where deprivation falls into the 20% most deprived areas of the UK. Fenland accounts for 8 of the top 10 most deprived LSOAs in Cambridgeshire (around March and Wisbech) and has 12 in total of the 16 in the 20% most deprived nationally.

Figure 1: Chart of Cambridgeshire national IMD rank compared to other authorities



Source: DCLG, 2015

Child Deprivation

In terms of child poverty Cambridgeshire ranks reasonably low with an IDACI (Income Deprivation Affecting Children Index) score of 12.7 compared with the national average of 14.5.[7]

At the last count there were 12,350 children living in low income families in Cambridgeshire which equates to around 11.3%. This compares with the

[7] https://lginform.local.gov.uk/reports/lgastandard?mod-metric=4563&mod-period=1&mod-area=E10000003&mod-group=AllCountiesInCountry_England&mod-type=namedComparisonGroup

national average of 16.8% and the region average of 13.9%.[8]

Early Help

Early Help Assessments

The Early Help Assessment is single assessment that is created with the family. It should reflect their views, wishes and feelings and what they want to change. It is shared when appropriate [and where there is consent] with other professionals who are working in a co-ordinated way to support the family.

Early Help Assessment completion 2017-18

The following graphs show the number of Early Help Assessments (recorded as tracking involvements on the system) from when the Early Help Hub went live in April 2017 (Fig 1).The number of Early Help Assessments has continued to rise year on year with the same peaks and troughs appearing which in the main are affected by the school academic year. There has been a marked escalation in the numbers of Early Help Assessments completed since the Early Help Hub was launched, this is due to a number of reasons. There appears to have been a number of Early Help Assessments completed historically that were never logged, there has also been an increase in the number of services that request an Early Help Assessment to access their service. As a service we need to be aware and alert to the unavailability of partner agencies during these periods in the year and consider alternative methods of support where this cannot wait until the start of the new term

NB: these figures also include families that have been part of case transfer process, with the lead agency changed from Children's Social Care to District Early Help. These can be identified as the source in fig2.

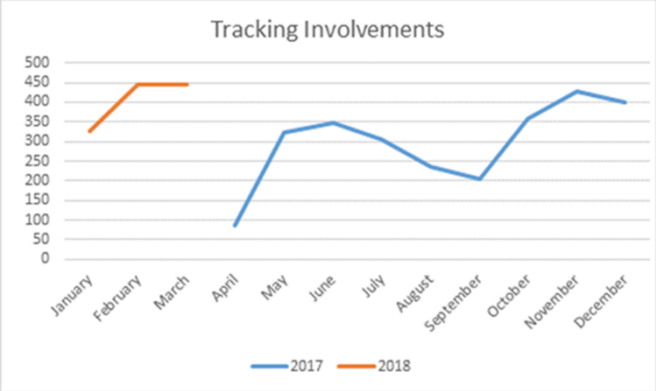
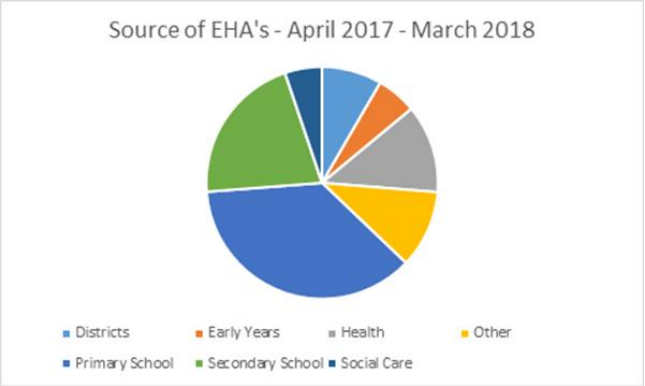


Fig1

Source of Early Help Assessments

Fig 2



The primary initiator of Early Help Assessments has remained education with primary schools completing the majority of assessments

Contacts into Children's Social Care with recommended outcome of Early Help

From April 2017 to March 2018 there were 14612 contacts into MASH, 3691 of which had an outcome of 'Pass to Early Help Hub' (25% of the total contacts). This is an increase in the numbers on previous years. The majority of these contacts are dealt with by the Early Help Hub through provision of information and advice to families and professionals (50%), 20% of contacts have been passed to Early Help District Teams to offer 1:1 support and complete an Early Help Assessment.

[8] https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/1/gid/1938132992/pat/6/par/E12000006/ati/102/are/E10000003

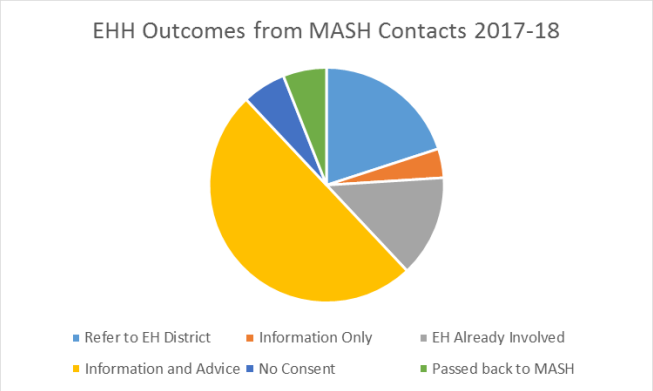


fig3

Progress of Early Help during 2017/18

Over the last 12 months the way Early Help services are delivered across Cambridgeshire has undergone significant change.

In April 2017 the Early Help Hub (EHH) was launched, creating a single place for Early Help Assessments to be submitted for consideration, replacing the previous model of assessments being sent directly to a series of geographically based locality teams across the County. Our aim in developing the EHH was to provide greater consistency around thresholds for targeted Early Help interventions and grow our knowledge of wider support services and the voluntary sector, thus providing a better response for children, young people & their families.

During the summer of 2017 there was a movement to a district based model.

The development of the District based model and integration between social care and Early Help has been a success; our data tells us that we received 758 new step downs and made 318 step ups. We received new requests to co-work with 795 children alongside safeguarding units and at 31st March 2018 were working with a total of 3460 children across Early Help LA services. A total of 1224 children were allocated directly to Early Help District Teams by the EHH. 90% of the Sustained and Significant Progress PBR claims through the national troubled families' programme where the family only received Early Help have been closed for at least 12 months and have continued to be sustained.

There were 3279 children worked with and closed to Early Help between the 6 month period August 2016 and January 2017. At 31 January 18, therefore at least 12 months later, **70%** of these had not subsequently opened to children's social care. An additional 4% were originally stepped down from children's social care, received an intervention from Early Help and then subsequently did not re-open to social care.

The Cambridgeshire model

In Cambridgeshire Local Authority Early Help services are delivered by our Early Help District Teams which consist of Child & Family Centres, Family Workers, Young People Workers, Education Welfare Officers, Education Inclusion Officers, Senior Transitions Advisors and Transition Advisors. These staff groups complement Early Help and universal services that are delivered by partners from across the voluntary sector and health.

CCC Early Help District Teams provide:

- One to one support to targeted children, young people & their families.
- Operational management and delivery of all Evidenced-Based Parenting Programmes across Cambridgeshire, including training and development.
- Receive work, via a step down process, from social care at the end of their involvement and co-work alongside social care units to provide support to professional parenting support and interventions with young people as part of the social work plan.
- Act as the Lead Professional for families where applicable.
- The National Troubled Families agenda in Cambridgeshire is overseen by the Partnerships & Quality Assurance team with much of the service delivery provided by District Early Help Teams.

- Monitoring of performance and outcomes, and quality assurance.

Involvement and role of Early Help in the neurodevelopmental pathway & delivery of parenting programmes

Across Cambridgeshire staff from the Early Help District teams deliver a range of evidenced based parenting programmes (EBPP). This offer supports the neurodevelopment pathway for Cambridgeshire & Peterborough which requires parents to attend a programme before specialist assessment takes place for ASD/ADHD.

Child Protection Plans

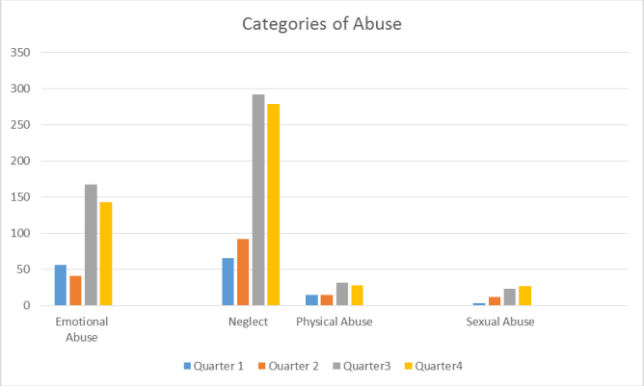
All children at risk of significant harm or abuse will be the subject of a Child Protection Plan. A child protection plan is a working tool that should enable the family and professionals to understand what is expected of them and what they can expect of others. The aims of the plan are:

- To keep the child safe
- To promote their welfare
- To support their wider family to care for them, if it can be done safely.

The table below shows the number of Cambridgeshire children subject to a Child Protection Plan at the end of the month between April 2017 and March 2018.

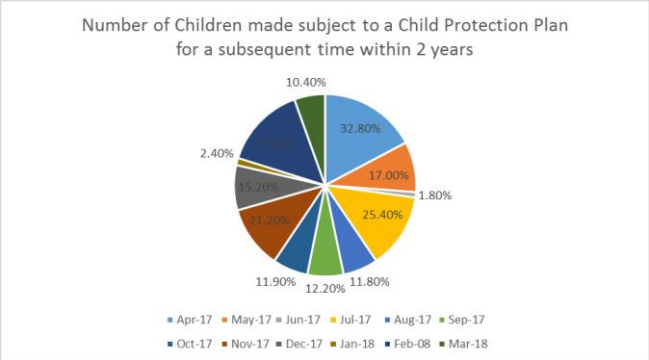
	Child Protection
Apr-17	581
Jun-17	566
Sep-17	547
Dec-17	513
Mar-18	477

The graph below shows the Category of Abuse for each quarter.



The Sexual Abuse category continues to be low. It is hoped that learning from the Sexual Abuse Strategy will assist with this.

The chart below shows the number of Cambridgeshire children who were made subject to a Child Protection Plan for a subsequent time within 2 years.



All CP Chairs raise an alert with the relevant Social Work Unit for cases whereby children have been subject to a Child Protection Plan for a subsequent time within 2 years. This allows for close scrutiny in relation to these cases to ensure appropriate plans are in place.

Looked After Children

The looked after children population in Cambridgeshire has risen in 2017-2018 from 675 to 698. This is a 3.4% increase. The increase in the previous year, 2016 to 2017 was 9%.The biggest age group within this population is the 10 and 15 year olds, which represents 40.3% of the total number of looked after children.

During the last year between April 2017 and March 2018, the following arrangements, amongst others, have continued to ensure the

identification and protection of children at risk of significant harm:

1. The Threshold and Resources Panel (TaRP) has continued to oversee the decisions for children to come into care, which are made at Assistant Director or Head of Service level. This Panel also reviews all care packages regularly, especially for those children placed out of area or in independent placements.
2. Children entering care are placed with in-house foster carers. Independent Fostering Agencies are used where in-house local provision is full. Decisions to place children at a distance is determined through the matching process. The Access to Resources Team (ART) use rigorous quality assurance processes in the procurement and monitoring of independent sector placements.
3. Complaints are taken seriously and are investigated quickly and sensitively. Themes from complaints are reported on and reviewed quarterly at meetings chaired by the Assistant Director, to support learning and inform any need for changes in practice or guidance.
4. Children and young people are able to access a high quality, independent advocacy service at all stages of their experience with children's services. Looked After Reviews happen in spaces where children feel most comfortable and attendance at these meetings is led by children's wishes.
5. Independent Visitors are promoted to children via social work staff and Independent Reviewing Officers. Currently, 31 children have an Independent Visitor and a number of these matches are for children placed out of County.

Developments in 2017-18

1. The annual Fun Day for Looked After Child and the Awards Ceremony were once again hugely successful events.
2. Just Us groups have continued run during 2017 and are expected to continue with the appointment of 2 new Participation Workers.
3. The Arts Awards, which help children discover the arts around them, find out about artists and their work was another success in 2017.
4. The Care Leaver's Forum continues to run each month with a stable group of approximately 10 young people. They presented at a planned event to providers of supported accommodation to give their feedback on their experiences: the aim being to generate positive changes on the support and standards of accommodation available to care leavers. The event was well attended and providers engaged positively in the process.
5. The Mind of My Own (MOMO) application has been launched, to support new ways for children to share their views.

Children Missing from Home and Care

Last financial year there were 1212 Missing from Home Episodes relating to 418 Cambridgeshire children. There were more missing episodes reported for males (701) than for females (511). Of the 418 Cambridgeshire children who were reported missing 212 were female and 206 were male.

In terms of ethnicity, it is clear to see that the majority of children going missing are from a white British background (63%).

The age split shows that 51% of individuals who went missing were from the 10-15 year group with 33% from the 16-17 age group.

During the year out of 1212 missing incidents, 74% (896) were reported missing and found on the same day, 171 (14%) were found within 1 day, 59 (5%) were found within 2 days and 86 (7%) were missing for 3 or more days.

Private Fostering

A Private Fostering arrangement is one that is made privately (that is to say without the involvement of the local authority), for the care of a child under the age of 16 (under 18, if disabled), by someone other than a parent or close relative, with the intention that it should last for 28 days or more.

Between 1st April 2017 and 31st March 2018 there were 62 new private fostering arrangements started and 64 arrangements ended. By 31st March 2018 there were 25 children currently being privately fostered.

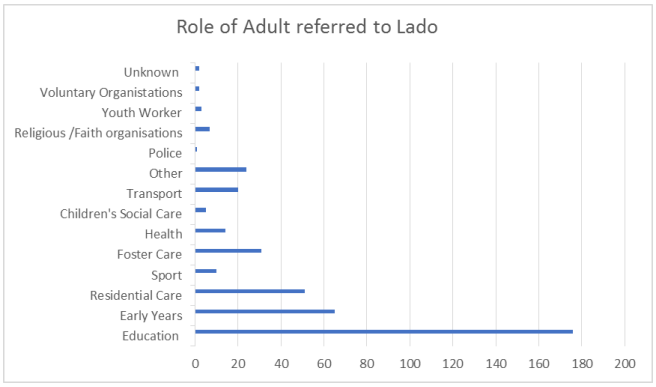
- 18 children were language schools students placed with host families.
- 2 children from abroad had been placed by an agent and are in longer term education with planned return date during the summer holidays
- 2 children from abroad are placed with a cousin in a longer term arrangement and attending mainstream school
- 3 children are placed with the direct arrangement of their parents who are Cambridgeshire based.

Allegations Management

The role of the LADO has been discussed previously within this report.

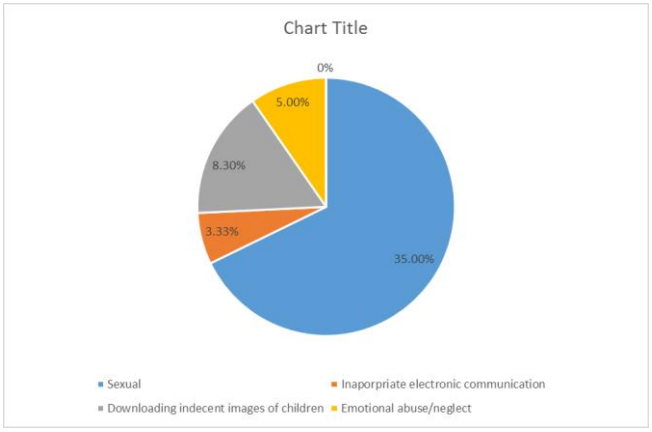
The level of referrals for the period 2017/18 is consistent with the level of referrals for the period 2016/17. A total of 411 referrals were received into Cambridgeshire LADO during 2017/18. This is a slight decrease in the number of referrals received during 2016/17 when there were 419 referrals. The fact that there has been a difference of only 8 referrals made to Cambridgeshire LADO over the last 2 years shows that thresholds are being applied consistently.

The chart below shows the role of adults in a position of trust referred to Cambridgeshire LADO.

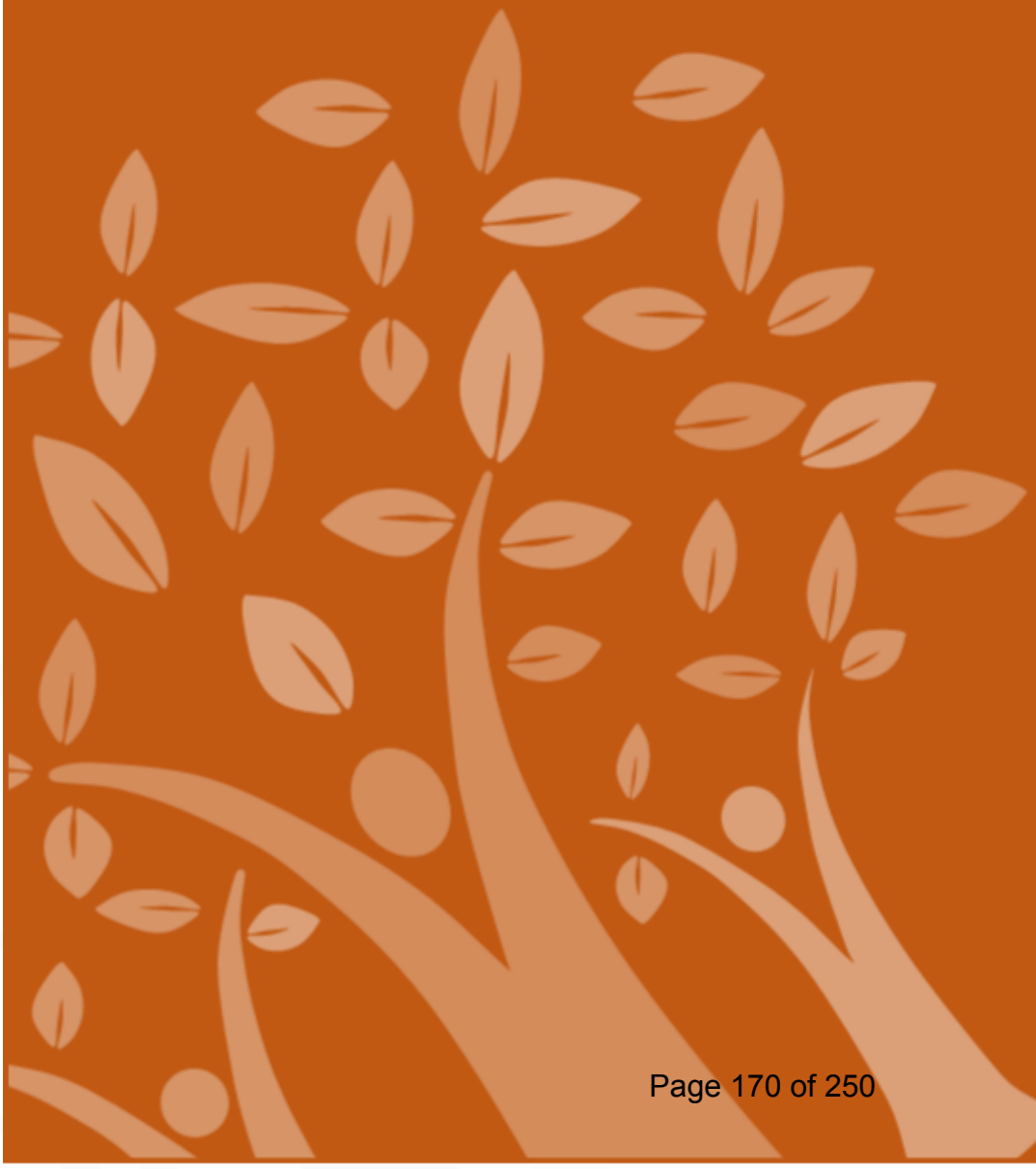


There have been two high profile cases in the last year which have received local and national media interest. There is one high profile case which is still within the court arena. Cambridgeshire LADO make sure that information in relation to high profile cases is always shared with the PQA Head of Service.

The chart below shows the categories of abuse relation to allegations received in the period of this report.



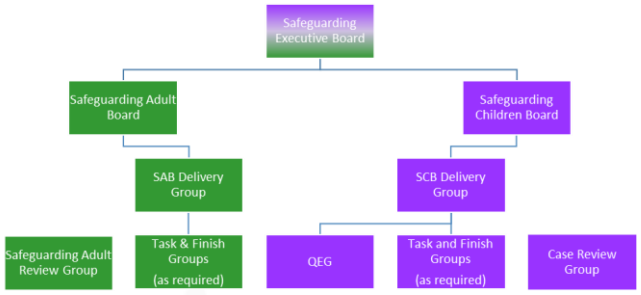
About the Board

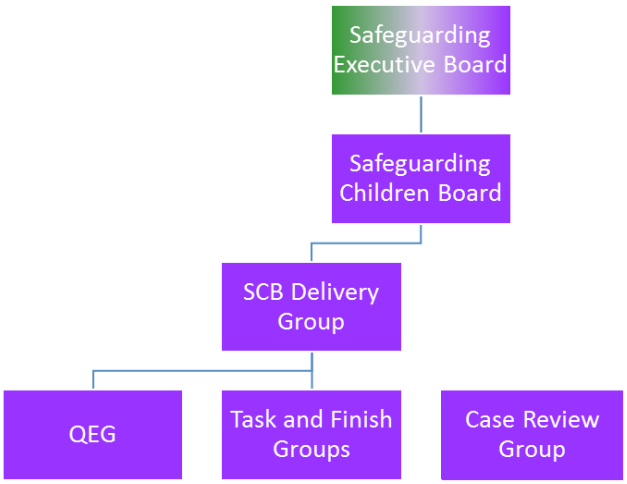


The Board

Changes to Local Safeguarding Children Boards arising from the Children and Social Work Act 2017, changing structures and working arrangements in partner agencies including increased joint working between both Cambridgeshire and Peterborough local authorities, the ongoing demands on resources, have made it essential to look at the current Safeguarding Board Governance arrangements across the County.

It was agreed by the statutory partners (Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary, and the Cambridgeshire and Peterborough Clinical Commissioning Group), that new structures should streamline existing processes and ensure that, where possible, there was a countywide approach. This has resulted in the creation of a Joint Safeguarding Executive Board and a single, countywide Safeguarding Adult Board, a single countywide Safeguarding Children Board and single countywide Delivery Groups to support them.





Governed by the statutory guidance **Working Together to Safeguard Children 2015**[9] and the **Local Safeguarding Children Board (LSCB) Regulations 2006**[10], the CPSCB is composed of senior representatives nominated by each of its member agencies and professional groups. It has two basic objectives defined within the Children Act 2004;

- to co-ordinate what is done by each person or body represented on the board to safeguard and promote the welfare of children
- to ensure the effectiveness of what is done for those purposes.

The **Joint Safeguarding Executive Board** is the overarching countywide governance board for both the Safeguarding Children Board and Safeguarding Adults Board and considers issues around both the adults and children's safeguarding agendas. This is a high level strategic board which primarily focuses on safeguarding systems, performance and resourcing and has the statutory accountability for safeguarding in both local authority areas.

The **Safeguarding Children Board** is responsible for progressing the Board's business priorities through its business plan. It authorises policy, process, strategy and guidance required to support Board priorities and effective

[9] **Working Together to Safeguard Children (2015)**
https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

[10] **Local Safeguarding Children Board Regulations 2006**
http://www.legislation.gov.uk/uksi/2006/90/regulation/5/made

safeguarding. It scrutinises, challenges and maintains an overview of the state of children's safeguarding in Cambridgeshire and Peterborough. This is undertaken through quality assurance activity, learning and development programmes and commissioning and overseeing SCR's / learning reviews

The **Children Board Delivery group** implements the business plan, manages the preparation of detailed proposals and documents for LSCB approval, coordinate the dataset, audits and other sources of information about safeguarding in the local authority areas and ensures that learning is used to inform and improve practice, including through the SCB training programme.

All existing sub groups, with the exception of the **Case Review, Quality and Effectiveness**, Child **Exploitation, Child Protection Information Network** and **Online Safeguarding** subgroups, have been replaced with time limited task and finish groups.

Key Roles and Relationships

Dr Russell Wate QPM is the Independent Chair of the CPSCB and is tasked with leading the Board and ensuring it fulfils its statutory objectives and functions.

The Chair is accountable to the **Chief Executive of Peterborough City Council and Cambridgeshire County Council** and they met frequently during 2017/18. **The Corporate Director of People and Communities** for both Local Authorities also continued to work closely with the Chair on related safeguarding challenges.

The Lead Member for Children's Services in Peterborough and the **Chairman of Children & Young People Committee** in Cambridgeshire are "participating observers" of the CPSCB; engaging in discussions but not part of the decision making process which provides the independence to challenge the Local Authority when necessary.

Designated Professionals

The Designated Doctor and Nurse take a strategic and professional lead on all aspects of the health service contribution to safeguarding children. Designated professionals are a vital source of professional advice. Across the range of CPSCB activities, these designated roles have continued to demonstrate their value during 2017/18.

The CPSCB Business Unit

The Cambridgeshire and Peterborough Safeguarding Board Business Unit supports both the Adult and Children's Safeguarding Boards and is made up of the following members of staff;

- Head of Service
- Service Manager
- Safeguarding Board Officer – Children's Lead
- Safeguarding Board Officer – Adult's Lead
- Communication and Online Safeguarding Officer
- Exploitation Strategy Coordinator
- Practice Improvement and Development Lead x2
- Safeguarding Adults Board Trainer
- Business Support Officer - Full-time x2
- Business Support Officer - Part-time x2

Relationship with other Boards

For the Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong links with other groups and boards who impact on child services. The Safeguarding Boards work very closely with the Health and Wellbeing boards in both local authority areas, the Countywide Community Safety Partnership, the Local Family Justice Board, and the MAPPA Strategic Management Board. These relationships have been strengthened by the implementation of an Inter Board protocol and a comprehensive mapping of themes. This ensures that all aspects of safeguarding are taken into account by the other statutory boards and there is a co-ordinated and consistent approach.

The Chair of the Safeguarding Board is also a member of other strategic and statutory partnerships within Cambridgeshire and Peterborough which include the Health and Wellbeing Board, the Community Safety Partnerships and the Strategic MAPP Board. He also Chairs the MASH Governance Board. In addition, the Head of Service is a member of the Domestic Abuse Governance Board and the Children and Families Joint Commissioning Board.

These links mean that safeguarding children remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Cambridgeshire and Peterborough Safeguarding Children Board across all services and activities in Cambridgeshire and Peterborough.

Board Membership & Attendance

Between April 2017 and September 2017 the Cambridgeshire LSCB and Peterborough LSCB held three separate meetings with good attendance from both statutory and non-statutory members. Between October and December 2017 the membership was reviewed and the new joint Board was established with the first meeting being held in January 2018.

Each member of the Board is responsible for ensuring a two-way communication between their own agency and the Board by disseminating information. They are also responsible for identifying any appropriate actions and highlight any issues with partners that have been identified by their agency which will lead to challenge by the Board.

	Attendance	***Number of seats per organisation***
Independent Chair	100%	1
Joint Cambridgeshire County Council and Peterborough City Council	100%	3
Peterborough City Council	100%	1
Cambridgeshire County Council (including District Councils)	100%	3
Public Heath	40%	1
Cambridgeshire Constabulary	100%	1
Cambridgeshire and Peterborough Clinical Commissioning Group (including Designated Doctor and Designated Nurse)	100%	3
East of England Ambulance Service	**80%**	1
Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire Community Rehabilitation Company	100%	1
National Probation Service	100%	1
CAFCASS	60%	1
Cambridgeshire Fire and Rescue	60%	1
Healthwatch	60%	1
Voluntary Sector	100%	1
Primary School Representative	100%	2
Secondary School Representative	100%	2
Further Education	100%	1
Lay Member	100%	4

THE ABOVE TABLE SHOWS THE ATTENDANCE AT LSCB BOARD MEETINGS DURING THE YEAR FROM EACH AGENCY BASED ON THE REVISED MEMBERSHIP BEGINNING JANUARY 2018. THESE INCLUDE 3X CAMBRIDGESHIRE LSCB MEETINGS, 3X PETERBOROUGH LSCB MEETINGS AND 2X JOINT MEETINGS)

Financial Arrangements

Historically, there have been two Safeguarding Children Boards across Cambridgeshire and Peterborough. Each Board had a different funding formula and business unit structure to support and drive forward the work of the Boards, and safeguarding in the two local authority areas.

During 2017, the two LSCB's were amalgamated to form a single countywide LSCB and the two Local Safeguarding Adults Boards were also amalgamated to form a single countywide SAB. As part of the changes the existing business units for all of these boards were merged into a single Adults and Children's business unit

Below is a breakdown of the partner contributions towards the LSCBs budget for 2017/18

	Local Safeguarding Children Board	
	Cambridgeshire	Peterborough
Cambridgeshire County Council	£111,519.55	-
Peterborough City Council*	-	£37,992.00
NHS England	£16,297.49	£11,355.35
CCG	£16,297.49	£11,355.35
Addenbrookes	£10,864.99	-
CPFT	£5,432.50	£11,355.35
Hinchingbrooke	£3,621.67	-
Papworth	£1,810.83	-
NWAFT	-	£11,355.35
CCS	£10,864.99	-
Police (via the Office of Police and Crime Commissioner)	£48,468.00	£35,884.00
NPS	£1,212.92	£1,212.92
CAFCASS	£522.50	£522.50
Total	**£226,912.93**	**£121,032.82**

* Peterborough City Council contributes additional £36,919 to Serco PLC

Progress against the Board's Priorities

Partner agencies were in agreement that the business priorities from 2016/17 remained relevant and, as they were based upon the views of agencies and children and young people, it was decided that they remain the same for 2017/8. These were:

1. Early help and preventative measures are effective.
2. Children at risk of significant harm are effectively identified and protected.
3. Everyone makes a significant and meaningful contribution to safeguarding children.
4. Workforce has the right skills/knowledge and capacity to safeguard children.
5. Understand the needs of all sectors of our community.
6. Children are fully protected from the effects of domestic abuse (domestic violence) and neglect.
7. Children are fully protected from child sexual exploitation.

It is the aim of the Safeguarding Children Board that these priorities will primarily be achieved and monitored by undertaking the following:

- Monitoring and evaluating the effectiveness of safeguarding activities by partner agencies individually and collectively and advising and supporting them to make improvements.
- Undertaking reviews of serious cases and disseminating identified learning to partner agencies.
- Collecting and analysing information about all child deaths across Cambridgeshire and Peterborough to increase the learning opportunities.
- Developing and updating policies and procedures to ensure consistency and transparency between partner agencies.
- Communicating the need to safeguard and promote the welfare of children amongst professionals, parents and carers and children and young people, raising awareness of how this can best be done and encouraging it to happen.
- Publishing an Annual Report on the effectiveness of safeguarding arrangements for services for children in Peterborough.

The Voice of Children, Young People and Families

The Board and their partners are very aware of the need to engage with families, children and young people in a meaningful way to understand and act on their views and concerns.

In 2017 the Peterborough Safeguarding Children Board created a Children and Young Persons version of the Annual Report 2016/17, this is a more interactive report which is available online. The Young persons report is available at

www.safeguardingpeterborough.org.uk/children-board/about/annual-reports/

The Board have undertaken a number of surveys and focus groups throughout 2017/18 with children, young people and their families. The main subject area has been child sexual abuse. We gathered children, young peoples and families views and perceptions of child sexual abuse. This included their views on who was likely to be a victim of sexual abuse, who was likely to abuse, how to report concerns, what constituted sexual abuse. The outcomes of the surveys evidenced that further work needed to be undertaken to ensure people had a better understanding of sexual abuse. The outcomes of these surveys and focus groups have been used to inform strategies, practice, resources and training. Children and young people have been involved in the development and delivery of the Safeguarding Children Boards training and development programme.

Early help and preventative measures are effective

Peterborough recognises the need for good quality Early Help Assessments and have put measures in place to support practitioners to improve quality by the use of the Local Authority Gateway process. In July 2017 the LA Early Help

Service undertook a review of its functions and as a result implemented a slight restructure to enable greater focussing on the LA Gateway check and the tracking and monitoring of progress. At the Gateway, the Local Authority read the assessment and check that there are no safeguarding concerns, check there is evidence of appropriate consent, check all needs are recorded according to the narrative in the assessment and check the quality of the assessment. Assessments only pass through the Gateway when all above criteria are met. Early Help Assessments are improved by contact with the Lead Professional asking for additional information, and where needed direct 1:1 support mentoring and coaching the Lead Professional as well as encouraging professionals to engage in appropriate training. Each of the three geographical localities in Peterborough has a dedicated Early Help Support Officer that partners can access for any advice and support.

Within Cambridgeshire requests for support from Early Help services are made using the Early Help Assessment and submitted to the Early Help Hub which is situated alongside the MASH at Chord Park in Godmanchester for consideration.

The Early Help Hub provides:

- Strategic direction and oversight of the Early Help network across Cambridgeshire.
- Direct support to professionals working with families in the arena of Early Help, including advice to professionals to complete good quality Early Help Assessments.
- Consideration of services and a decision following the receipt of all EHA's and requests for support directed to the EHH from the MASH.
- Outcome of either signposting to another service, provision of information & advice or the allocation of an Early Help District Team service.

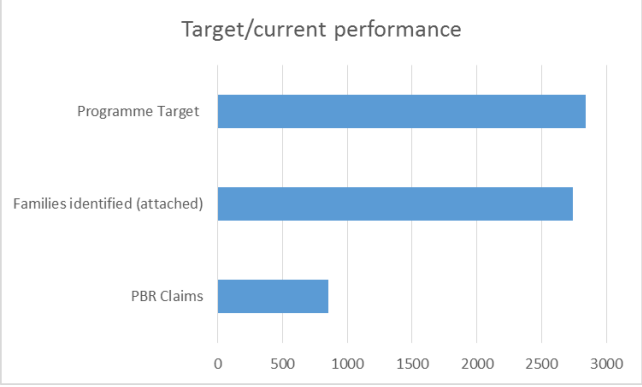
In 2017 the LSCB dataset was strengthened to include additional performance management information on Early Help. This has provided an opportunity for partners to further scrutinise Early Help arrangements.

An LSCB audit on the quality of Early Help Assessments was conducted in November 2017. This audit was completed to assure the Cambridgeshire and Peterborough Safeguarding Children Boards about the quality of the Early Help referrals/assessment that are being completed. Cases were selected from a mix of agencies and age ranges.

Actions as a result of the LSCB audit:

- A working group has been established to review resources on the 'lived in experiences of the child' and relaunch a range of material to assist practitioners
- A request to set up a joint task and finish group to look at the production of a suite of Good Practice guides to address points raised as part of the audit
- Peterborough LA Early Help Service to review its analysis of Early Help Assessments at the LA Gateway to identify trends or service areas that would benefit more targeted training and support.

Troubled Families Progress (Cambridgeshire)



The national Troubled Families Programme in Cambridgeshire is overseen by the Partnerships and Quality Assurance service. The total number of families for whom a Payment by Results claim has been made (as at end of March 2018) was 855 – 30.11% of the 5 year target of 2840.

The programme has been used locally to drive service transformation towards a 'whole family approach' and our recent self-assessment identifies our position in relation to this as 'maturing'. The concept of 'Think Family' is now widely understood, good progress is being made and an action plan to improve whole family working has been developed.

Troubled Families Programme - Connecting Families (Peterborough)

Phase 2 of the National Troubled Families agenda, known locally in Peterborough as Connecting Families is driven through Early Help in Peterborough. Every case opened to Early Help is supported, tracked and monitored through our Early Help tracking process - even if the family do not meet the criteria of the programme. This does not exclude them from accessing support.

Tracking progress

A variety of tools are utilised to measure progress and these are built into our Troubled Families Outcome Plan, which has been developed with partners to articulate our targets for Early Help and success measures. Clear processes are in place to track progress and work closely with audit to ensure that evidence and the way in which it is recorded is scrutinised and provides an insight into potential future service needs and demands. In August 2017 there was a review of tracking and monitoring processes and implementation of a new more rigorous process introducing one month, and six month checks on progress with Lead Professionals to ensure that progress is kept on track.

Case Study

Example of evidence collected to demonstrate needs identified, support put in place in a timely manner and positive impact made:

- **Brief summary of case - why was the Early Help Assessment opened? What were the needs?** Parents requesting support with 'A's challenging behaviour. Mum felt that 'A' may need a neurological assessment due to challenging behaviours.
- **Evidence of holistic assessment** Early Help Assessment (EHA) completed which involved, Mum, Dad and Step Dad. Voice of the child demonstrated within the assessment. Evidence of views from school and both homes where 'A' resides. Covered all aspects of the child's life.
- **Evidence of multi-agency working** Case referred to the Multi Agency Support Group (MASG) to request Sleep Solutions, Family Support Worker and Evidenced Based Parenting Programme. Family were supported by a Family Support Worker from their local Children's Centre through a 5-11 commissioned service. Referral to Sleep Solutions. Mum shared with school but not in the assessment concerns over partners controlling behaviour and therefore mum agreed to a referral to an Independent Domestic Violence Advisor (IDVA) and Freedom Programme to empower her. Regular Team Around the Child Meetings (TAC) meetings held and evidenced in the MASG Updates.
- **Evidence of SMART action planning and co-ordinated support** MASG Smart Actions evidenced on Liquid Logic Early Help Module. Regular TAC's with plan of action evidenced in updates at MASG.
- **Details of support provided** Family Support Worker from Children's Centre who supported both sets of parents in the home. Sleep Solutions referral and engagement. Mum allocated and being supported by an IDVA currently. Shortly be starting an evidenced parenting course which mum and dad are going to attend to ensure consistent parenting in different households. My Star completed with 'A' and an improvement has been seen in relationships with 'A' and Step-Dad as reported by Aiden to school.

- **Evidence of impact** Verbal update from School - Mum is no longer seeking a neurodevelopmental assessment and both parents have reported to school they have seen an improvement in 'A's behaviours since implementing consistent parenting. Both parents have still agreed to attend the Evidenced Based Parenting. 'A' is appearing more settled and happy. Mum is engaging in support from an IDVA and plans to end the relationship with their support. Sleep routine is more settled.
- **Feedback / comments from child/young person, parent/carer. Professionals** School - They report they have seen a change in 'A's emotional wellbeing and he is less confused about different expectations in different home environments. 'A' reports better relationships with parents. Dad's partner has also recently come on board with the support and is going to attend the Evidenced Based Parenting Programme too. 'A' completed my star and was able to effectively voice his wishes and feelings. Parents now feel a neurodevelopmental assessment is not needed.

Payment by Results.

Peterborough is able to demonstrate significant and sustained progress for families in Early Help through the Troubled Families Payment by Results scheme. On the 9th March 2018 the Ministry of Housing, Communities and Local Government analysed the Payment by Results returns from every Local Authority in the programme as part of the Troubled Families Annual Report. Of 141 LA's (the whole of Greater Manchester is classed as one LA) Peterborough's performance as a percentage against the target number of families set for the Local Authority positioned Peterborough 31 out of 141 indicating that as a snapshot of performance on that date, Peterborough is performing within the top 22% of LA's in respect of claiming Payment by Results for the Troubled Families Programme. In the Eastern Region, our performance places us 2nd out of 11 LA's, and against our statistical neighbours, we are placed 3rd out of 11.

Demonstrating significant and sustained progress with the Troubled Families Programme generates income that can then be used to support children and families in Peterborough. Delivery of this programme in Peterborough is overseen by the Safer Peterborough Partnership, and leadership is provided from the Connecting Families Strategic Leads Group chaired by the executive Director of People and Communities for Cambridgeshire and Peterborough. A Payment by Results trajectory has been profiled to ensure Peterborough is able to support as many children and families as the programme will allow within the constraints and time frame of the programme.

Everyone makes a significant and meaningful contribution to safeguarding children

In March 2018 the Safeguarding Board held a safeguarding awareness month. Many agencies were involved in a wide range of events or activities, including:

- Using social media to spread key messages
- Holding drop in events
- Including reflection on safeguarding in supervision
- Weekly emails with safeguarding themes to all staff
- Awareness events with stalls and information
- Training events and conferences

The Children's Board promoted safeguarding via the community and faith network, and delivered CSA focus groups with primary school children. The Business Unit also put on Communication messages and supported partners with some of their events.

Cambridgeshire and Peterborough Online Safeguarding Group

Throughout 2017/18 the Online Safeguarding

Group, formerly E-safety, reviewed a number of Serious Case Reviews published by other LSCBs that had concerns around online activity.

The group have revised its Online Safeguarding Strategy and Guidance for professionals. It has also reviewed the Section 11 audit returns and began a self-review using the South West Grid for Learning's LSCB Self-Review tool.

Child Protection Information Network (CPIN)

This is an education focussed sub group. Sessions continue to be well attended by colleagues from primary, secondary and further education. The LA Early Years safeguarding lead also attends to support consistency of messages and information for pre-school settings.

2017-18 has seen a number of local and national guidance documents and toolkits around issues such as sexual violence and harassment, and criminal exploitation. All have been shared, and the support and prevention role of schools and settings discussed.

There have been presentations on a number of safeguarding issues including; county lines, sexual abuse, Family Safeguarding project, Young carers, and GDPR.

Learning from case reviews, both local and national have been discussed and recommendations from the S11 audit have been unpicked to determine how school practices can be further improved.

Cambridgeshire County Council – Fostering

Cambridgeshire County Council have been running ongoing fostering campaigns throughout the year, including, an ongoing social media campaign and a recent campaign to promote fostering via school newsletters and Parent Mail. There has also been some targeted work around Supported Lodgings and campaigns timed for key periods such as Foster Care Fortnight in May.

Youth Offending Services

Governance and Leadership

During the last 12 months both Cambridgeshire and Peterborough Local Authorities have embedded a Joint Strategic Leadership Team and a new Joint Head of Service has been a appoint across both Youth Justice Services. The joint Youth Justice Management Board has now been functioning for 12 months and Assistant Chief Constable, Dan Vajzovic, Cambridgeshire Constabulary has been appointed as an independent Chair. This will provide an external and independent position of challenge for the local authority (YOT hosts) and the wider Youth Justice Partnership.

During the last 12 months we have seen a period of change for local authorities and the wider partnership and it is essential that we review how agencies are collaborating and working together to meet the needs consistently of young people at risk of entering the young justice system, those re-offending and presenting risk of harm to the public. We are committed to better understanding our cohort and the needs and challenges facing young people so we can support them with interventions that allow them to progress to adulthood and achieve the best possible personal outcomes.

Both Youth Offending Services, local authorities and the wider partnership will be ensuring we are doing what we can in the next 12 months to deliver quality services to young people, families and victims that meet the expectations of our new HMIP framework and standards.

Cohort

During the last 12 months Cambridgeshire have seen an increase in caseloads with 459 cases in 2016/17 and 518 in 2017/18, a 11% increase. The most common disposal is Out of Court disposal which make up 64% of the caseload. Peterborough have seen a decrease in caseload during the last 12 months with 290 cases in 2016/17 and 172 in 2017/18, a 31% decrease. The most common disposal is Tier 1 Referral Orders, which make up 33% of the caseload. Both services are seeing an increase in

complexity of cases in respect of both re-offending, risk of harm to others and safety and wellbeing. This is evidenced through the high number of cases managed at the intensive and enhanced scaled approach levels. Process are in place to robustly manage these high risk cases through Risk/Safety and Wellbeing meetings and multi-agency systems to track and manage Child Sexual and Criminal Exploitation young people.

Recidivism

After a period for both Cambridgeshire and Peterborough Youth Offending Services of experiencing low re-offending rates, both in respect of binary and frequency rates, we have seen a deterioration in re-offending against the National Outcome Measure during the last 4 years. Whilst Peterborough have seen a slight decrease in their binary re-offending rate their frequency remains high and would indicate a smaller cohort of complex young people. Cambridgeshire have continued to see an increase in re-offending and are not performing as well as their regional and national comparators. It is to be noted that this measure tracks an old Cohort and does not provide a live analysis of re-offending. The Management Board and both services have now launched the Live Tracker Toolkit to ensure that we better understand our current cohort of re-offenders and further understand how to strategically and operationally respond to reduce re-offending. Early indication from this tool shows that reoffending rates with our live cohort is much lower and that we are performing well.

Custody

Cambridgeshire have historical low custody rates and strong performance in respect of the National and Regional average. This has continued through the last annual period with robust high intensity community packages offered to the Courts. Peterborough have experienced an increase in custody numbers during the last 2 years, after a decreasing trend during previous years. Peterborough are also implementing a new High Risk and ISS Worker post and interventions within their TYSS structure to provide appropriate alternative interventions to custody. Cambridgeshire and Peterborough will be working together to ensure that they provide robust interventions across the county for their current complex cohort to continue to maintain low custody rates in the future.

Whilst remands to custody remain low for both areas the decreasing YJB Remand grant in Peterborough may create a risk for the Local Authorities if remands peak in the future. In addition Cambridgeshire have also experienced a number of high cost remands early in the new financial period which may create a risk if this pattern continues.

First Time Entrants

Cambridgeshire have seen a decrease in First Time Entrants in the last 12 months, however this rate is still higher than the national and regional average. Peterborough have also seen an increase and have a higher rate than the regional and national average. Both YOTs are working with Cambridgeshire constabulary to expand the use of Youth Restorative Disposals to reduce the rate of first time entrants in the future. In addition both service have changed the structure for the management of prevention cases which is hoped to see an impact on the reduction of First Time Entrants. The implementation of the TYSS in Peterborough should also see a reduction in First Time Entrants and will be one of the key indicators and expected outcomes for the service.

Risks for Youth Justice Services

As with most local authorities and the whole of the public sector the largest risk to future delivery remains the financial challenges they face. Cambridgeshire and Peterborough Youth Offending Services are also aware of other risk such as:

- Performance against the new HMI Probation Inspection Framework
- Retention and recruitment of a skilled

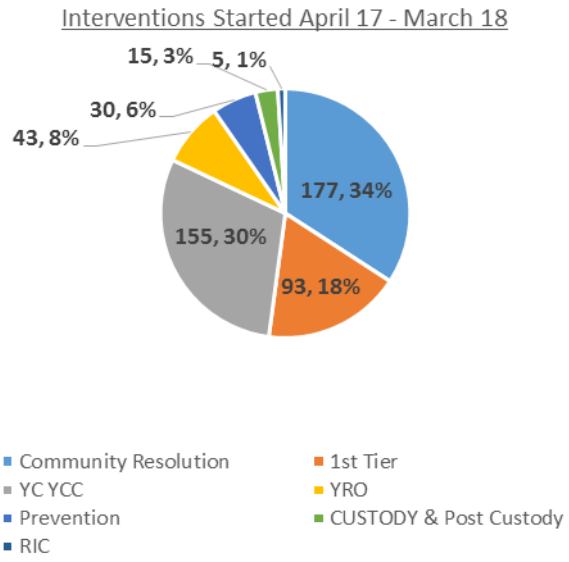
workforce

- The changing nature and complexity of the young people who offend
- The changing structure and landscape for partner agencies and the need to sustain joint working relationships

The Joint Youth Justice Management Board and both Local Authorities will continue to focus on how they can consider and mitigate against these risks. One of the key actions is to understand and respond to the complex cohort in respect of criminal exploitation and county lines and fully implement the new Safeguarding Board Criminal Exploitation Strategy and Action Plan across the partnership.

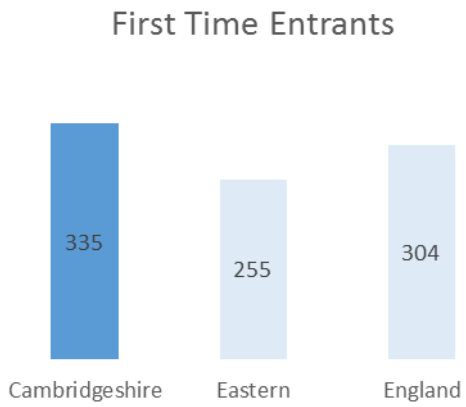
Practice and Performance

Cambridgeshire

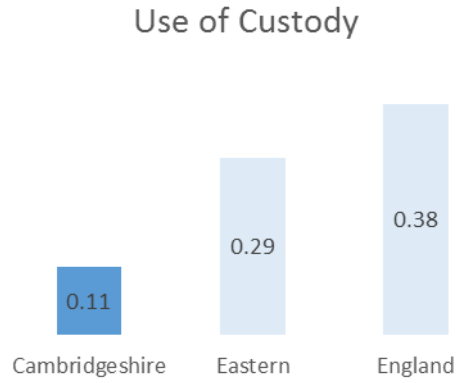


In 17/18 there were 518 disposals for a total of 443 young people. The most frequent was Community Resolution (34%) followed by YC YCC (Youth Caution & Youth Conditional Caution) 30%

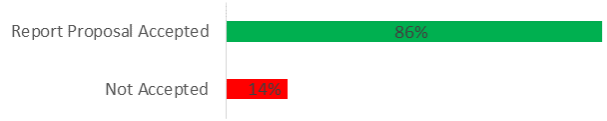
Young people assessed using Asset plus (i.e. all except community and custodial post court disposals, youth conditional caution and youth caution with conditions and prevention disposals) the most frequent level was enhanced.



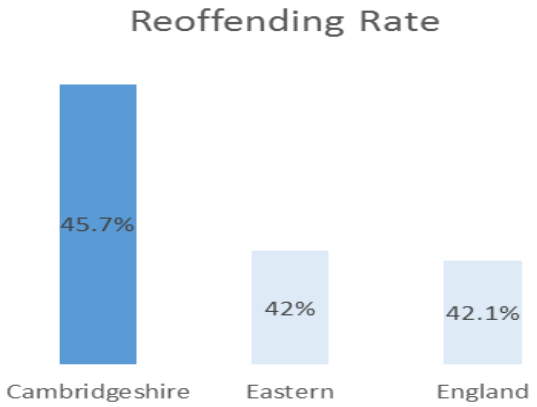
The latest PNC derived first-time entrant rate period is October 16 - September 17. Cambridgeshire had a rate of 335 per 100k population compared to 257/100k for the Eastern Region and 304/100k for England.

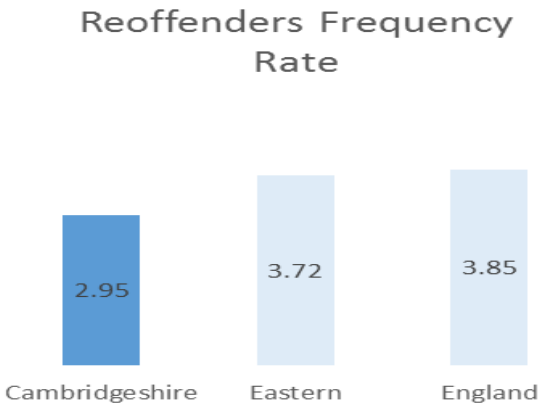


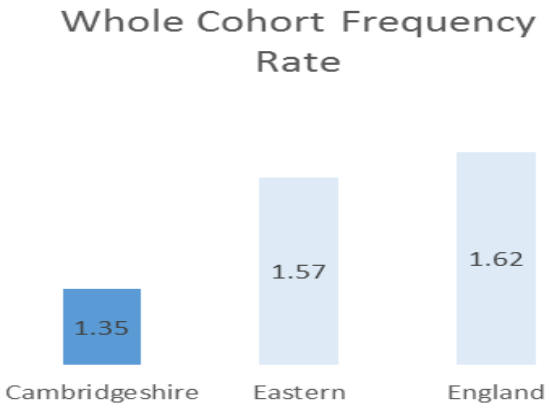
The custody rate for Cambridgeshire in 2017 (Jan-Dec) was 0.11/1k population compared to 0.29/1k for the Eastern region and 0.38/1k for England. Custodial sentences accounted for 2.3% of all court disposals



Courts accepted report proposals 86% of the time during 2017/18.

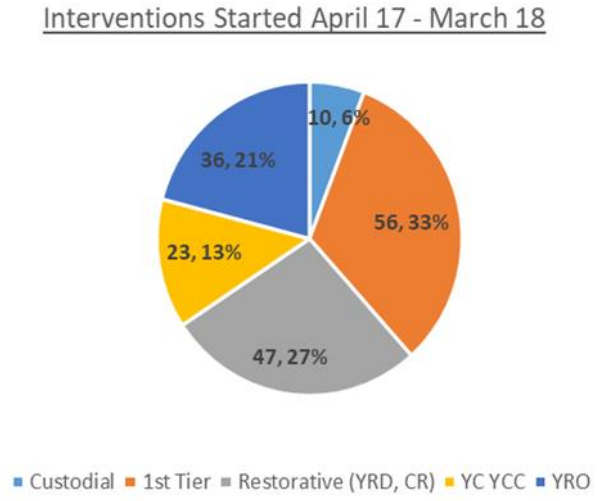




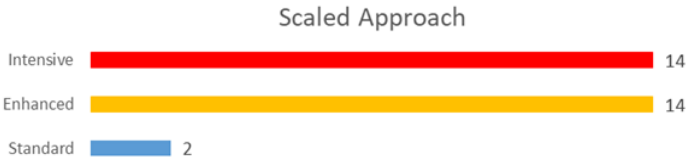


The latest reoffending rate period is Jan - Mar 16. Cambridgeshire had a binary rate of 45.7% compared to 42.3% for the Eastern Region and 42.1% for England. Frequency rate 1 (re-offenders only) for Cambridgeshire was 2.95 compared to 3.72 for the Eastern Region and 3.34 for England. The whole cohort frequency rate (rate 2) was 1.35 for Cambridgeshire compared to 1.57 for the Eastern Region and 1.62 for England

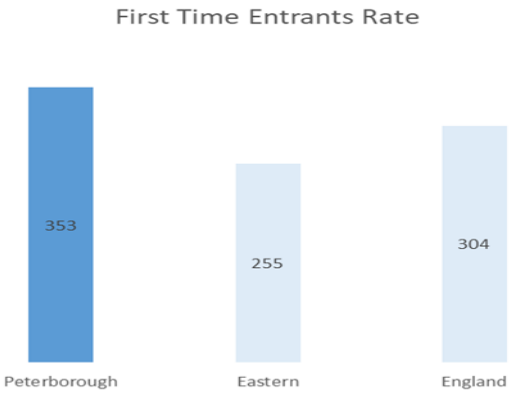
Peterborough



In 17/18 there were 172 disposals. The most frequent outcome type was 1st tier (32.6%) followed by Youth Restorative Disposals / Community Resolutions (27.3%) and Youth Restorative Orders (20.9%)



The most frequent intervention levels for young people assessed using AssetPlus between July 2017 and June 2016 were 'Intensive' and 'Enhanced', reflecting an early focus of AssetPlus assessments on the most complex cases.



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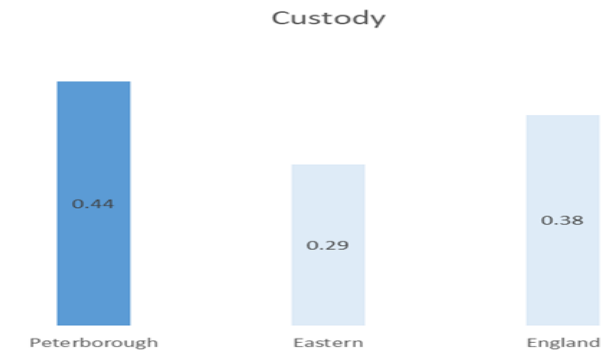
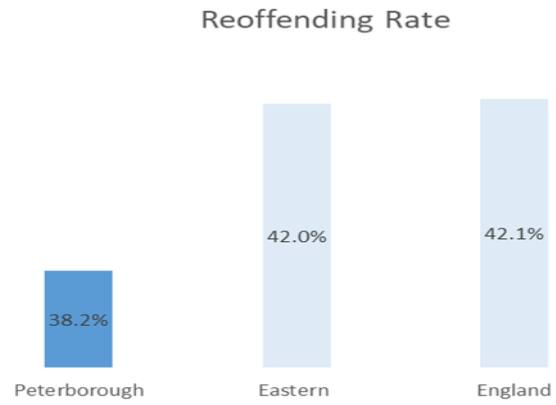
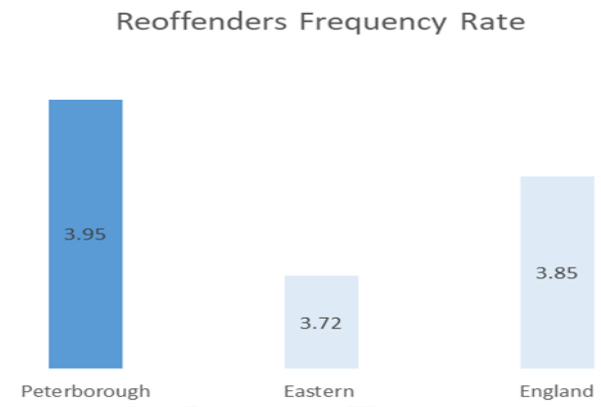
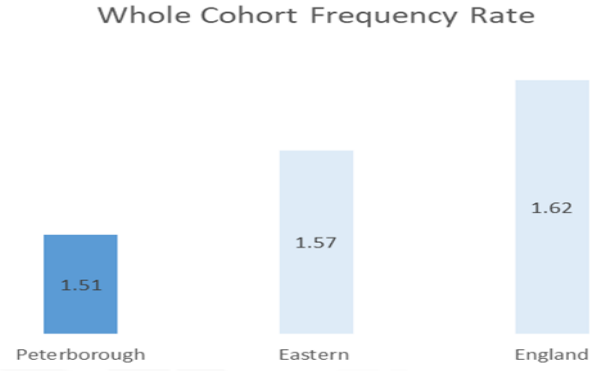


The custody rate for Peterborough in 2017 (Jan-Dec) was 0.44/1k population compared to 0.29/1k for the Eastern Region and 0.38/1k for England. Custodial sentences accounted for 8.7 % of all court disposals







The latest reoffending rate period is Jan - Mar 16. Peterborough had a binary rate of 38.2 % compared to 42.3% for the Eastern Region and 42.1% for England. Frequency rate 1 (re-offenders only) for Peterborough was 3.95 compared to 3.72 for the Eastern Region and 3.85 for England. The whole cohort frequency rate (rate 2) was 1.51 for Cambridgeshire compared to 1.57 for the Eastern Region and 1.62 for England

Understand the needs of all sectors of our community

It is very important that the Cambridgeshire and Peterborough Safeguarding Children Board understands the cultural and religious beliefs of all sectors of its communities and how they may impact on safeguarding issues.

The Cambridgeshire and Peterborough Children Safeguarding Board has continued to work in partnership with Local Authority Community Cohesion Teams to further develop community/ faith safeguarding programme.

The Cambridgeshire and Peterborough Safeguarding Children Board delivered a series of Train the trainer safeguarding programme which was delivered to the community in conjunction with the Education Safeguarding Lead.

Through this Safeguarding programme, 38 attendees from Community and Faith groups were empowered to deliver an Introduction to Safeguarding Children and Young People safeguarding course to employees, members and volunteers. Since the training attendees those individuals who hold “designated/ lead safeguarding riles” have been asked if they would like to access “Designated Lead “training.

In Cambridgeshire the CPSCB worked closely with the Rosmini centre to develop the safeguarding programme.

It is anticipated that this programme will continue to run throughout 2018/19.

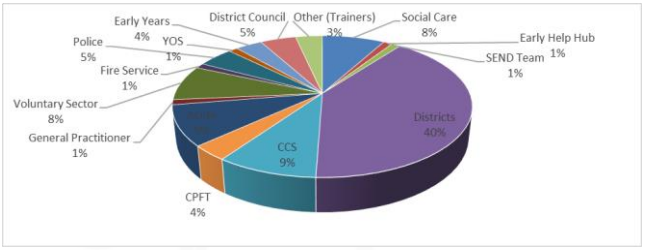
It was recognised that there was a need for the information available on the Safeguarding Board website to be in a range of languages. The CPSCB website now has a "Translate" button enabling all the pages (except attachments) to be translated into 104 languages. This has received a very positive response from various communities.

Children are fully protected from the effects of neglect

Following the Joint Targeted Area Inspection (JTAI) themed audit on 'child neglect' both Cambridgeshire and Peterborough safeguarding boards provided learning and development opportunities for practitioners:-

Cambridgeshire

Cambridgeshire Children Safeguarding Board facilitated a 'Neglect Roadshow' between June and July 2017 with five workshops lead by 'child neglect leads (champions)' from partner agencies. 87 practitioners attended overall with a large attendance from local authority districts and health.



Pie chart to show Agency breakdown of those people who attended the Neglect Roadshow

The **Graded Care Profile** (GCP) is the child neglect assessment tool utilised by partners across Cambridgeshire. For this year 4 workshops have been offered.

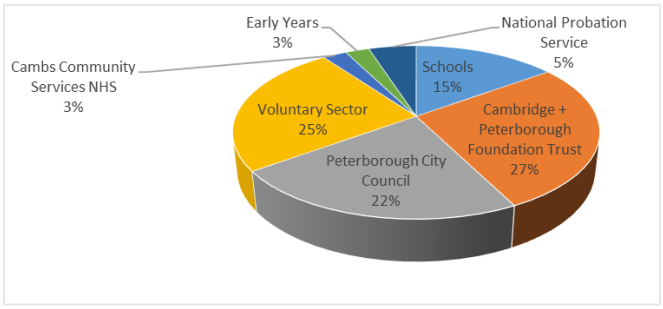
In Cambridgeshire following attending training the Board received comments back on the use of the Graded Care Profile.

A delegate said -"I will be able to the Graded Care Profile with most families I work with. It will work as a good way of getting an overall picture of the family life."

The **Graded Care Profile** is available on the LSCB website here www.safeguardingpeterborough.org.uk/children-board/professionals/child-neglect/graded-care-profile/

Peterborough

Peterborough Safeguarding Children board has strengthened the amount of neglect training available to practitioners and now offers 3 levels of training. Neglect Levels 1 and 2 and Quality of Care tool training. A total of 20 sessions on neglect have been offered throughout the year.



Pie chart to show Agency breakdown of those people who attended the Neglect Level 1 and 2 Training

The Quality of Care tool is the child neglect assessment utilised by partners across Peterborough.

In Peterborough following attending training the Board has received comments back on the use of the Quality of Care Tool.

A Social Worker said -"Yesterday, I attended a Transfer Out Conference in Lincolnshire. I sent a completed Quality of Care tool to accompany the Social Workers report presented at Conference. There was a lot of positive feedbacks sent."

A Social Worker said - "*I am now using Quality of Care tool for all my cases. Today I printed out enough copies so that at each Core Group we will complete one. In one of my families I used the Quality of Care tool to evidence legal planning and with my second family, I have used the tool to recommend for the case to be de-escalated from Child Protection to Child In Need and used the Quality of Care tool as evidence.*"

Following the Training a Children Centre worker was worried about a family and it was suggested that the Tool was completed and submitted with the Referral - "My referral was accepted and CSC have been out to complete assessment with Mum – awaiting for feedback on what is to happen."

The **Quality of Care Tool** is available on the LSCB website here http://www.safeguardingpeterborough.org.uk/children-board/professionals/child-neglect/quality-of-care-tool-2

There is also Neglect, Graded Care Profile and Quality of Care training available throughout the year here – http://www.safeguardingpeterborough.org.uk/availabletraining/

Within the period covered by this report the Safeguarding Board have undertaken a staff survey to evidence how well the neglect strategy has been embedded into practice.

Children are fully protected from Child Sexual Exploitation

The key objective this year was to carry out a gap analysis of services and meetings across Cambridgeshire and Peterborough to ensure we are best meeting the needs of children and young people deemed to be at some level of risk of sexual exploitation.

Work has continued to realign how we structure services to meet the needs of the children and young people at risk. There is now an enhanced multi-agency response to CSE driven by the formation of the Missing, Exploited and Trafficked (MET) hub sitting within the Integrated Front Door and a complete overhaul of the risk management tool with a clear pathway attached to each level of risk.

Work continues to align processes across both authority areas

Our structure is as follows:

MET Hub

The MET Hub was established in April 2017 as part of the Cambridgeshire Children's Change Programme and sits within the Integrated Front Door. This was as a result of a review of the service delivered to children and young people who went missing or who were vulnerable to or at risk of various forms of exploitation.

Prior to its formation there was a limited understanding of the key themes, patterns or trends in respect of missing and/or exploited children within the county and a need to provide up to date meaningful data highlighting themes and trends was identified.

The themes and trends document could then be used by the Missing and Sexually Exploited Group (MASE) to manage all those children deemed to be at "significant" risk and to provide a clearer understanding of exploitation within the county.

The MET Hub is managed by a full time Consultant Social Worker who provides supervision to 4 staff to ensure that all return home interviews(RHIs) are carried out within the 72 hours deadline for all Cambridgeshire County Council (CCC) Young People and CCC Looked after Children (LAC) placed out of county ..

One of the key roles for the MET Hub is to support the identification of safeguarding issues in respect of children who go missing from home or care, who are at risk and vulnerable to child sexual exploitation, gangs, being trafficked and/or exploited. It provides oversight of the

management tracking tools in respect of these children and provides weekly and monthly reports to senior managers in respect of “significant” risk young people and identifies patterns, themes and trends

Op Makesafe

This is a police led meeting. The purpose of the meeting is to review all recent intelligence concerning victims, perpetrators and locations with a view to carrying out tactical activity to disrupt.

The meeting is chaired by the CSE Detective Inspector and membership d includes a representative from each of the current policing districts and the Consultant Social Worker from the Missing, Exploited and Trafficked Hub (MET)

Cambridgeshire MASE meeting

The Cambridgeshire meeting is structured around the CSE Operating Protocol which clearly outlines the terms of reference for this group and is driven by the “themes and Trends “document produced by the MET hub Consultant Social Worker. The meeting also projects the most current “Tracker” spreadsheet highlighting all children believed to be at risk

CSE Strategic Group

The meeting centres on the LSCB joint CSE strategy and a CSE action plan that feeds into a Regional/National plan.

The meeting is held quarterly and membership includes strategic leads from all statutory partners.

The meeting is the most suitable place to discuss the joint strategy.

Actions undertaken by LSCB and partners

Work has continued to deliver training to schools across Cambridgeshire, specifically in areas identified through task and finish groups through the MASE meetings.

Partners have set up quarterly meetings with Care Homes within the county to allow information sharing and problem solving

Mapping meetings have been conducted in key risk areas of the county to allow partners to fully understand the scale of the issue and from these meetings actions have been generated to reduce the level of harm experienced.

Future Developments

2018 will see the adoption of wider child exploitation at all meetings with clear pathways for those at risk of exploitation through gangs or county lines.

The LSCB are working to align practices across Cambridgeshire and Peterborough so both authority areas work to the same threshold document

Learning and Improvement

Child Death Overview Panel (CDOP)

The Cambridgeshire and Peterborough Child Death Overview Panel (CDOP) is chaired by the Independent Chair of the LSCB and enables the LSCB to carry out its statutory function relating to child deaths.

It does this through two inter related multi-agency processes; a paper based review of all deaths of children under the age of 18 years by the CDOP and a rapid response service, led jointly by health and police personnel, which looks in greater detail at the deaths of all children who die unexpectedly.

The full CDOP Annual Report 2017/18 can be found here.

CDOP Facts and figures

- Over the last year, the deaths of 55 children were reported to the CDOP, 33 in Cambridgeshire and 22 in Peterborough. This is a decrease from 59 during 2016/17.
- There were 15 unexpected deaths reported this year, 10 in Cambridgeshire and 5 in Peterborough.
- A total of 56 deaths were reviewed in 2017/18; 34 Cambridgeshire children and 22 Peterborough children which is an increase from 48 during 2016/17.
- During 2017/18, the CDOP identified modifiable factors in 4 of the deaths reviewed in this year.

The Serious Case Review Group

The overall purpose of the group is to consider cases and determine whether a Serious Case Review should be undertaken and ensure that key learning is effectively disseminated. Serious Case Reviews are undertaken where:

a) abuse or neglect of a child is known or suspected; and
b) either –
    i. the child has died; or
    ii. the child has been seriously harmed and there is cause for concern to the way in which the authority, their Board partners or relevant persons have worked together to safeguard the child.

In line with Working Together to Safeguard Children (2015), all reviews of cases meeting the SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Thereafter, the report should be made available on request. This is important to support national sharing of lessons learnt and good practice in writing and publishing SCRs.

There were no Serious Case Reviews published during the year however Serious Case Reviews have been commissioned which will be published in 2018. When reports are published and where referrals did not meet the criteria for a Serious Case Review we will implement learning through training and workshops in 2018.

Training Sub-Group

Until December 2017 the Strategic Workforce Development subgroups met individually and bi-annually as a joint membership. Within the new Safeguarding Children Board Structure; training and development is currently situated, as a standing agenda item, within the Quality Effectiveness Group. This forms part of 'embedding the learning' from the auditing activities co-ordinated within QEG into CPSCB multi-agency safeguarding training. Training is also considered within the various time limited task and finish groups.

Quality and Effectiveness Group

The aim of the Quality and Effectiveness Group (QEG) is to monitor the individual and collective effectiveness of the Safeguarding Children Board members as they carry out their duties to safeguard and promote the welfare of children in Peterborough. The group also advises and supports the Safeguarding Children Board in achieving the highest standards in safeguarding

and promoting the welfare of children in Peterborough and Cambridgeshire by evaluation and continuous improvement. Five meetings of the group were held in the timeframe covered by this report.

The CPSCB has a strong quality assurance function and regularly undertakes quality assurance activity. This includes a range of activity including audits, focus groups and surveys.

The Safeguarding Children Board has developed and implemented an annual themed audit programme which includes both single and multi-agency audits. All multi-agency audits are linked to the Peterborough and Cambridgeshire Safeguarding Children Board Business Priorities.

During the 12 months covered by this report, the Safeguarding Children Board has undertaken 7 multi- agency audits/ dip samples. These focussed on a range of subjects. Areas of practice that have been reviewed include Thresholds, Neglect, Early Help and CSE. All of the audits have resulted in action plans and learning for practice.

In addition to the audits the QEG had developed a multi-agency performance data set. This is based on the LSCB priorities and provides the Board with a further process to scrutinise practice. In the last 12 months the Board has continued to work closely with public health to strengthen the LSCB dataset to include information about neglect (including low birth weight, immunisations, obesity, and repeat accidental injuries).

Section 11 Audit

For the first time, a section 11 audit (Children's Act 2004) was carried out across both Peterborough and Cambridgeshire to; ascertain if agencies are safeguarding and promoting the welfare of children and young people. Agencies were asked to complete and submit a self-assessment section 11 audit tool and alongside this, practitioners of those agencies, were invited to complete an anonymous survey to gather their views and thoughts about some of those questions contained within the audit.

81 % of agency self-audit tools were returned and overall 1042 people responded to the practitioner's survey. Both the completed audits and the survey results were then examined in greater detail during a 'Section 11 Challenge Day', which took place in November 2017; allowing agencies to share good areas of practice and to effectively challenge each other on those areas which need improving upon. Practice areas identified included; professional curiosity, escalation of child protection concerns and finding out about the lived experience of the child

Scrutiny and Challenge

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) to ensure the effectiveness of what is done by each such person or body for those purposes.

Scrutiny

In the period covered by this report, the Board has provided scrutiny to agencies through reports and discussion at the bi-monthly Board meetings on the following issues:

- LADO Annual Report
- Parental Consultation around the Child Protection Conference Process Feedback Report
- Analysis of Multi-agency Attendance at Child Protection Conferences Report
- Children in Need Update
- Unaccompanied Asylum Seeking Children
- Safeguarding Children Quarterly Reports
- Police Problem Profile
- Elective Home Education
- Clare Lodge Performance Quarterly Performance Report

- Annual Report 2016-17 (CDOP)

Challenge

As well as evaluating and analysing operational issue within Board meetings, the Peterborough Safeguarding Children Board has also been active in the last year, challenging practice through individual case escalation. This can result in the Peterborough Safeguarding Children Board facilitating meetings around practice or speaking directly to senior managers about the issue.

Joint Targeted Area Inspection (JTAI) Peterborough May 2017 -

Between 26 and 30 June 2017, Ofsted, the Care Quality Commission (CQC), HM Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) and HM Inspectorate of Probation (HMI Probation) undertook a joint targeted area inspection (JTAI) of the multi-agency response to abuse and neglect in Peterborough City Council.

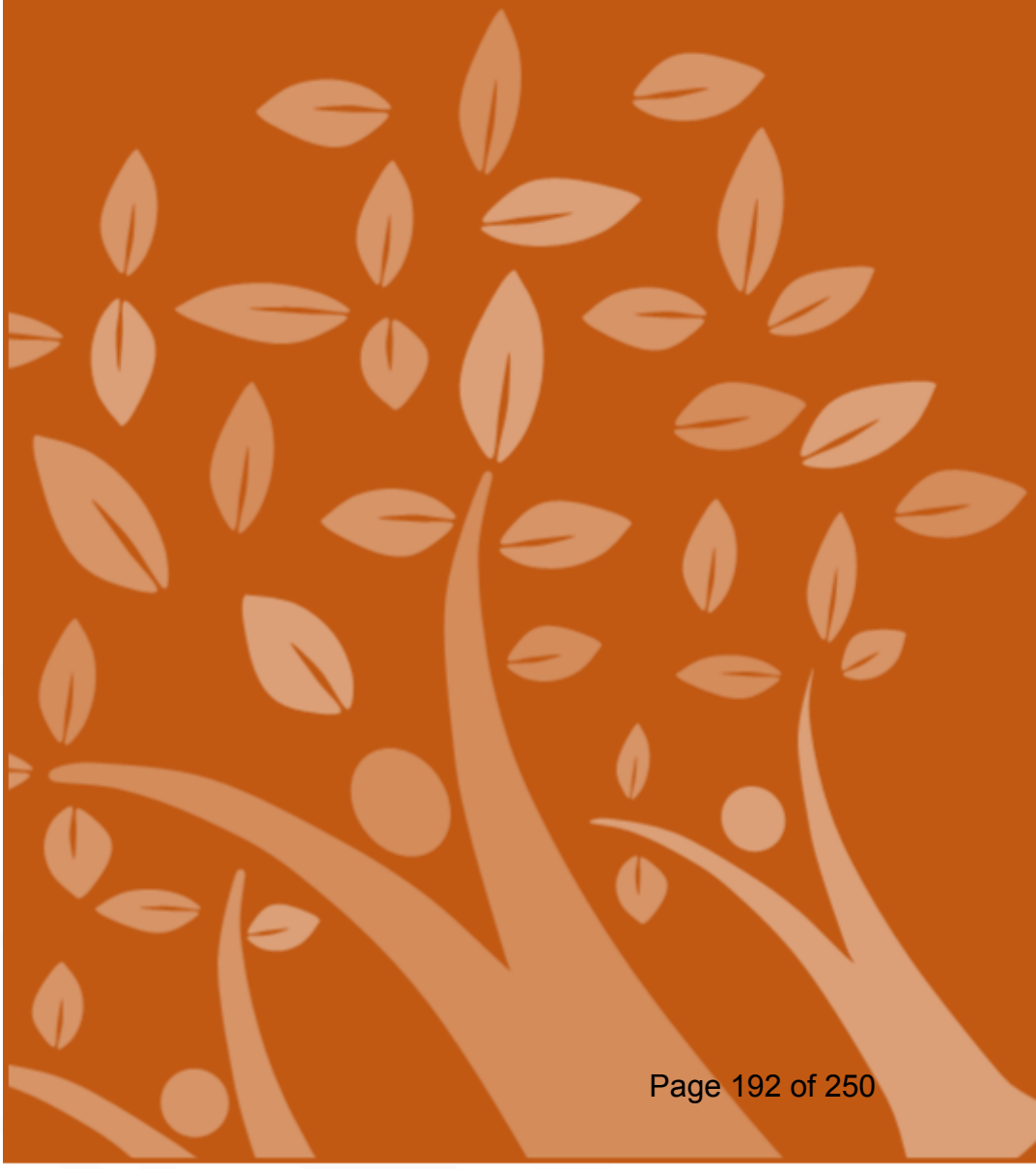
Peterborough was subject to JTAI the full report can be found here https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/637095/Joint_targeted_area_inspection_of_the_multi-agency_response_to_abuse_and_neglect_in_Peterborough.pdf

The Partnership has developed a Multi-agency Action Plan arising from the findings of the Action Plan. The Plan is regularly scrutinised for progress at LSCB meetings.

Ofsted Inspection Cambridgeshire-

An Ofsted inspection took place in Cambridgeshire in March 2018 due to the publication of this report after March 2018 details will be within next years report

Training and Development



Workforce has the right skills / knowledge and capacity to safeguard children

'Local Safeguarding Children Boards (LSCBs) should use data and, as a minimum monitor and evaluate the effectiveness of training, including multi-agency training to safeguard and promote the welfare of children".Working Together to Safeguard Children 2015

There is a strong focus and commitment to the training and development of the children's workforce as part of Cambridgeshire and Peterborough's Safeguarding Children Board's Learning and Improvement Framework.

The Cambridgeshire and Peterborough Safeguarding Children's Board continues to provide a comprehensive and highly regarded multiagency safeguarding children training programme. The training calendar runs from January to December and offers a number of training opportunities, including: training courses, specialist workshops and an annual conference.

Additional resources including: leaflets, briefings, e learning links, Apps and training packages are available on the CPSCB website for professionals, parents and children.

Across the region, from April 2017 until March 2018 the CPSCB training and development programme provided:

- 90 **Training Courses** took place with 1304 practitioners in attendance
- 10 **Specialist Workshops** with 196 practitioners attending them. 6 of those workshops were joint Peterborough and Cambridgeshire, for all practitioners across the region (i.e. Female Genital Mutilation / Gangs)
- 5 Local Practice Groups with 79 practitioners attending (Cambridgeshire only)

Qualitatively the CPSCB training is scored highly, by attendees and managers, with positive comments including:

- *Excellent training / I found the course hugely informative. The opportunity to spend time with and learn from young people who had experienced the services was priceless*
- *Very interactive training with knowledge and engaging trainers/ good to use real case studies*

The majority of practitioners find the training helpful for their job role and for improving their practice when working with children and families:

- *I have considered the way we were engaging /approaching our parents and felt this needed to change to increase engagement with our families. Since doing the training we are now trying different approaches and have already seen an improvement*

Bespoke Training

For identified 'hard to reach groups' the CPSCB provides bespoke safeguarding children training.

General Practitioner training is provided four times each year with 112 GPs and Senior Practitioners in attendance. Qualitatively the training is well received with excellent feedback:

- *Having only done level 3 online previously there was so much more information given and all relevant to this [safeguarding children] area*
- *Case reviews were particularly educational /Excellent thorough and interesting course*

Single Agency Training

CPSCB has a duty to ensure that single agency safeguarding children training is; robust, up to date with the latest research and lessons learned and is fit for purpose, to ensure that the children's workforce is well equipped, informed and trained to deal with safeguarding issues for children and young people.

During the year 4 courses from 3 different agencies (3 from health / 1 from Education Child Protection Service) have been validated successfully. This is an increase of 25 % on the year (12 months) previously

Lived Experience –The Voice of the Child

Children can tell us so much about their experiences which effectively informs our assessments and the appropriate support for them. To focus on this area for 2018 – 2019 a task and finish group has been set up in order to develop a training package and practitioner guidance on; what is meant by the' lived experience of the child' and how 'to engage and observe' the children and young people that we work with to inform practice.

Involving Children and young people within the LSCB

The **LSCB training** strives to continue to invite the voice of the child within its training events in order to give a 'real lived life experience' of children and young people and to support how best for professionals to work and support them. Several courses have included young people and parents (Substance misuse and Voice of the child) interacting with the trainers and facilitating the training. Surveys, pre - recorded video clips, case studies and young people's thoughts and views are included within all of the LSCB training. The courses with parents and children participating are those which score the highest in terms of; delivery of the training and aims and outcomes, with many saying how 'excellent' the training was.

- 'Thank you so much for the young people for their articulate, intelligent contribution. They are wonderful' (health)
- 'Never had training with young people before' (Voluntary)

Across Cambridgeshire, primary school children were given a **survey**, as part of a lesson plan, by designated safeguarding leads within the schools, to find out what they knew about and how to 'keep/feel safe'. 18 schools were chosen and 86 classes of children were involved not only in the survey but also in developing a **poster campaign** to raise awareness on 'feeling safe'. The winners were awarded vouchers and their posters displayed across schools and partner agencies offices.

A survey on Child Sexual Abuse took place from 23rd January 2018, together with work with focus groups within Primary Schools, Jo Procter Head of Service Cambridgeshire and Peterborough Safeguarding Boards, Gaynor Mansell Education Safeguarding Lead, Claire Jimson – School Nurses. 148 secondary school students and 48 primary school students participated. The findings from this activity was used to shape the CPSCB Sexual Abuse Strategy.

Following the success of the Peterborough Children Film Awards 2016, the LSCB sponsored a category on Children's Mental Health, "Looking after my emotions, the winner was "Stay Strong "by Nene Valley Primary School

Appendix 1
Glossary of Terms

Glossary of Terms

ABH	Actual Bodily Harm
AUP	Acceptable User Policy
BeNCH CRC	Bedford, Northampton, Cambridgeshire, Hertfordshire Community Rehabilitation Company
BME	Black Minority Ethnic
CAFCASS	Children & Family Court Advisory & Support Service
CAMHS	Child and Adult Mental Health Service
CBDG	Children Board Delivery Group
CCC	Cambridgeshire County Council
CCG	Clinical Commissioning Group
CCS	Cambridgeshire Community Services NHS Trust
CDOP	Child Death Overview Panel
CEOP	Child Exploitation Online Protection
CFAS	Children Families and Adults Services
CIN	Child in Need
CME	Children Missing from Education
CP	Child Protection
CPFT	Cambridgeshire & Peterborough Foundation Trust
CPIN	Child Protection Information Network (Education)
CQC	Care Quality Commission
CSA	Child Sexual Abuse
CSC	Children Social Care
CSE	Child Sexual Exploitation
CSM	Complex Strategy Meeting
DfE	Department for Education
DAISU	Domestic Abuse Investigating Safeguarding Unit
DV / DA	Domestic Violence / Domestic Abuse
DVRIM	Domestic Violence Risk Identification Matrix
EHA	Early Help Assessment
EHCP	Education Health Care Plan
EHE	Elective Home Education
EHH	Early Help Hub
FGM	Female Genital Mutilation
FMU	Forced Marriage Unit
FRT	First Response Team
GCP	Graded Care Profile
GP	General Practitioner
HBV	Honour Based Violence
HWB	Health and Wellbeing Board
ICPC	Initial Child Protection Conference
IDVA	Independent Domestic Violence Advisor
IFD	Integrated Front Door
ILACS	Inspection of Local Authority Children's Services
IMR	Individual Management Report
IRO	Independent Reviewing Officer
ISVA	Independent Domestic sexual Advisor
LAC	Looked After Child
LADO	Local Authority Designated Officer
LSCB	Local Safeguarding Children Board
LAC	Looked After Child
MAPPA	Multi- Agency Public Protection Arrangements

MAR	Multi-Agency Review
MARAC	Multi- Agency Risk Assessment Conference
MASE	Multi-agency Sexual Exploitation
MASH	Multi- Agency Safeguarding Hub
MET	Missing Exploited and Trafficked
MOMO	Mind Of My Own
NEET	Not in Employment Education or Training
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NPS	National Probation Service
NSPCC	National Society for the Prevention of cruelty to children
OFSTED	Office for Standards in Education, Children's Services and Skills
PCC	Peterborough City Council
PSHE	Personal, Social and Health Education
QEG	Quality Effectiveness Group
RAG	Red, Amber, Green
RCPC	Review Child Protection Conference
SAB	Safeguarding Adults Board
SARC	Sexual Abuse Referral Centre
SCR	Serious Case Review
SILP	Significant Incident Learning Process
SPA	Single Point of Access (Health)
TAC	Team Around the Child
TACT	The Adolescent and Children's Trust
TAF	Team Around the Family
TARP	Threshold and Resources Panel (Cambs CSC)
TF	Think Family
UASC	Unaccompanied Asylum Seeking Children
VAWG	Violence Against Women and Girls
WT	Working Together
YOS	Youth Offending Service

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Agenda Item No: 12

CAMBRIDGESHIRE ANNUAL PUBLIC HEALTH REPORT 2018

To: **Health and Wellbeing Board**

Meeting Date: **22nd November 2017**

From: **Dr Liz Robin, Director of Public Health**

Recommendations: **The Health and Wellbeing Board is asked to**

a) note and comment on the information outlined in the Annual Public Health Report.

	Officer contact:		***Member contact:***
Name:	Dr Liz Robin	Names:	Councillor Peter Topping
Post:	Director of Public Health	Post:	Chairman
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398

1. PURPOSE

1.1 The purpose of this paper is to present the Annual Public Health Report 2018 to the Health and Wellbeing Board.

2 BACKGROUND

2.1 The Health and Social Care Act (2012) includes a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people.

2.2 Last year's Annual Public Health Report (2017) focussed on the wider social and environmental factors affecting health and wellbeing locally, and how these influence the differences in health outcomes we see across Cambridgeshire. It also looked at key lifestyle behaviours which impact on longer term health and wellbeing, and at trends in life expectancy and preventable death in the county.

3. MAIN ISSUES

3.1 This year's Annual Public Health Report (APHR) 2018 recognises that there are now many web-based sources of information, which can provide comprehensive and up to date information about the health of Cambridgeshire's population, and it provides weblinks and signposting to these. The APHR 2018 also focusses on the 'best start in life' for babies and young children in Cambridgeshire, and reviews some key factors which affect health and development up to the age of five. For the first time this year, the international Global Burden of Disease study, which has been providing health statistics for governments around the world for the past twenty years, is providing a similar analysis of health and disease for English local authorities. Some of the main findings are presented here. Finally, progress against recommendations from the APHR 2017 is reviewed.

3.2 The APHR 2018 proposes that last year's recommendations will take time to implement, and progress against them should continue to be monitored. In addition, two further recommendations are made:

- The recent Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough provided a range of recommendations to support outcomes for children in their early years and reduce inequalities in school readiness, and these recommendations should be taken forward.

- The Global Burden of Disease study emphasised the importance of smoking and tobacco as a cause of premature death in Cambridgeshire, but with the exception of Fenland, progress in reducing smoking rates across the county has slowed. A new multi-agency strategy and action plan to address smoking rates in Cambridgeshire should be developed.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The Annual Public Health Report 2018 has a particular focus on two priorities of the Cambridgeshire Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.

5 SOURCES

Source Documents	Location
Annual Public Health Report (2017)	https://cambridgeshireinsight.org.uk/health/localphi/aphr/
The Health Profile for England (2018)	https://www.gov.uk/government/publications/health-profile-for-england-2018
The Global Burden of Disease Study (2018)	https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext

Cambridgeshire County Council

CAMBRIDGESHIRE'S

ANNUAL PUBLIC HEALTH REPORT

2018

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INTRODUCTION

When Annual Public Health Reports were first produced in the nineteenth century by local authority Medical Officers of Health, they were the main source of available information about health statistics in the local area.

This is no longer the case - as there are now excellent web based resources reporting on routine health statistics and outcomes both locally and nationally, which are available for any member of the public with an interest. Section 1 of this report provides information about and weblinks to these resources.

This Annual Public Health Report focusses on two topics where new information is available. For the first time, the national Health Profile for England (2018) includes a chapter about Health in the Early Years - and Section 2 of this report reviews similar information for Cambridgeshire about the health and development of children aged under five.

The Global Burden of Disease (GBD) Study is used by national policy makers across the world. For the first time, this year's GBD includes a breakdown of data on premature death and disability and their causes, at upper tier local authority level. Section 3 of this report briefly reviews the GBD study findings for Cambridgeshire.

Section 4 looks at the recommendations from last year's annual report and how these have been progressed, and makes further recommendations for the coming year.

Throughout the report I make use of infographics produced by Public Health England's 'Health Matters' resource, available on https://www.gov.uk/government/collections/health-matters-public-health-issues. This provides a range of easily understandable and accessible information on a range of important health issues, and is well worth a look.

In a time of limited resources, we need to ensure that as many organisations, communities and individuals as possible have good information about how we can improve health in our local communities – and I hope this report will help signpost those interested to some of the wealth of information available.

SECTION 1: FINDING INFORMATION ON PUBLIC HEALTH OUTCOMES

LOCAL INFORMATION

Cambridgeshire Insight is the main source of local information on a range of local outcomes, including public health.

Cambridgeshire Insight: Interactive map of Cambridgeshire https://cambridgeshireinsight.org.uk/ lets you click on your electoral ward or enter a postcode and see a short report on your area's population, economy, housing, education and health outcomes.

Cambridgeshire Insight: Joint Strategic Needs Assessment https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/ provides an annually updated core dataset from the statutory joint strategic needs assessment (JSNA) across health and social care outcomes. The JSNA is led by the Cambridgeshire and Peterborough Health and Wellbeing Boards.

Cambridgeshire Insight: Health and Wellbeing https://cambridgeshireinsight.org.uk/health/ provides links to a range of detailed local and national information on public health outcomes, weekly updates on the latest national research, and other reports.

Cambridgeshire Insight: Children's health and wellbeing https://cambridgeshireinsight.org.uk/health/popgroups/cyp/ provides further information on children's health and outcomes in the county

Be Well in Cambridgeshire https://www.cambridgeshire.gov.uk/be-well/ provides information on how to look after your own health and wellbeing, including local services and opportunities which support you in maintaining a healthy lifestyle, and day to day social media communications.

NATIONAL INFORMATION

The Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework is the main portal for Public Health England's Knowledge and Intelligence service. It provides interactive profiles on a wide range of public health outcomes and is updated every three months. Through the easy to use interactive functions it is possible to:

- Compare public health outcomes in Cambridgeshire to national and regional averages, and to groups of similar local authorities
- Look at trends in public health outcomes in Cambridgeshire over time
- Create charts, profiles and maps of public health outcomes in the County.

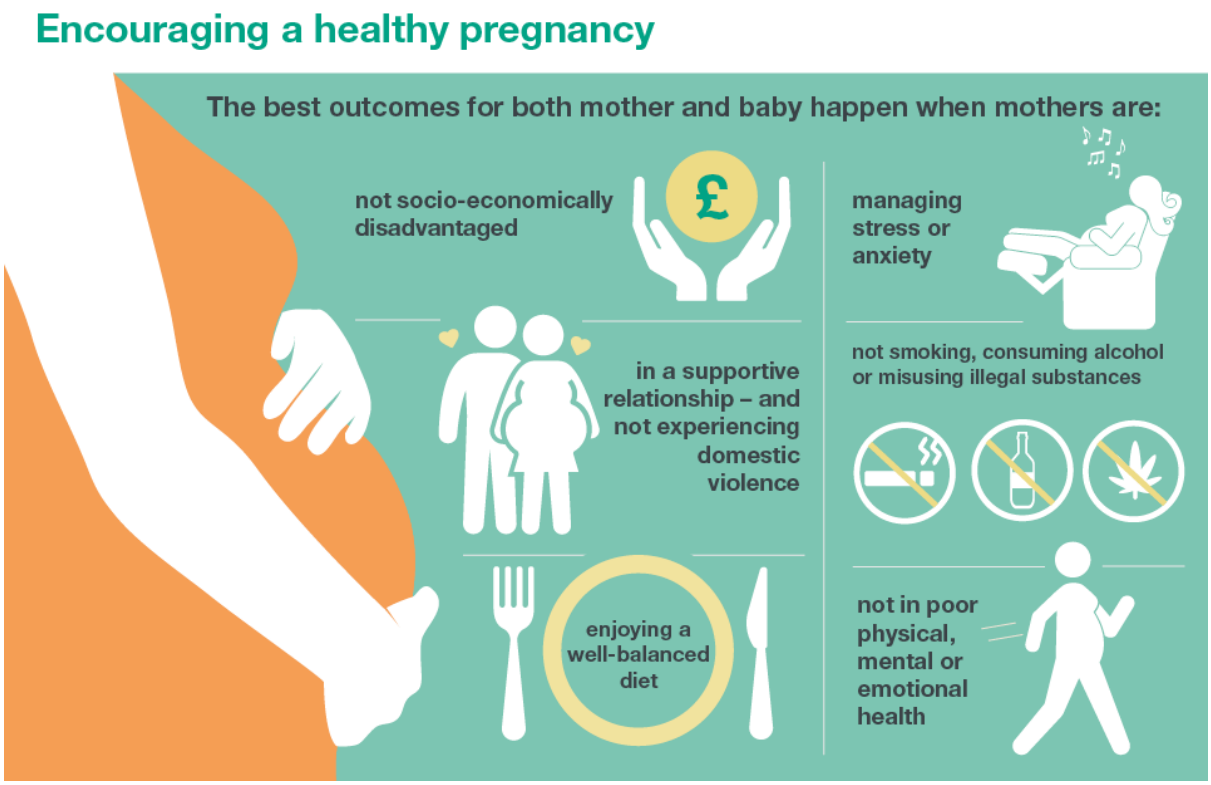
It is also possible to do this for individual District/City Council areas in Cambridgeshire, although for a more limited set of outcome indicators.

Local Health at www.localhealth.org.uk/ is the Public Health England portal which provides information at electoral ward level. It can be used to produce electoral ward health profiles and charts, or group wards together to make a health profile of a larger area.

SECTION 2: THE BEST START IN LIFE

HEALTH IN PREGNANCY

There are some factors which influence a child's health and wellbeing, even before they are born.



TEENAGE PREGNANCY

Teenage pregnancy (usually defined as conception under the age of 18) carries a number of risks for both mother and child. The baby is more likely to have a low birth weight and has a higher risk of infant death. Because of parenting responsibilities, young mothers are less likely to finish their education and this may put them at further economic disadvantage. Rates of teenage pregnancy have more than halved nationally over the last 20 years, as a result of a long-term evidence based teenage pregnancy strategy. In Cambridgeshire the teenage pregnancy rate in 2016 was the lowest in the East of England. Rates in Cambridge City, South Cambridgeshire and East Cambridgeshire were better than the national average and in Fenland and Huntingdonshire were similar to average.

2.04 - Under 18 conceptions 2016 — Crude rate - per 1000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	17,014	18.8	18.5	19.1
East of England region	↓	1,738	17.1	16.3	17.9
Peterborough	↓	99	29.8	24.2	36.3
Southend-on-Sea	↓	81	27.1	21.5	33.7
Luton	↓	86	21.7	17.4	26.8
Norfolk	↓	285	20.9	18.6	23.5
Thurrock	↓	54	18.4	13.8	24.0
Essex	↓	406	16.7	15.1	18.4
Suffolk	↓	194	16.0	13.8	18.4
Central Bedfordshire	↓	69	15.0	11.7	19.0
Bedford	↓	43	14.7	10.6	19.7
Hertfordshire	↓	295	14.4	12.8	16.1
Cambridgeshire	↓	126	12.2	10.2	14.5

Source: Office for National Statistics (ONS)

SMOKING IN PREGNANCY

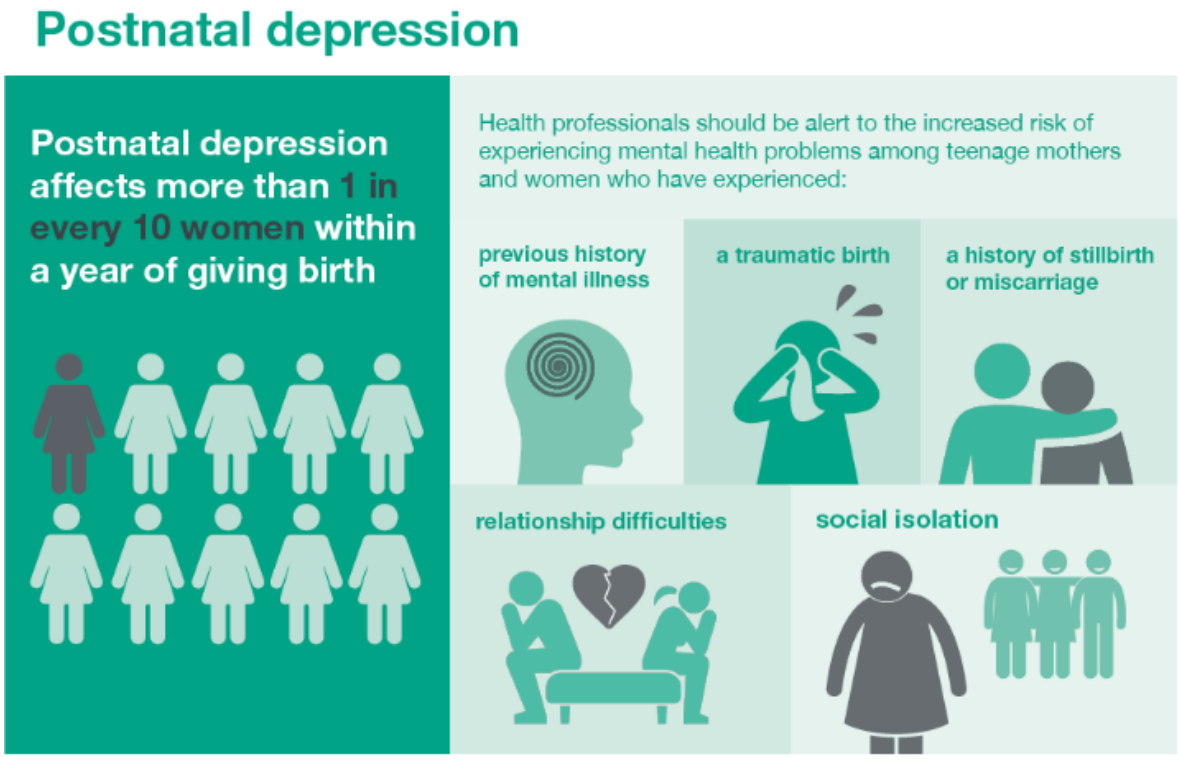
The proportion of mothers who are smokers at the time their baby is delivered is measured by hospital maternity units. The latest available national figures from 2016/17 showed that 10.7% of women were smokers at the time of delivery. The latest figures from local hospitals for April-June 2018 show major inequalities in the proportion of mothers smoking at the time of delivery in different parts of Cambridgeshire.

Maternity Unit	**Main area served (Cambs & Peterborough patients only)**	**Percentage of women smoking at time of delivery April-Sept 2018**
Rosie Maternity Unit Cambridge	Cambridge City, South Cambridgeshire, East Cambridgeshire	**6.2%**
Hinchingbrooke Hospital Maternity Unit	Huntingdonshire, South Fenland	**10.6%**
Peterborough City Hospital Maternity Unit	Peterborough, central and western parts of Fenland	**12.7%**
Queen Elizabeth Hospital, Kings Lynn	North Fenland (Wisbech area)	**22.8%**

HEALTH IN THE EARLY YEARS

MATERNAL MENTAL HEALTH

Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment. But many women are thought to be 'falling through the cracks' and not getting the help they need for mental health problems during and after pregnancy. The Centre for Mental Health and the Royal College of GPs highlighted that the biggest barrier to providing better support to women experiencing poor mental health in the perinatal period is the low level of identification of need.



HEALTHY NUTRITION IN THE EARLY YEARS

BREASTFEEDING

Breastfeeding provides the best possible nutritional start in life for a baby, protecting the baby from infection and offering important health benefits for the mother. The government's advice is that infants should be exclusively breastfed, receiving only breastmilk for the first 6 months of life, following which other drinks and foodstuffs can be introduced. But many mothers find it challenging to sustain breastfeeding. National data from 2016/17 show that at 6 to 8 weeks of age the percentage of infants who were either exclusively or partially (when formula milk has also been introduced) breastfed was only 44.4%.

In Cambridgeshire, rates of breastfeeding at 6-8 weeks are better than the national and regional average with 56.1% infants breastfed.

2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method 2016/17 — Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	271,813	44.4*	44.3	44.6
East of England region	–	33,997	49.2	48.8	49.6
Luton	–	1,980	57.1	55.5	58.7
Cambridgeshire	–	3,978	56.1	55.0	57.3
Bedford	–	1,174	54.7	52.6	56.8
Central Bedfordshire	–	1,612	47.7	46.1	49.4
Thurrock	–	1,196	47.7	45.8	49.7
Peterborough	–	1,452	47.1	45.3	48.9
Suffolk	–	3,442	46.0	44.9	47.1
Norfolk	–	4,102	45.7	44.6	46.7
Essex	–	6,857	45.7	44.9	46.5
Southend-on-Sea	–	985	*	-	-
Hertfordshire	–	7,219	*	-	-

Source: Public Health England National Child and Maternal Health Intelligence Network

CHILDHOOD OBESITY

Increases in both childhood and adult obesity over the past 30 years are a major public health concern. Obesity is estimated to cost wider society £27 billion per year, and we spend more per year on treating obesity and diabetes than on the police, fire service and judicial system combined.

Although the causes of childhood obesity are complex, not all young children have a diet or undertake physical activity at levels which reflect national recommendations. Linked data shows that children who were overweight or obese in Reception year (aged 4 and 5 years) were also more likely to be overweight or obese in Year 6 (age 10 to 11 years) and then again more likely to go on to be overweight or obese adults.

In Cambridgeshire, the percentage of 4-5 year olds with excess weight has decreased over the past four years, and in 2016/17 was the lowest in the East of England at 18.5%. All Cambridgeshire districts, including Fenland, had lower percentages of 4-5 year olds with excess weight than the national average.

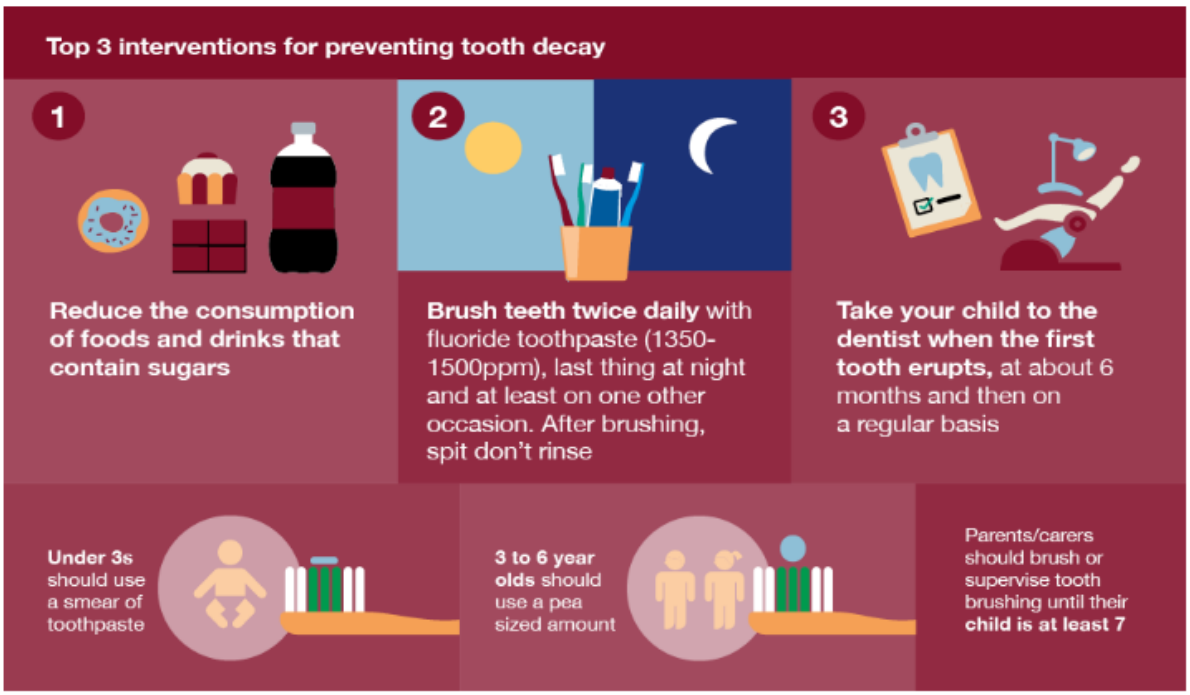
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds New data 2016/17 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	142,419	22.6	22.5	22.7
East of England region	↓	14,999	21.1	20.8	21.4
Peterborough	↓	603	23.2	21.6	24.9
Norfolk	→	2,108	22.7	21.9	23.6
Luton	↓	738	22.6	21.2	24.1
Suffolk	→	1,773	22.3	21.4	23.2
Thurrock	↓	553	22.1	20.5	23.7
Southend-on-Sea	→	445	21.4	19.7	23.2
Essex	→	3,456	20.9	20.3	21.6
Bedford	↓	449	20.4	18.8	22.2
Central Bedfordshire	→	701	20.4	19.1	21.8
Hertfordshire	↓	2,901	20.0	19.4	20.7
Cambridgeshire	↓	1,272	18.5	17.6	19.5

Source: NHS Digital, National Child Measurement Programme

ORAL HEALTH

The amount of sugar which young children eat and drink, together with whether they brush their teeth and visit their dentist regularly, determines their oral health.



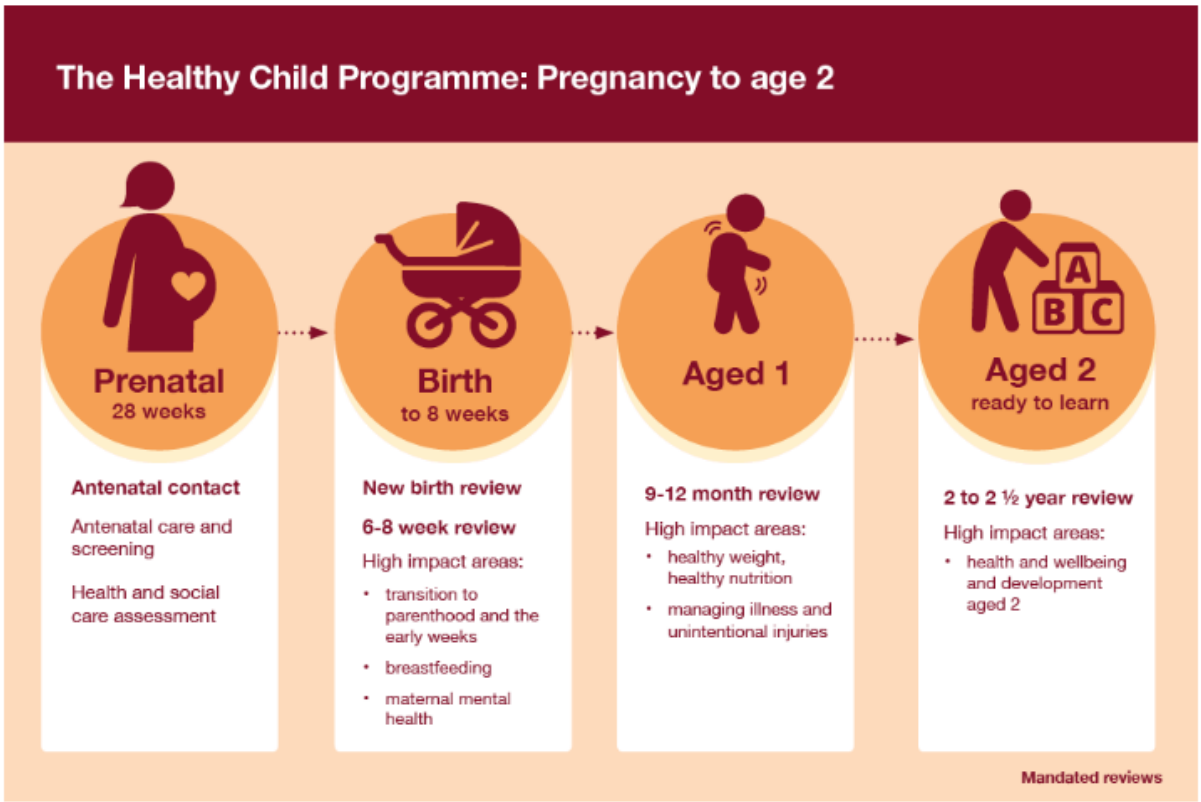
National survey data from 2016/18 shows that in Cambridgeshire, 87.1% of five year olds were free from dental decay. This was better than the national average and highest in the East of England.

THE HEALTHY CHILD PROGRAMME

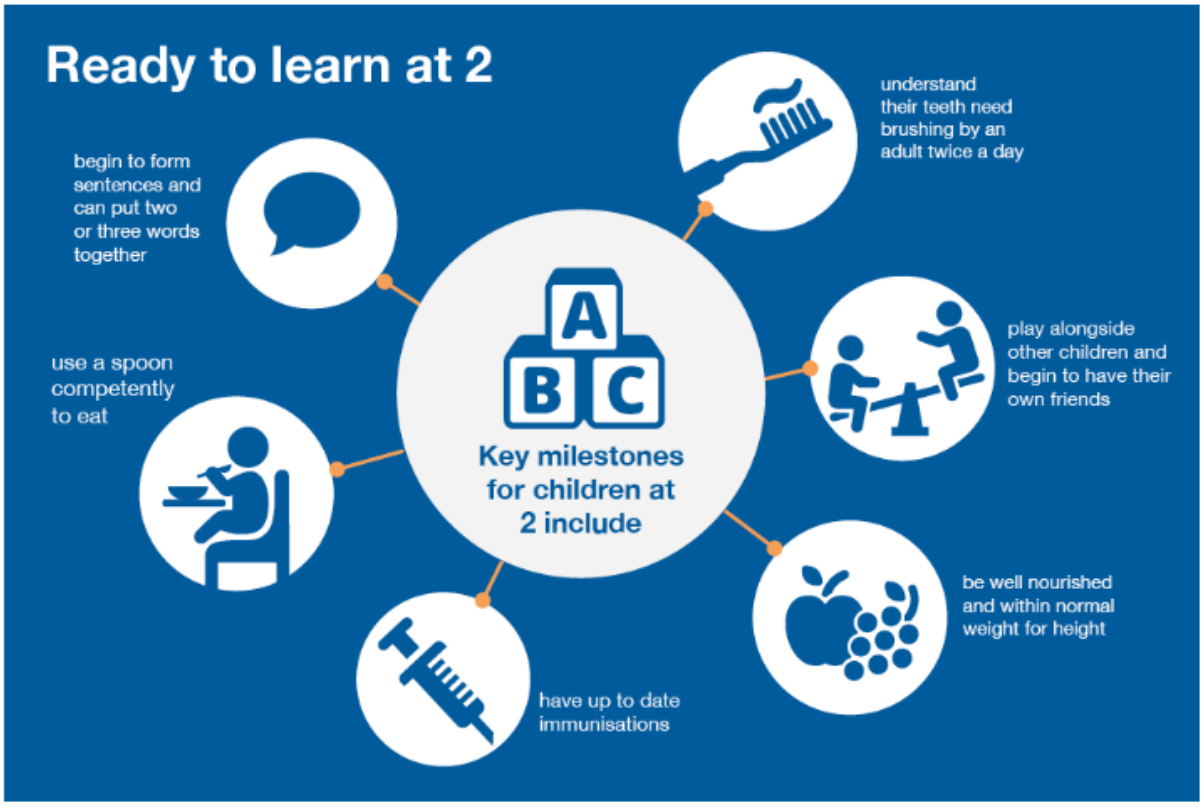
The Healthy Child Programme is the heart of public health services for children and families. It brings together the evidence on delivering good health, wellbeing and resilience for every child. It is delivered as a universal service for all new babies and young children, with additional services for families needing extra support, whether short-term intervention or ongoing help for complex longer-term problems.

The programme can ensure families receive early help and support upstream before problems develop further and reduce demand on downstream, higher cost specialist services. This programme is led by health visitors in collaboration with other health professionals and wider children's services such as child and family centres.

The five universal health and development reviews, most of which are directly delivered by health visitors (although some may be delivered by nursery nurses with health visitor supervision), are a key feature of the Healthy Child Programme and are nationally mandated:



READY TO LEARN AND READY FOR SCHOOL



The ASQ-3 [TM] assessment is part of the healthy child programme review carried out at age 2-2½ years. It covers the development of children's physical (motor) skills, communication, problem solving and personal-social skills. The results vary by deprivation, with children from more disadvantaged backgrounds often showing lower scores – which is most noticeable in the development of communication skills. Poor communication skills in turn, are linked with more difficulty starting school and poor educational outcomes. All disadvantaged 2 year olds are entitled to 15 hours early years provision - and research shows high quality early education can reduce inequalities in educational outcomes for children living in disadvantage.

When children are aged 4-5 their 'school readiness' is measured in a school setting at the end of Reception year, using the Early Years Foundation Stage Profile (EYFSP). This generates an outcome score based on a rounded assessment of development. School readiness affects future health in that better development at this early age improves a child's ability to make the most of his or her learning opportunities, achieving higher grades and better employment prospects. These are then associated with economic prosperity and better health outcomes in the longer term

The proportion of Cambridgeshire children who achieve a good level of school readiness at the end of reception is similar to the national average, but Cambridgeshire children eligible for free school meals have significantly worse results.

Because poor 'school readiness' can lead to lower educational attainment and poorer employment prospects in the longer term, early development and school readiness is likely to be a significant driver of long term health inequalities in the county.

1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	473,626	70.7	70.6	70.8
East of England region	↑	53,470	71.4	71.0	71.7
Thurrock	↑	1,904	75.8	74.1	77.4
Southend-on-Sea	↑	1,627	74.1	72.2	75.9
Essex	↑	12,650	73.5	72.8	74.1
Hertfordshire	↑	10,749	72.2	71.4	72.9
Central Bedfordshire	↑	2,611	71.7	70.2	73.2
Suffolk	↑	5,901	71.1	70.1	72.1
Cambridgeshire	↑	5,394	70.7	69.6	71.7
Norfolk	↑	6,806	70.1	69.1	71.0
Luton	↑	2,284	68.2	66.6	69.8
Bedford	↑	1,543	66.7	64.8	68.6
Peterborough	↑	1,999	63.2	61.5	64.8

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception 2016/17

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	51,316	56.0	55.7	56.3
East of England region	↑	4,640	55.4	54.3	56.4
Luton	↑	290	62.4	57.9	66.7
Thurrock	↑	193	60.9	55.4	66.1
Southend-on-Sea	↑	201	60.7	55.4	65.8
Essex	↑	1,182	57.8	55.6	59.9
Peterborough	↑	244	57.3	52.5	61.9
Suffolk	↑	530	56.4	53.3	59.6
Norfolk	↑	672	53.7	50.9	56.5
Bedford	↑	130	53.3	47.0	59.4
Hertfordshire	↑	665	52.8	50.0	55.5
Central Bedfordshire	↑	108	51.9	45.2	58.6
Cambridgeshire	↑	429	47.9	44.7	51.2

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

ADVERSE CHILDHOOD EXPERIENCES

A growing body of research is revealing the long-term impacts that experiences and events during childhood have on individuals' life chances. Adverse Childhood Experiences (ACEs) such as abuse, neglect and dysfunctional home environments have been shown to be associated with the development of a wide range of harmful behaviours including smoking, harmful alcohol use, drug use, risky sexual behaviour, violence and crime. They are also linked to diseases such as diabetes, mental illness, cancer and cardiovascular disease, and ultimately to premature mortality. Research among UK adults indicates that almost half report at least one ACE and over 8% of the population report four or more. The impact of ACEs and the best way to protect against or mitigate their longer term impact is currently the subject of research both within the UK and internationally and there is currently no standardised information on ACEs, collected across all local authority areas.

SUMMARY OF KEY FINDINGS – EARLY YEARS

This Annual Public Health Report chapter has reviewed health in the early years for Cambridgeshire children. While teenage pregnancy, maintenance of breastfeeding, child oral health, and childhood obesity are challenges for health in the early years both locally and nationally, Cambridgeshire children are generally doing well compared to other areas and we are seeing positive trends.

The main areas of concern requiring further close attention are the inequalities in health and development in the early years shown in local data, which are likely to have a long term impact on outcomes. These include higher rates of smoking in pregnancy in the North Fenland area, and the low rates of school readiness for children eligible for free school meals around the county.

SECTION 3: THE GLOBAL BURDEN OF DISEASE STUDY

National policy makers have used the global burden of disease (GBD) studies for many years to understand the health of the UK population. The GBD is mainly funded by the Bill and Melinda Gates Foundation and involves many academic institutions. The annual GBD report summarises the rates of early death and disability from different diseases in the UK (and internationally), and also quantifies the impact of different causes (risk factors) – such as smoking, poor diet, and air quality on the 'burden of disease' in the UK.

This year for the first time, Public Health England has co-funded a GBD study at upper tier local authority level, which means we can review our 'burden of disease' in Cambridgeshire for the year 2016, in a similar way to national policy makers.

KEY CONCEPTS

Some key concepts are needed to understand the global burden of disease study:

Years of life lost (YLL) is an estimate of the average **years** a person would have lived if he or she had not died prematurely. In the GBD study, the 'standard' to which life expectancy is compared is the best life expectancy observed internationally in a population of over 5 million people.

Years lived with a disability (YLD) **Years** lived with a **disability** (**YLD**) are the number of **years** with a lower quality of **life** due to the disease. These YLDs are weighted to reflect the extent of the reduction in quality of **life** across different diseases

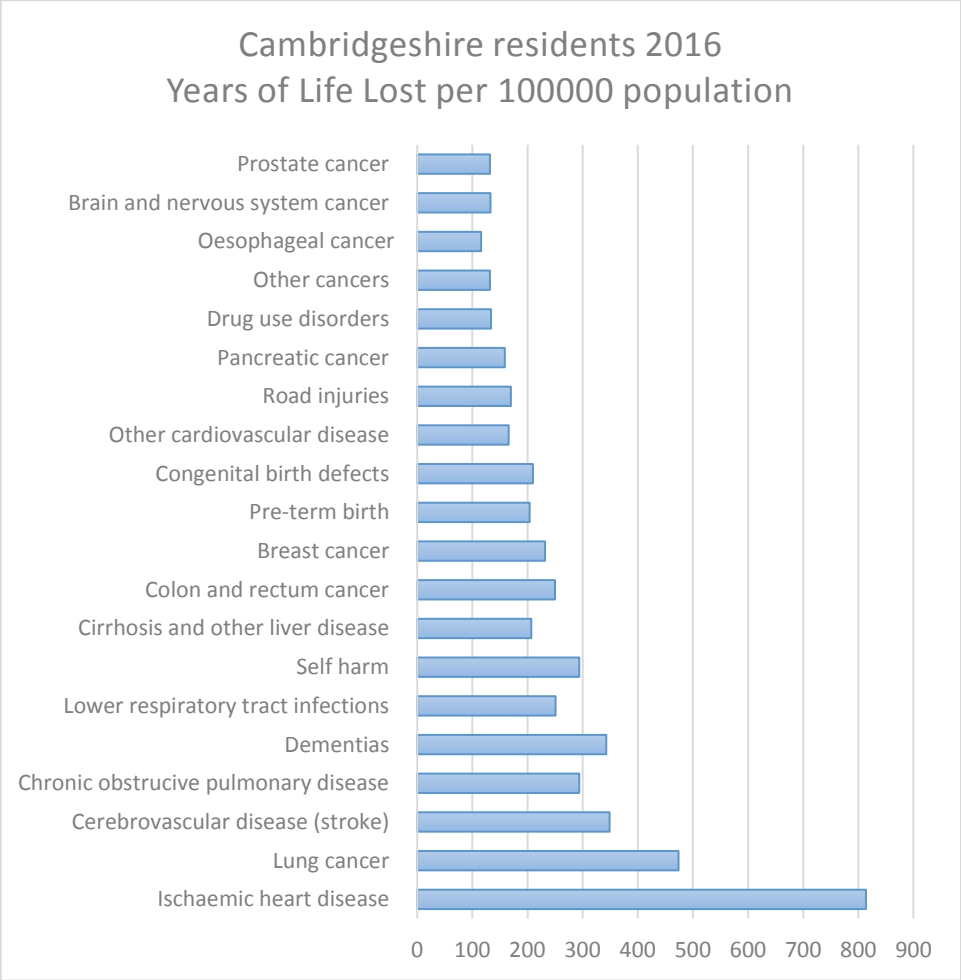
Population attributable fraction (PAF) for a risk factor (e.g. tobacco) is the proportional reduction in a population's diseases or deaths that would occur, if exposure to the risk factor were reduced to an alternative 'ideal' scenario (e.g. no tobacco use).

YEARS OF LIFE LOST

The chart below shows that in Cambridgeshire:

- Heart disease is the commonest cause of years of life lost (YLL) due to premature death, with over 800 years per 100,000 population in 2016.
- Lung cancer is the next commonest cause with nearly 500 years per 100,000 population.
- Stroke, chronic lung disease and dementia are the next three commonest causes
- Self-harm is the seventh most common cause of years of life lost, at almost 300 days per 100,000 population.

The total years of life lost to premature death in Cambridgeshire in 2016 (not shown on the chart) was 7,513 per 100,000 population compared to the national average of 8,941 per 100,000 population. Nationally the rates of YLL are closely related to the level of socio-economic deprivation. Overall the **pattern** of YLL for Cambridgeshire is very similar to the national picture, which also has heart disease as the most common cause of YLL, followed by lung cancer.



RISK FACTORS FOR YEARS OF LIFE LOST

The table below shows the Population Attributable Fraction (PAF) for risk factors for years of life lost due to premature death in Cambridgeshire in 2016. In essence it shows that

- About 15% (one in six) of years of life lost for Cambridgeshire residents in 2016 can be attributed to smoking
- Over 10% (one in ten) years of life lost can be attributed to dietary risks, over 10% to high blood pressure and over 10% to drug and alcohol use.
- High body mass index (obesity) follows close behind with around 9% of years of life lost attributable.
- Occupational (job related) risks account for around 4% of years of life lost and air pollution for over 3%

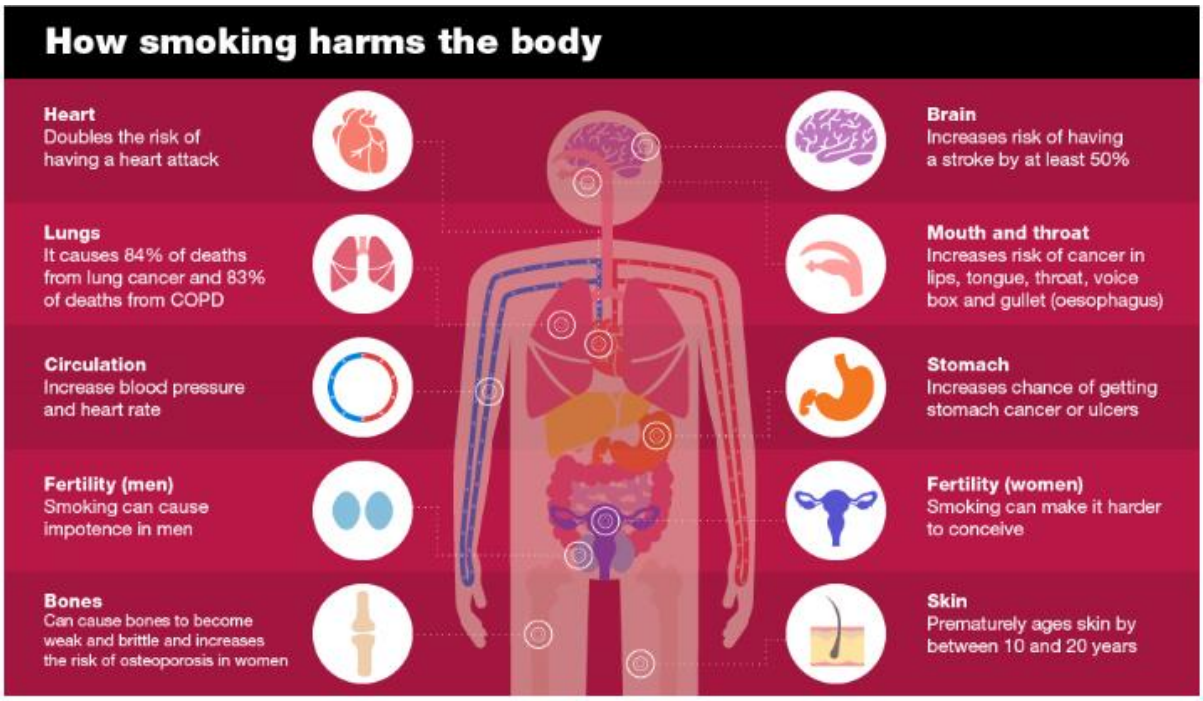
Risk factor	**PAF**
Tobacco	14.9%
Dietary risks*	12.3%
High systolic blood pressure	11.1%
Alcohol and drug use	10.6%
High body mass index	9.2%
High total cholesterol	6.3%
Occupational risks	4.2%
High fasting plasma glucose	4.5%
Air pollution	3.3%
Child and maternal malnutrition	3%
Low physical activity	1.8%
Impaired kidney function	1.5%
Unsafe sex	0.5%
Low bone mineral density	0.5%
Other environmental risks	0.2%
Sexual abuse and violence	0.1%
Unsafe water sanitation and handwashing	0.1%

* Dietary risks cover a wide range of different aspects of food and nutrition – such as diets low in fruits, vegetables, legumes, whole grains, nuts and seeds, fibre and some specific nutrients, and diets high in processed red meat, red meat, sugar sweetened drinks and salt.

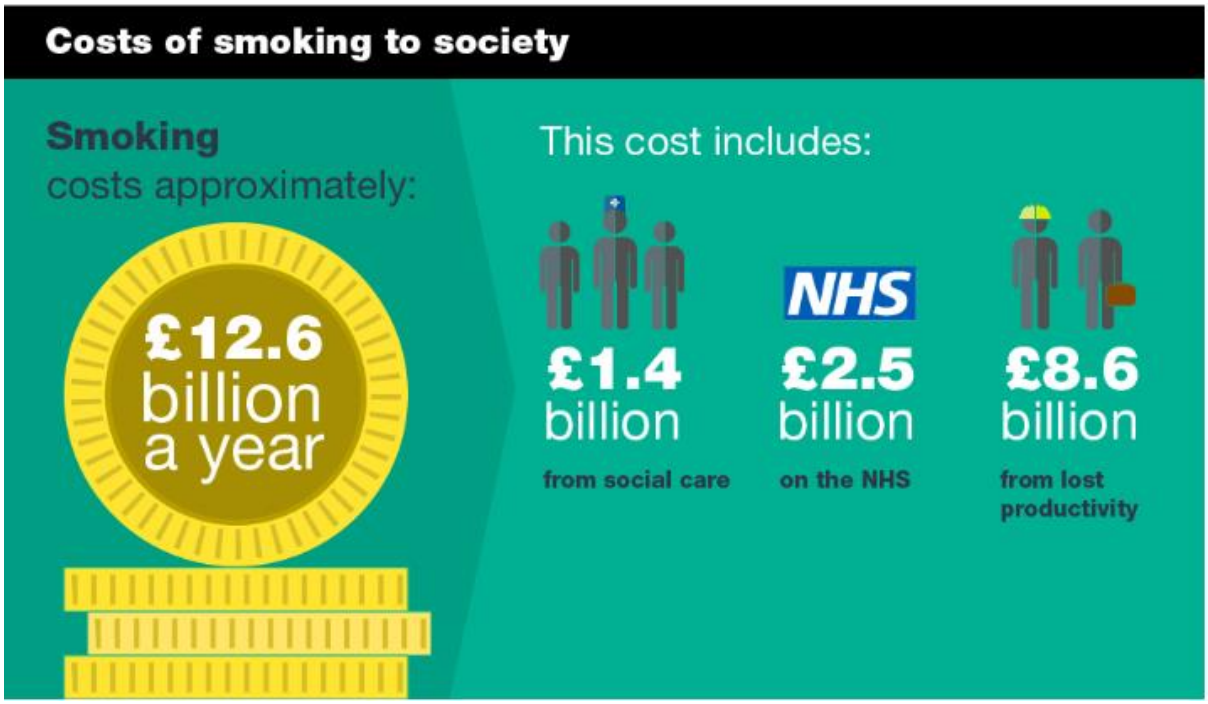
The authors of the national Global Burden of Disease Study are clear on the importance of preventable risk factors for population health. To quote from the recently published GBD findings for the UK: 'Two-thirds of the improvements to date in premature mortality can be attributed to population-wide decreases in smoking, cholesterol, and blood pressure, and about a third are due to improved therapies. Health services need to recognise that prevention is a core activity rather than an optional extra to be undertaken if resources allow.'

SMOKING AS A RISK FACTOR FOR PREMATURE DEATH

There are many reasons why smoking tobacco is the highest ranking risk factor for premature death.



Smoking also results in significant costs to wider society in the UK



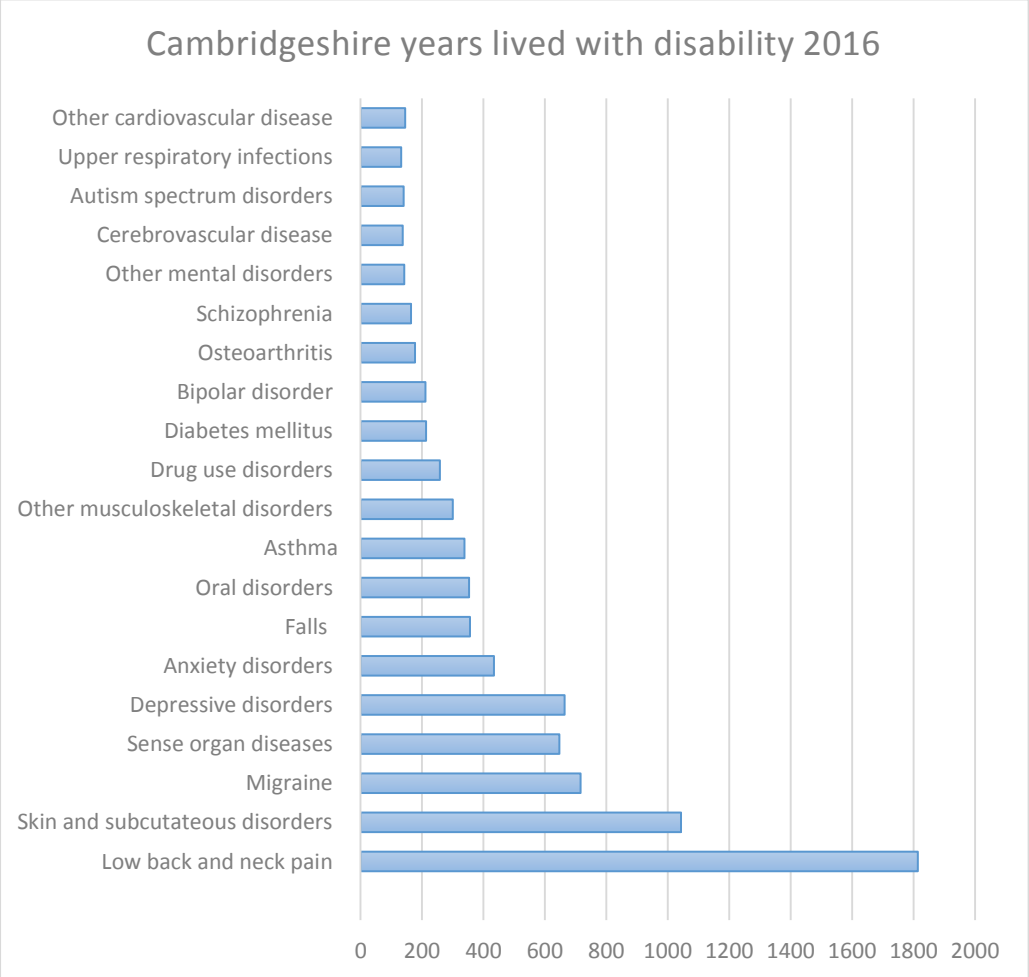
In Cambridgeshire, the proportion of adults who smoke is 14.5% or about one in six. While this is similar to the national average, Cambridgeshire has worse smoking rates than other counties with similar social and demographic profiles, ranking 13th out of 16 'CIPFA comparator' counties. There has been a lot of focus recently on providing support and encouragement for Fenland residents who want to stop smoking, and smoking rates in Fenland have improved. But rates in the rest of the county have not changed significantly for the past few years.

YEARS OF LIFE LIVED WITH DISABILITY

The chart below shows that in Cambridgeshire, as nationally – the diseases causing years of life lived with a disability are often different to the diseases causing premature death, although there is some overlap.

- Low back and neck pain is the most significant cause of years of life lived with a disability (YLD) at over 1800 days per 100,000 population
- Skin and subcutaneous diseases are the next most significant cause at just over 1000 YLD per 100,000 population
- The next two most significant causes are migraine and sense organ diseases (e.g. deafness, blindness)
- Depression and anxiety are also important causes of years lived with a disability, ranking fifth and sixth
- Falls are the seventh most significant cause of years lived with disability.

Total years of life lived with a disability in Cambridgeshire (2016) were estimated as 10,959 per 100,000 population compared with a national average of 11,054 per 100,000 population. For many diseases local data are not available, so national data have to be used – making the estimates less reliable than those for years of life lost.



The importance of musculo-skeletal problems such as low back and neck pain, and of mental health problems such as depression and anxiety are reflected by local and national statistics on out of work

benefits. These show that the most common health problems which cause people to be unable to work are in the 'musculoskeletal' and 'mental health' categories.

Many of the health problems leading to years lived with disability have preventable risk factors, although research on this is less well developed than for premature deaths. To quote again from the Global Burden of Disease study: 'In many cases, the causes of ill health and the behaviours that cause it lie outside the control of health services. For example, obesity, sedentary behaviour, and excess alcohol use all feature strongly in GBD as risk factors for diseases such as musculoskeletal disease, liver disease, and poor mental health. The GBD results, therefore, also argue for policies and programmes that deter the food industry from a business model based on cheap calories, that promote and sustain healthy built and natural environments, and that encourage a healthy drinking culture.'
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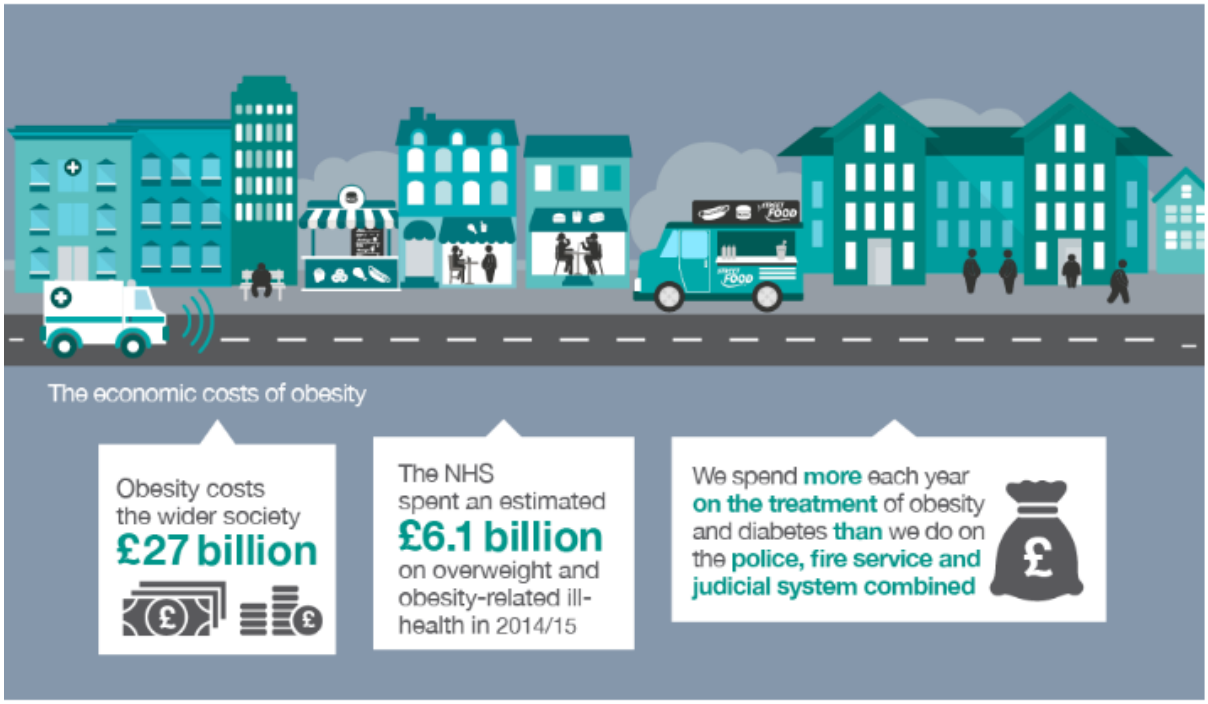


SECTION 4: PROGRESS AGAINST RECOMMENDATIONS FROM THE APHR 2017:

1. **Where possible and statistically valid, we should be mapping more health and wellbeing indicators at the local neighbourhood level to help 'fine tune' the provision, targeting and monitoring of campaigns and services.**

   The Sustainable Transformation Partnership (STP) is piloting the planning of health and care service on a 'neighbourhood' basis. This will ensure that local NHS services work closely with local authority social care and community services, and with wider voluntary sector services and community groups at a neighbourhood level. Local authority analysts are participating in a wider 'Health Analytics Community' which will map relevant health, wellbeing and service use indicators at neighbourhood level, as this work progresses.

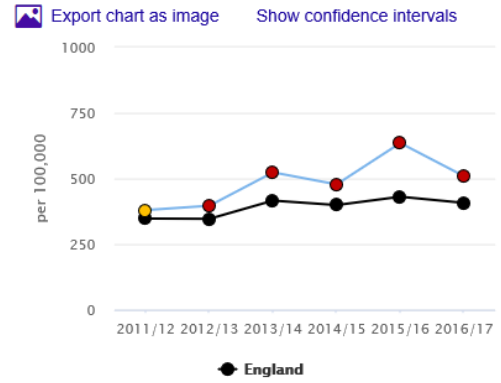
2. **The disparity in educational outcomes between children receiving free school meals and their peers of the same age is a county-wide issue, and is consistent from the measurement of school readiness in reception year right through to GCSE attainment at age 16. Addressing this should be a key public health priority due to the impact of educational attainment on future health and wellbeing.**

   Progress has been made on this issue through Cambridgeshire and Peterborough being one of only two areas selected to participate in a new Local Government Association Peer Review of Early Years Social Mobility. This took place in July 2018. Early years social mobility focuses on differences in early childhood development linked to more general socio-economic disadvantage, which are associated with inequalities in communication skills and readiness to start and succeed at school. The findings and recommendations of the LGA Peer Review are now being taken forward - including developing a multi-agency Early Years Strategy for Cambridgeshire and Peterborough.

3. **Joint work is already taking place across the NHS and local authorities to improve early intervention and support for young people with mental health problems, so we would hope to see these trends improving, and the impact of this work needs careful monitoring.**

   The progress made by multi-agency programmes to improve children and young people's mental health and wellbeing is overseen by the Cambridgeshire and Peterborough Children's and Young People's Emotional Wellbeing Board. New national NHS investment into local child and adolescent mental health services is channelled through the 'Local Transformation Plan' which is closely monitored through NHS data returns. There is ongoing democratic scrutiny by the County Council Health Committee. Rates of hospital admission of young people for self-harm showed some improvement in the most recent data from 2016/17, although still worse than average.

Hospital admissions as a result of self-harm (10-24 years) New data Cambridgeshire — Directly standardised rate - per 100,000



Recent trend: –

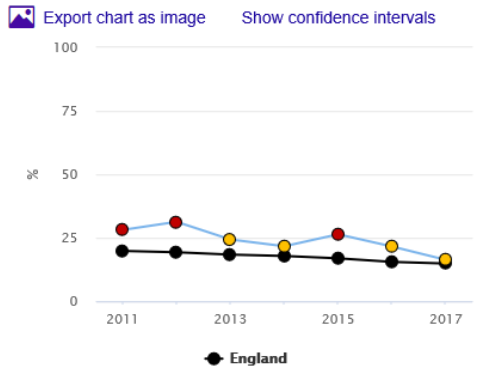
Period		Count	Value	Lower CI	Upper CI	East of England	England
2011/12		459	379.7	345.7	416.1	262.7	347.4
2012/13		474	396.2	361.3	433.6	291.2	346.3
2013/14		622	523.4	483.0	566.2	378.3	415.8
2014/15		567	477.6	439.0	518.6	354.7	398.8
2015/16		763	635.2	590.9	682.0	411.2	430.5
2016/17		606	509.1	469.3	551.3	353.0	407.1

4. **The APHR 2017 demonstrated the health and wellbeing challenges for Fenland residents – in particular for the North Fenland and Wisbech area. The causes are complex, with no easy answers – but a consistent and sustainable focus on the area from a range of organisations will be needed to address the determinants of health such as educational attainment and economic development, as well as a focus from health and care providers on delivering accessible prevention, treatment and support services to meet current needs**.

   A range of work is taking place across agencies and communities to further improve outcomes in Fenland. For the Wisbech Area, the Wisbech 2020 steering group brings several partner agencies together, to make sure that this work doesn't happen 'in silos'. More information about Wisbech 2020 is available on http://www.wisbech2020vision.co.uk/.

   There has been positive progress on some important 'lifestyle' risk factors for poor health. The estimated number of adults in Fenland who smoke has reduced significantly between 2011 and 2017. The numbers of 4-5 year olds with unhealthy weight, and rates of teenage pregnancy have also improved. Challenges remain with higher than average numbers of adults having an unhealthy weight and low physical activity, and increasing rates of hospital admission for alcohol use. Life expectancy remains below the national average for both men and women.

2.14 - Smoking Prevalence in adults - current smokers (APS) New data Fenland Proportion - %



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	East of England	England
2011	●	21,402	28.1	20.1	36.2	19.3	19.8
2012	●	24,044	31.3	24.5	38.1	18.3	19.3
2013	●	18,835	24.3	17.0	31.7	17.5	18.4
2014	●	16,943	21.7	14.4	28.9	17.7	17.8
2015	●	20,887	26.4	17.2	35.6	16.6	16.9
2016	●	17,219	21.6	15.0	28.1	14.4	15.5
2017	●	13,020	16.3	10.1	22.5	14.2	14.9

Source: Annual Population Survey (APS)

RECOMMENDATIONS FOR THE COMING YEAR

It takes time and ongoing focus to achieve public health outcomes, so the four recommendations from the APHR 2017 still stand and will be reviewed again next year. There are two new recommendations from this year's Report:

5. The recent Early Years Social Mobility Peer Review for Cambridgeshire and Peterborough provided a range of recommendations to support outcomes for children in their early years and reduce inequalities in school readiness, and these recommendations should be taken forward.

6. The Global Burden of Disease study emphasised the importance of smoking and tobacco as a cause of premature death in Cambridgeshire, but with the exception of Fenland, progress in reducing smoking rates across the county has slowed. A new multi-agency strategy and action plan to address smoking rates in Cambridgeshire should be developed.

Agenda Item No: 13

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

To: **Health and Wellbeing Board**

Meeting Date: **November 22nd 2018**

From: **Dr Liz Robin, Director of Public Health**

Recommendations: **The Health and Wellbeing Board is asked to:**

a) note progress against the HWB Board priorities for 2018/19

	Officer contact:		***Member contact:***
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1.0 PURPOSE

1.1 The purpose of this paper is to update the HWB Board on progress against its three agreed priorities for 2018/19. Progress is reported separately against each priority.

2 PRIORITY 1: HEALTH INEQUALITIES INCLUDING THE IMPACT OF DRUG AND ALCOHOL MISUSE ON LIFE CHANCES

Background

2.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the place based Living Well Partnerships, would be an appropriate officer group to scope and develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. Action on the impact of drug and alcohol misuse specifically, would be overseen by the multi-agency Cambridgeshire & Peterborough Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and district-based Community Safety partnerships.

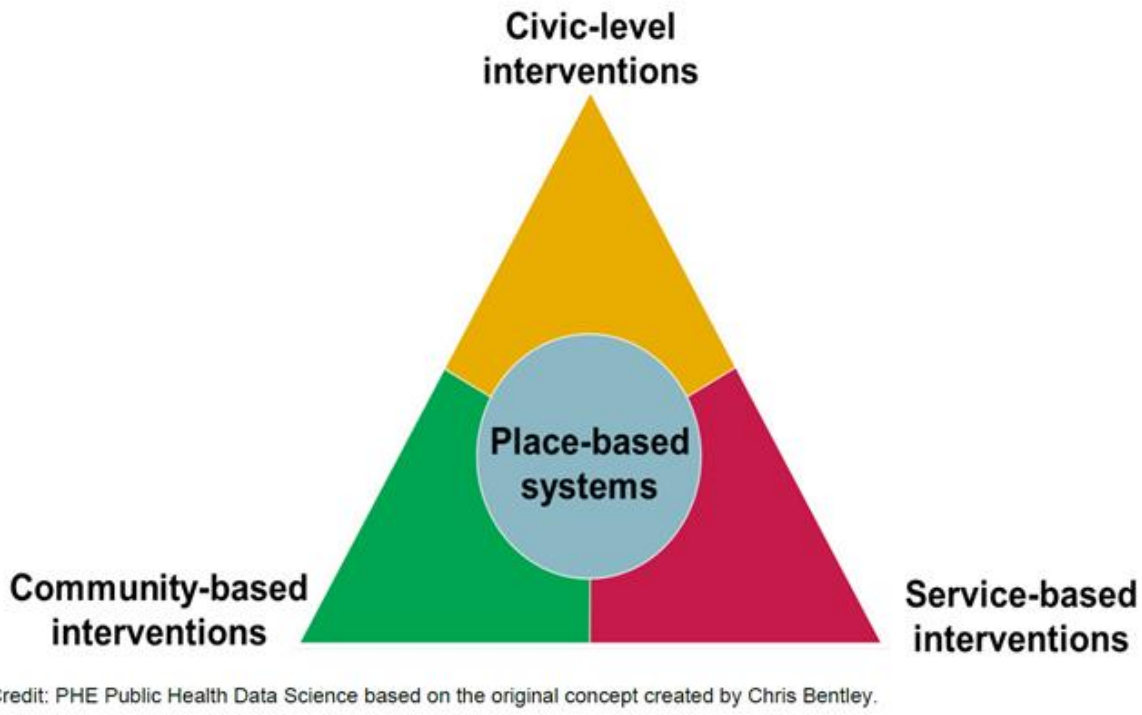
Progress

2.2 The PHRG reviewed a paper on health inequalities, attached at Annex A, which provides an overview of the complexity of health inequalities issues, and a set of frameworks, brought together by Public Health England, that can be used to start to address them. The PHRG focussed particularly on the framework for intervening at **civic, community and service levels,** which can separately impact on population health. In combination, the impact will be greater.

- **Civic interventions** – healthy public policy, including legislation, taxation, welfare and campaigns can mitigate against the structural obstacles to good health. Adopting a Health in All Policies approach can support local authorities to embed action on health inequalities across their wide ranging functions.

- **Community level** - encouraging communities to be more self-managing and to take control of factors affecting their health and wellbeing is beneficial. It is useful to build capacity by involving people as community champions, peer support or similar. This can develop strong collaborative/partnership relationships that in turn support good health.

- **Service level** – Effective service based interventions work better with the combined input of civic and community interventions, eg a tobacco control strategy will include civic regulation on smoking in public spaces, and contraband sales; support to community campaigns and smoking policies in workplaces; as well as smoking cessation services.



2.3 The PHRG identified a range of existing local work at the community-based and service-based levels of intervention to address health inequalities. The main issue for this wide range of work, is to ensure that inequalities identified in the Joint Strategic Needs Assessment (JSNA) are taken into account when developing services and community based activities. This has been progressed by developing a wider range of presentation materials for the JSNA – at STP, upper tier local authority and second tier local authority geographies and ensuring that these are well disseminated.

2.4 Work on civic-level interventions to address health inequalities was felt to be less 'joined up' between local organisations, with scope for the PHRG to contribute by reviewing best practice both locally and nationally. The public health team agreed to prepare a review of policies which could be used across the public sector to address health inequalities, and to bring this back for discussion in January, with the aim of prioritising a small number of policy areas to work up further.

2.5 The Cambridgeshire and Peterborough Drug and Alcohol Misuse Strategy and Action Plan was presented to the previous HWB Board meeting. The priorities for this year are outlined in the table overleaf. An abridged paper to the Cambridgeshire County-wide Community Safety partnership is attached as Annex B, which updates on progress.

Cambridgeshire & Peterborough Drug and Alcohol Misuse Strategy: Current Priorities

1) Prioritising early help interventions to children, young people and families most at risk of substance misuse
2) Reducing drug related deaths and implementing the recommendations of the drug related deaths review
3) Improving outcomes by **addressing barriers** in: a) Housing and homelessness and substance misuse (including linking in with the local homelessness pathfinder) b) Education, training, volunteering and employment and substance misuse (including embedding the work and health programme and work with Job Centre Plus). c) Mental health pathways and substance misuse d) Criminal justice system (across all relevant criminal justice pathways and interventions).

3. PRIORITY 2: NEW AND GROWING COMMUNITIES AND HOUSING

Background

3.1 A discussion was held on New and Growing Communities and Housing at July's Cambridgeshire Health and Well Board. Key points from the discussion included:

- Recognition this is a complex issue which was not always particularly well understood;
- Large developments such as Northstowe are not required to take account of the impact of the new community on wider health care services and infrastructure such as midwifery services and hospital care. It was felt this was a policy issue as much as a practical one.
- The impact on health services of the additional demand created by those living in smaller, infill developments was also not yet taken into account when proposals for these types of developments were considered;
- HWB Board members questioned whether Health and Care Executive Group was the right place for current discussion;
- Welcomed the issues being raised as it demonstrated some dysfunctional ways of working.
- There was a need to share more information.

3.2 HWB Recommendations resulting from this discussion were:

- There is a need for a careful analytical look at the system and to get some strong analysis done to take this forward.

- Recognise that issues go wider than chief executives and asked that the flavour of this discussion should be fed back to them. The Board really wanted to know how they would engage.
- There was also a role for District and City Council representatives in raising this issue with their respective Councils.

Progress

3.3 Sustainable Transformation Partnership (STP) Estates Strategy

The recently published STP Estates Strategy identified working with planning authorities as one of the key enablers. In order to progress, the STP Estates Group has formed a sub-group which is pulling together resources across the Local NHS Estates function to plan how the system responds to growth and the need for estate in the short term and longer term.

Public health are supporting this work with additional capacity commissioned through the STP. Discussions have already taken place with Cambridge City and South Cambridgeshire, the NHS Improvement Strategic Estates Planning Service, and the CCG primary care team, further discussion are scheduled with Huntingdonshire, Fenland and East Cambridgeshire Councils.

Output from this work will be used to deliver a series of workshops, the first focusing on the relevant health organisations to:

- outline where growth is happening, appreciating that much of the growth is small scale infill and may not attract planning gain (sec 106/CIL),
- Defining the need, acknowledging that Sec 106/CIL may not be the answer, and that the need for estate should follow the proposed model for health and care services,
- look at current “NHS” estate and where the gaps may be,
- explore the role of One Public Estate (OPE),
- understand how the “health system” can access “Planning Gain” by working more effectively together,
- Link with the “STP Workforce” workstream to ensure both estate and workforce have a coordinated approach to growth
- Develop a process for the Health System to respond to Local Planning Authorities with “one voice” and an evidence based approach to “need”

The second workshop will focus on the Local Planning Authorities and will be an opportunity for the Health System to test its proposal and process with the Planning teams.

Due to the level of growth in the area and the innovative use of Section 106 monies for revenue activity (facilitated by district planning colleagues) the NHSI Strategic Estates Planning function have offered to support some of this work going forward.

In the longer term the group will look to engage in the design principles of land use planning to design out poor health outcomes and build in positive health outcomes through the local plan making process.

3.3 STP South Alliance

The STP South Alliance (covering Cambridge City, South Cambridgeshire and East Cambridgeshire) has identified new communities as one of its 5 main priorities. This will build on the work and learning from Northstowe and look at how to plan effectively for upcoming developments such as Waterbeach, Bourne Airfield etc.

3.4 Cambridgeshire Public Service Board

Cambridgeshire Public Service Board (CPSB), which includes chief officers from all local authorities, fire, police, combined authority, and an NHS representative, has agreed to sponsor a programme of work looking at how taking a system-wide approach to themes and issues can change the way that the public sector operates in Cambridgeshire. To support this work, four grand challenges have been identified that cut across the work of all of the organisations represented on the board: 1. Giving people a good start in life; 2. Ensuring that people have good work; 3. Creating a place where people want to live; and 4. Ensuring that people are healthy through their lives. To take this work forward, one focus is New Communities as this could contribute to all of these grand challenges.

3.5 Cambridgeshire and Peterborough Combined Authority

The recently published Cambridgeshire and Peterborough Independent Economic Review identified that current projected job growth for Cambridgeshire and Peterborough is likely to be an underestimate and that future housing growth will need to be increased above and beyond the current trajectory to keep pace.

3.6 Further strategic analysis

A paper has been prepared for the joint meeting of the Cambridgeshire Public Service Board and the Health Care Executive, which includes a recommendation that further strategic analysis of future health and social care needs in new communities is commissioned, as recommended by the HWB Board. However the joint CPSB/HCE meeting planned for October was cancelled so the paper has not yet been presented.

4 PRIORITY 3: INTEGRATION – INCLUDING THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE. THIS ALSO COVERS MONITORING THE IMPACT OF DEVELOPING PLACE BASED CARE MODELS.

Background

4.1 A deep dive into Delayed Transfers of Care was covered in depth at the joint meeting of Cambridgeshire HWB Board and Peterborough HWB Board in September.

Progress

4.2 Progress against this priority is covered in a number of other papers on the agenda for this HWB Board meeting:

- Better Care Fund update: iBCF Evaluation Report
- Better Care Fund update: Developing housing for residents currently placed out of county
- Cambridgeshire and Peterborough Health and Social Care System: Local Government Association (LGA) Peer Review Feedback
- Public Service Reform: Health and Social Care Proposal
- Living Well Partnership Update (Cambridge and South Cambridgeshire)

5 LINKS TO HEALTH AND WELLBEING STRATEGY PRIORITIES

5.1 The priorities for action described in this paper are cross-cutting and will impact on all six priorities of the overarching Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

5 SOURCES

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wpengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf

ANNEX A: PUBLIC HEALTH REFERENCE GROUP PAPER

19th October 2018

Report author and contact details: Stuart Keeble, Consultant in Public Health

1 PURPOSE

1. This report is presented to the Public Health Reference Group (PHRG) as a summary and recommendations of next steps following the productive discussion held on Health Inequalities at July PHRG where the group were asked to consider the following questions:

1. What do you understand by health inequalities -and how should we choose to frame the issue in Cambridgeshire and Peterborough?
2. What are the drivers for focusing on health inequalities e.g. outcomes for individuals, demand on services, economic productivity –and what outcomes do you think we should focus on?
3. Are there any quick wins we could start work on now?
4. How should we take forward medium term strategic work?

Members of the reference group provided answers to the questions before the meeting and built on them as part of a wider discussion.

There was a commitment from PH to take away notes and identify themes in order to inform next steps.

2 KEY POINTS

Themes from discussion

The July discussion was very informative and wide ranging. This has made it difficult to identify any strong themes or preferences for future direction. Two themes which came through were:

1) The need for a place based approach, whilst also recognising that inequalities are experienced by different groups which are not spatially patterned. Groups discussed included LGBT, incoming communities, offenders etc.
2) The group did not have sight of current actions happening on the ground in relation to health inequalities in order to identify quick wins and medium term actions.

In order to progress is was suggested that a mapping exercise could be undertaken to identify major gaps, this would also support another recommendation related to sharing and championing what was already going on.

Further, it was suggested case illustrations and examples of issues for different groups e.g. Pregnancy, Older adults, Place based housing, Employment, Integration of generations and LGBT etc would also be of benefit.

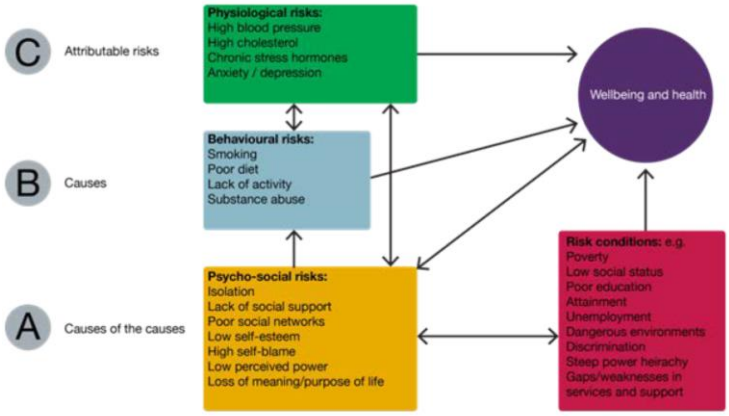
Evidence based framework to support reducing of health inequalities

To support the ongoing discussion and the need to focus going forward the following summarises core principles on reducing health inequalities based on Public health England's 'Guidance on reducing health inequalities: system, scale and sustainability[1]'.

Key principles included:

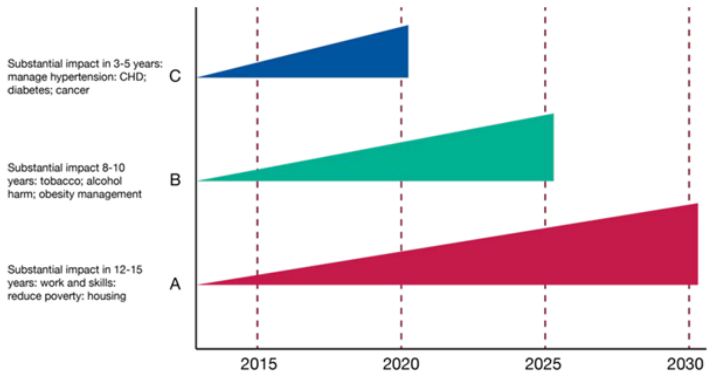
1) To have real impact at population level, interventions need to be **sustainable and systematically delivered at a scale** in order to reach large sections of the population**.**

2) Intervention need to be made at **different levels of risk** – physiological (BP, cholesterol), behavioural (smoking, exercise), psychosocial (Social Isolation, Low perceived power) recognising that all are interconnected and are determined by risk conditions or determinants of health.



3) Intervene for impact over time – Different types of intervention will have different impacts over different time periods. For example, interventions at levels to improve the community infrastructure to encourage people to walk and exercise could take many years to impact on health. While stopping smoking will have an immediate impact as well as longer term improvements.

Figure 3: Time needed to deliver outcomes from different intervention types



[1] https://www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas

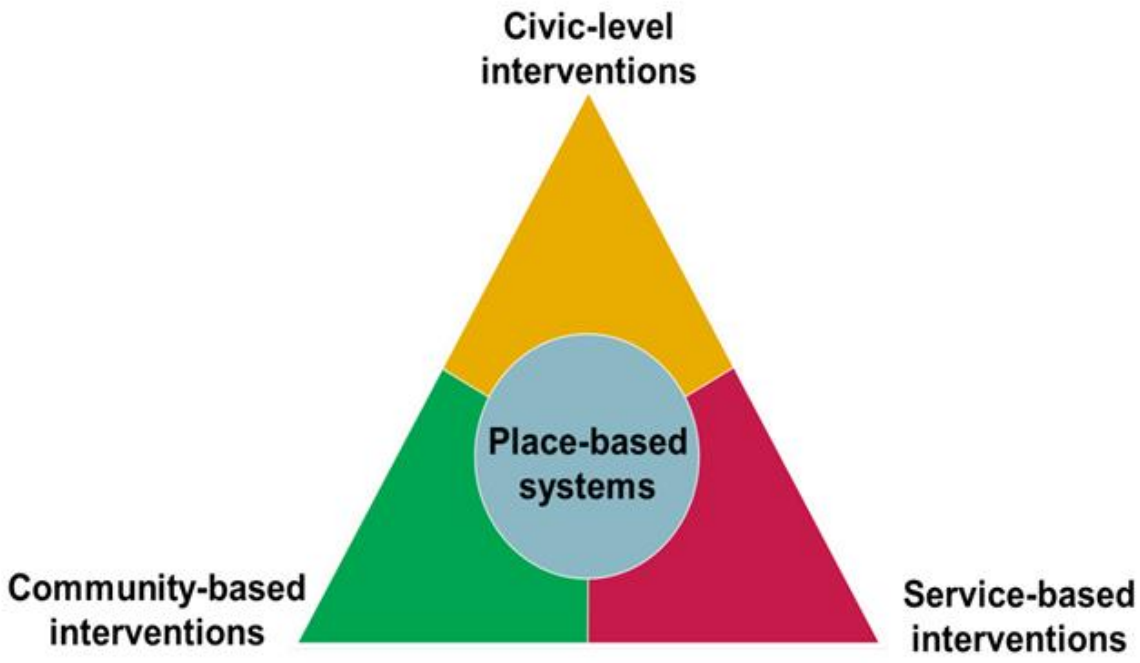
4) Intervene **across the life course** – start well, live well, age well (direct link to Marmot themes).

5) **Making an impact at population level** - Intervening at civic, community and service levels can separately impact on population health. In combination, the impact will be greater.

- **Civic interventions** – through healthy public policy, including legislation, taxation, welfare and campaigns can mitigate against the structural obstacles to good health. Adopting a Health in All Policies approach can support local authorities to embed action on health inequalities across their wide ranging functions.

- **Community level**, encouraging communities to be more self-managing and to take control of factors affecting their health and wellbeing is beneficial. It is useful to build capacity by involving people as community champions, peer support or similar. This can develop strong collaborative/partnership relationships that in turn support good health.

- **Service level** – Effective service based interventions work better with the combined input of civic and community interventions, eg a tobacco control strategy will include civic regulation on smoking in public spaces, and contraband sales; support to community campaigns and smoking policies in workplaces; as well as smoking cessation services.

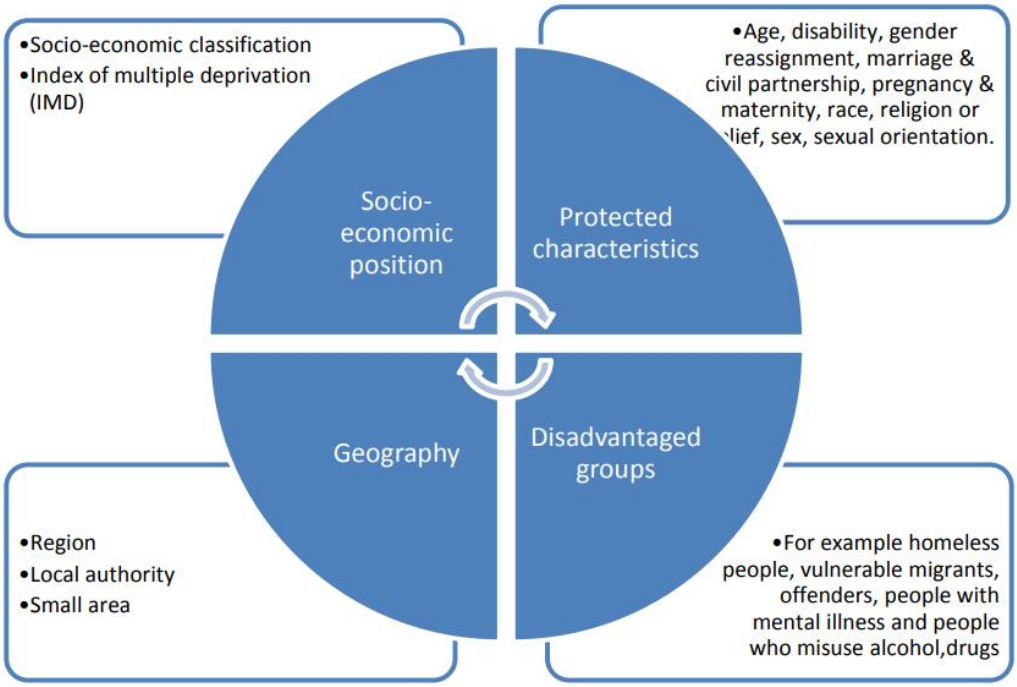


Credit: PHE Public Health Data Science based on the original concept created by Chris Bentley.

Different groups facing inequalities

The PHRG spoke about a number of groups who experience health inequalities. PHE in its report 'Local action on health inequalities - Understanding and reducing ethnic inequalities in health'[2] identified four dimensions for assessing inequalities which include socioeconomic position, protected characteristics, disadvantaged group or population and geography or place. These should be of consideration when choosing next steps.

Figure 1: Four dimensions for assessing inequalities



Mapping exercise

Following the recommendation to undertake a mapping exercise (in order to identify gaps), the table below was produced. This is a 'starter for ten' with a few programmes included, but even with this partial view, shows that there are many programmes of work which either directly (programmes developed specifically to reduce health inequalities) or indirectly (either positively or negatively) impact on health inequalities. A wider piece of work would generate a very large list, which would probably still not be comprehensive - unless focused on specific areas or population group.

2

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf

Example of ‘starter for ten’ limited mapping exercise

Level of intervention	Specific work focused on health inequalities	Wider programmes of work which will impact on health inequalities	Other opportunities
Civic	• Can Do capital programme – investing in parks, community assets and public realm in Lincoln road area of Peterborough.	• Cumulative alcohol impact zone in Peterborough. • Selective Licensing for HMOs in Peterborough. • Planning – maximising health and wellbeing opportunities from new housing developments • Tobacco control. • PH sign off significant implications in Cambridgeshire Country Council.	• Embedding policies to maximise social value of public sector spend (e.g. local procurement, hiring/providing apprenticeships to local people) • Developing fast food Supplementary planning documents in areas with high fast food proliferation • Routinely undertake health equity impact assessments on all policy areas • ‘Ban the box’ –remove requirement for box on job application forms asking for criminal record where this is not relevant to the job.
Community	• Prevention at scale programme in Wisbech (identifying and developing community assets) • Community Health Champions and Youth Health Champions in Peterborough • Healthy Fenland Fund	• New ‘Think Communities’ strategy – focused on shifting CCC and PCC to a prevention based approach, building community assets • Integrated Communities Strategy in Peterborough	
Services	• Migrant fund programme of work – Supporting E8 migrants who are rough sleeping, developing videos on how to use health services (Eastern European migrants). • Work and health programme – interventions to support those with long term health conditions into work. • Locating healthy lifestyle services in most deprived parts of Peterborough and Cambridgeshire	• AF stroke prevention programme in Peterborough and Wisbech (focused on areas with worst Cardiovascular disease outcomes). • Debt advice, cheap credit & welfare rights	• Increasing identification and treatment of patients with high blood pressure in GP practices • Targeted social prescribing

3 SUMMARY AND RECOMMENDATIONS

Summary

- The group identified the need for both a place based approach, whilst also recognising that inequalities are experienced by different groups which are not spatially patterned.
- The group were unable to identify quick wins and medium term actions due to not being sighted on current actions happening on the ground in relation to health inequalities.
- Health inequalities is a large agenda and consideration needs to be given as to how the group's energy can be focused to make a tangible impact and add value.
- Many different programmes of work are currently being undertaken across Cambridgeshire and Peterborough which either directly focus on health inequalities or impact on health inequalities (both positively and negatively).
- There are limited resources to commission new services although funding may be more accessible for Peterborough and Fenland through bids to external sources. Therefore approaches need to consider how we can influence policy and improve/ tweak current provision to reduce health inequalities.
- Guidance from PHE suggests that to make an impact approaches need to be:
    - Sustainable and systematically delivered at a scale
    - Targeted at different levels of risk
    - Targeted to impact over time
    - Across the life course
    - Targeted at the civic, community and service levels to maximise impact on population health.
- There are a number of different dimensions for considering health inequalities including socioeconomic position, protected characteristics, disadvantaged group or population and geography or place

Recommendations

1) Consider the value of undertaking a wider mapping exercise based on examples contained in this paper.
2) Consider how to prioritise the PHRG's work, given the very wide scope of health

Cambridgeshire and Peterborough
Countywide Community Safety Strategic Board

To: Cambridgeshire and Peterborough Countywide Community Safety Strategic Board
From: Liz Robin/Laura Hunt
Date: 11th October, 2018
Title: Drug and Alcohol-Review

1. Purpose

1.1 The purpose of this report is to

- To understand the performance of the drug and alcohol strategy and confidence in it.
- To outline to the CCSSB the key risks surrounding drug and alcohol misuse and how the Delivery Group is managing this risk in Cambs and P'boro.
- To highlight any current risks / gaps in provision
- Display current performance and highlight risks the Responsible Authorities should be aware of and respond to in line with their responsibilities under the Crime and Disorder Act 1998
- To highlight to Responsible Authorities and the place-based partnerships they sit on (such as CSPs and Living Well Partnerships) what actions are needed from them to improve community resilience to the issues and ensure the most vulnerable have access to support

2. Recommendations

2.1 The Board is recommended to note progress, consider the emerging risks regarding County Lines and support the following 3 suggested actions.

- ❖ To ensure that substance misuse training is incorporated across agencies into the workforce training calendar and there are expectations for regular top ups to ensure the workforce remains confident and skilled to respond to individuals and families that are experiencing substance misuse difficulties. For the strategic partnership to assist in creating a dialogue with secondary schools to develop a standardised drugs/alcohol policy response to enable pupils to have early access to specialist treatment services and early intervention is put into effect to help secure their place in mainstream education.
- ❖ To facilitate the distribution of Take Home Naloxone (THN), urging partners to use opportunistic contact with opiate users (and family and friends) to undertake valuable harm reduction interventions and facilitate engagement, Hospital Emergency Departments and custody suites are particular areas of focus.
- ❖ To drive through the identified areas of action following the stakeholder substance misusing offenders pathway review event on the 15th October, 2018.

3. Background and Context

3.1. The Drug and Alcohol Delivery Board (DAADB) co-ordinates the delivery of the multi-agency response to drug and alcohol misuse across Cambridgeshire and Peterborough by bringing together strategic leads from key agencies with responsibility for addressing different aspects of

substance misuse and its impacts. The board focuses on the multi-agency approach to prevention, treatment of and responses to drug and alcohol misuse.

3.2. The D&A Delivery Board has developed a comprehensive action plan in line with the National Drugs Strategy (2017) encompassing four key themes of reducing demand, restricting supply, building recovery and taking action globally. The actions included in the plan are extensive and will encompass work taking place over a number of years. The following key priorities have been identified through consultation with board members and evidenced in recent needs assessments (drugs and alcohol JSNA, 2016 (updated for re-commissioning 2017) and Offender Needs Assessment-OPCC (2016).

Key Priorities

1) Prioritising early help interventions to children, young people and families most at risk of substance misuse
2) Reducing drug related deaths and implementing the recommendations of the drug related deaths review
3) Improving outcomes by **addressing barriers** in: a) Housing and homelessness and substance misuse (including linking in with the local homelessness pathfinder) b) Education, training, volunteering and employment and substance misuse (including embedding the work and health programme and work with Job Centre Plus). c) Mental health pathways and substance misuse d) Criminal justice system (across all relevant criminal justice pathways and interventions).

3.3 Each priority has a strategic lead responsible for driving through the work streams and ensuring there is integration and alignment across strategic delivery mechanisms.

5.0 Activity across key priority areas

5.1 Prioritising early help interventions to children, young people and families most at risk of substance misuse

5.1.1 A working group has been established to drive this work forward across key partners, focusing on 3 key areas namely partnerships, workforce development and intervention and tools.

5.1.2 The Healthy Schools contract (in partnership with PHE and OPCC) due to go live, this provides schools with evidence based tools and interventions to support pupils experiencing problems including substance misuse.

5.1.3 A young person's drug and alcohol needs assessment conducted in spring/summer 2018 (Cambridgeshire) has evidenced the following areas that require strengthening

https://www.cambridgeshire.gov.uk/news/young-peoples-drug-and-alcohol-support-review/

- Identification of substance misuse across universal and targeted services is not consistent

- In cases of drug/alcohol related school exclusions, schools rarely contact the treatment services for advice or support for the young person involved (no consistent policies across the county)
- Data collection across some children and YP services in relation to substance misuse requires improvement
- Increase the effectiveness of prevention, early intervention and treatment to high risk groups
- Strengthening identification and responses to children of substance misusing parents.

5.1.4 Areas of particular need

Hospital admissions for alcohol specific conditions for under 18s are similar to England averages but much higher than the rest of the East of England, Cambridge City and Huntingdon are those with significantly higher rates

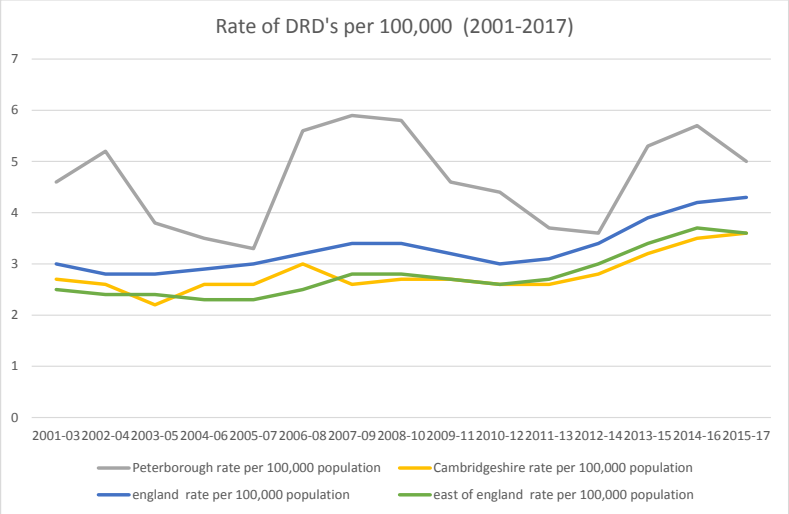
5.1.5 Assistance

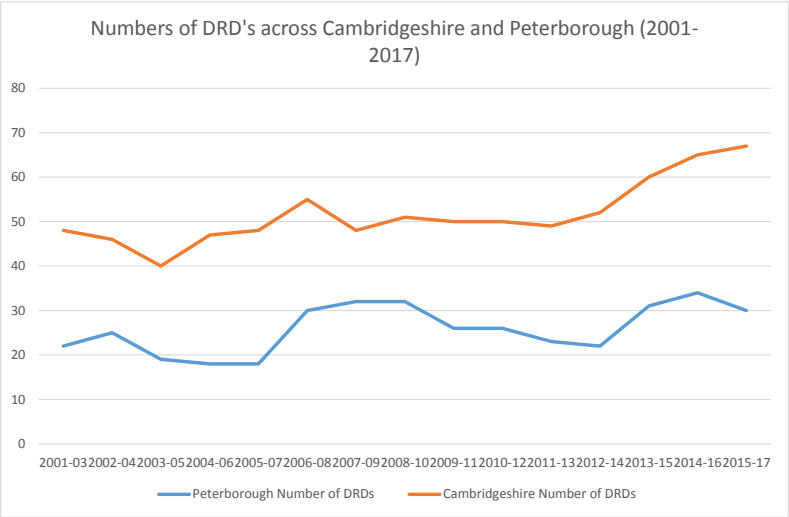
To ensure that substance misuse training is incorporated across agencies into the workforce training calendar and there are expectations for regular top ups to ensure the workforce remains confident and skilled to respond to families that are experiencing substance misuse difficulties. For the strategic partnership to assist in creating a dialogue with secondary schools to develop standardised drugs/alcohol policy response to enable pupils to have early access to specialist treatment services and early intervention is put into effect to help secure their place in mainstream education.

5.2 Drug Related Deaths

5.2.1 The most recent ONS data indicates that rates per 100,000 have decreased in Peterborough the most recent data release from 34 (2014/15) to 30 (2015/17) and from 5.7 to 5 (rate per 100,000). The rates are still above both national and regional DRD figures.

5.2.2 Cambridgeshire has seen a slight increase, but a flattening in trajectory, in numbers and rates per 100,000, an increase from 65 to 67 and rate per 100,000 from 3.5 to 3.6. Cambridgeshire DRD rates remain below national rates and matching the regional average (3.6).





5.2.3 Achievements

- The audit conducted with the Coroner's office in 2017 identified key features in local deaths which has enabled and refocused work.
- Closer alignment with suicide prevention work
- Robust local surveillance processes are in place with the police, coroners, service user network and treatment services.
- The undertaking (where possible) of joint SI's across key statutory partners to facilitate and embed learning from DRD's
- Across Cambridgeshire and Peterborough thousands of take home naloxone (THN) kits have been distributed to opiate users, associated family members/friends and at least 118 have been used appropriately in overdose situations, saving many lives.

5.2.4 Challenges

Sustained high levels of heroin purity, increase in complexity and vulnerability of this client group the impact of county lines in regard to increased accessibility and supply of class A drugs means a constant ongoing battle to reduce drug related harms.

- An increase in the number of DRD's involving the misuse of prescription medications is increasing, work is underway with the CCG to start to address this issue.
- Drugs entering the county through county lines routes with different purity rates and contaminants are increasing risk levels.

5.2.5 Assistance

Local research indicates that 60% of DRD's are of people not actively known to local treatment services, partners are being urged to use opportunistic contact with opiate users (and family and friends) across agencies as a mechanism to distribute Take Home Naloxone (THN) and undertake valuable harm reduction interventions and facilitate engagement, hospital Emergency Departments and custody suites are particular areas of focus.

5.3 Housing and homelessness and substance misuse (including linking in with the local homelessness pathfinder)

5.3.1 Current Work being undertaken

- Finalising the offender pathway in relation to housing and homelessness which will be the blueprint for developing the pathway for people affected by substance misuse
- As part of CCC's review of Housing Related Support the needs of clients affected by substance misuse will be included.
- Reviewing optimum future provision of accommodation and housing related support for clients affected by drug and alcohol misuse (housing first)
- A second abstinence house is opening up in Cambridge City for those who are in recovery, who have been through the hostel system and require safe shared accommodation free from drugs and alcohol
- Developing and building upon the positive work of the Trailblazer project. The vision being that all professionals involved in that pathway have an awareness of where there may be a housing or homelessness issue affecting a client, flagging up the issue and involving a housing professional in a problem solving approach with that client.

5.3.2 Current issues

A. With the increasing threat of County lines, accommodation that Districts use for homeless households are being 'cuckooed'. This is being echoed by other accommodation providers across the county. Districts and housing providers are working closely with the Police to share information. However vulnerable tenants are at risk of being exploited, losing their accommodation and becoming homeless.
B. Managing transition from hospital and prison discharges, shorter prison sentences and a pressure on hospital beds are increasing risks of homelessness. Planning and communication with community services is key to ensuring that vulnerable individuals are not leaving institutions without accommodation.

5.3.3 Assistance

The request to the wider partnership is that they support early intervention and a multi-agency problem solving approach (trailblazer) with regards to housing. Additionally it is hoped that the housing needs of those with substance misuse issues, and other associated complex needs, are recognised and given due consideration, within the housing related support review to promote stability and reduce risks of future homelessness.

5.4 Education, training, volunteering and employment and substance misuse (including embedding the work and health programme and work with Job Centre Plus).

5.4.1 Current Work being undertaken

- Work on developing the referral pathway between Substance Misuse Treatment Services and Mental Health Services (Dual Diagnosis/Co-occurring Conditions/ Recovery College) to enable those clients in receipt of Employment and Support Allowance (ESA) to access the new DWP support service provided by the Shaw Trust/Papworth trust.
- Work is being undertaken with Job Centre Plus to provide training for staff around substance misuse and dual diagnosis issues to enable them to better address client needs
- Work is underway with Job Centre Plus and DWP Work and Health Programme local leads to identify pathways that treatment service providers (SM & MH) can use for Education, Training and Employment (ETE) support.
- Development of the new Healthy Schools contract which will provide information regarding use of evidenced based interventions to support schools and colleges to address substance misuse, increasing retention in education.

5.4.2 Assistance

To request support from Responsible Authorities to help drive through the Work and Health programme which includes addressing and supporting substance misusers that have ETE related issues.

5.5 Mental health pathways and substance misuse

5.5.1 Current Work being undertaken

- Countywide Dual Diagnosis and Co-occurring Conditions Protocol has been developed (awaiting sign off from all key authorities)
- Countywide Dual Diagnosis strategic group and 2 operational groups are identifying and responding to need and strengthening responses through the identification of system failures
- Review undertaken of dual diagnosis training (level1, 2 & 3) that is currently available across the partnership, currently developing new online training package (CPFT) to make training more accessible to partner agencies.
- The New Cambridgeshire drug and alcohol treatment contract (CGL) starts on the 1st October 2018, the model of delivery has a key focus around mental health, an enhanced response and viewed as an integral part of substance misuse treatment. The new service is psychiatry led service, with a key psychologist element, the service will have psychological wellbeing as a priority area.

5.5.2 Challenges and assistance

Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) users in community substance misuse treatment. Individuals with co-occurring conditions have a heightened risk of a range of complex health and social issues including risk of early death.

The co-occurring principles document, developed by the CCG, local authority, OPCC and Public Health outlines the commitment to address unmet need within service provision for those people who have co-occurring mental health and substance/alcohol use conditions. This is based on the recent guidance from Public Health England (2017) "*A guide for commissioners and service providers: Better care for people with co-occurring mental health and alcohol/drug use conditions".* This commitment is strongly supported by Cambridgeshire Constabulary who work in partnership with all named commissioning organisations.

The challenge across the authorities is to ensure that these principles have a raised profile and embedded within commissioning practices, contracts and service delivery in order for change to happen.

5.6 Criminal justice system (across all relevant criminal justice pathways and interventions).

5.6.1 Current work being undertaken

- Recent drive by courts to increase the use of out of court disposal options for substance misusing offenders.
- Expansion plans for the Liaison and Diversion service and exploration of opportunities to strengthen links and working practices with the treatment services.
- Partners working closely to address County Lines and to ensure that there are robust and appropriate measures to safeguard young people and vulnerable adults, including enforcement activity.
- Reviewing local police data with a view to pilot DTOA.
- Operation Farmington- targeting frequent and high demand offenders, the two main objectives of Op Farmington are: - Working in partnership to support Rehabilitation, Recovery and Release – Breaking the Cycle of Crime and 'The right care at the right time from the right service'. The Op Farmington Team work in partnership to develop the joint venture working

5.6.2 Challenges

5.6.3 There are many changes being made across the criminal justice system that are impacting on substance misusing offenders, quick turnaround in courts, increase in short sentences, potential increase in the use of virtual courts and reconfiguration of Peterborough prison (adult males) are putting pressure on the system particularly in terms of communication between services and preparation work to inform sentencing and safe release.

5.6.4 It is recognised that local pathways for substance misusing offenders across the criminal justice system are complex and this has been heightened by the increased number of local and national

commissioning bodies and provider agencies all with different outcome and performance measures. There are various examples of good working practices and positive outcomes across both adult and YP organisations but there are also gaps within the system which need addressing in a coordinated manner. Key agencies are coming together for an event in October to identify strengths, weakness and identify solutions for the benefit of individuals and professionals navigating the system from the point of arrest, court, probation and ensuring continuity of care between prison and the community.

5.6.5 Alcohol is being recognised as a particular area of challenge by police and partners across both Cambridgeshire and Peterborough with a significant increase in alcohol related crime noted particularly in Peterborough and numerous pressures associated with the night time economy in Cambridge City. Daytime alcohol related crime and ASB is dominated by street drinking and aggressive begging in urban areas. In 2016 both Peterborough and Wisbech were successful in their bids to become a Local Alcohol Action Area. Both Peterborough and Wisbech have action plans and are working multiagency to delivery on the tasks and strands.

5.6.6 Assistance

Changes are being made at individual agency level which has an impact on the bigger criminal justice system. We urge key organisations to communicate change and to consider impacts across the system. Following the stakeholder event it would be beneficial to have key authorities support and commitment to drive through identified areas of action.

6.0 Key Risk

In section 5 for each priority area that the D&A Delivery board are addressing, individual risks and assistance have been identified. Board members were consulted with regard to the biggest risk they are collectively struggling with across their organisations. The key risk identified was around County lines and the impact that this issue has across the board including the following;

1. Increase in levels of adult and young people exploitation as county lines dealers are targeting vulnerable individuals to support their 'business arrangements'
2. Increase in crime both drug related offences and violent crime
3. increased community visibility of drug use and discarded drug paraphernalia in streets and open spaces and associated ASB
4. Impact on housing, dealers coming into the area and taking over vulnerable adults and YP accommodation for drug dealing purposes (referred to a Cuckooing)
5. Increased harms and overdoses with new dealers coming into the area supplying drugs with different purity levels and contaminates
6. Potential increase in the use of class A drugs in younger children.
7. Increased levels of presenting complexities, increasing pressure and demand on services

The constabulary have written a comprehensive report around their knowledge of County lines, which includes work being undertaken with partners, enforcement successes and ongoing risks.

7.0 Recommendation

The Board is recommended to note progress and consider the areas where it can use its authority to provide added value and coordinated assistance to help drive work streams and manage emerging risks.

Understanding Demand		Managing Demand	
Our goal	To understand current and future Substance Misuse demand for policing and partners in Cambridgeshire to better match human and financial resources to that demand, and, to work in partnership so that workforce planning and business transformation across agencies better meet the needs of the public; notably, those with lived experiences and those touched by them.	To respond swiftly and appropriately to our evolving understanding of Substance Misuse demand, working in partnership with other agencies to develop the right capacity and capability to deliver the right services to the right people at the right times to address threat, harm and risk, meeting the needs of local people in an effective, efficient and legitimate way.	Our goal

In 2017/18, in phase 2, we will:

- Partnership and Operational support team to support Supt and CI to strengthen the Cambridgeshire and Peterborough Substance Misuse Delivery Board - through the development of action plans to reduce the harm caused by Substance Misuse (including prescription medication) and develop pathways and in partnership identify service improvements.
- With Partners continue to develop the Dual Diagnosis Steering Group and Locality Groups to support pathways and support identification of gaps in services and to inform Commissioning
- Continue to develop the model for Integrated Recovery Offender Programme (IROP) in Peterborough working closely with IOM
- Evaluate the cost savings and outcomes from the model for Integrated Recovery Offender Programme (IROP) - consider the development of the Recovery model to support Frequent Attendees Countywide (Op Farmington)
- Continue to work with CPFT partners and BCH Custody Leads to develop Liaison and Diversion Scheme (LaDS) in Police Custody to support Substance Misuse pathways countywide.
- Review and develop Information-Sharing Protocols for sharing information related to Substance Misuse Joint Venture Projects
- Developing Partnership Working with DASH Commissioners on the joint Harm Reduction review to identify Offender needs to support Criminal Justice focused intervention countywide within a joint action plan – outcomes of the review to be shared with the Recovery Hub – objectives and outcome of HR initiatives to be recovery focused
- Actively support a force governance regime for demand, including involvement with both a Gold Group and a Tactical Delivery Group.
- Complete work to understand current and future Substance Misuse demand, and moreover, to work to improve data-quality so as to assist this work and understanding.

In 2017/18, in phase 3, we will:

- Work with our Partners to review Substance Misuse training both internally and externally to ensure up-to-date knowledge, continuous improvement, understanding, capacity and capability of staff.
- Support a Digital Strategy through the innovative development of cross-agency IT solutions that deliver efficiencies. ECINS
- To support the development the force website to help direct and give guidance on how the public can gain access to Substance Misuse support in Cambridgeshire
- In phase 3 continue to develop the model for Integrated Recovery Offender Programme (IROP) in Peterborough – to support recovery and integration back into community, "Breaking the Cycle" of Substance Misuse and Crime supporting conditional cautions, DTOA and other CJ pathways .
- With support from the Superintendent partnership role embed our increased understanding of demand within strategic planning processes
- Conduct further analysis and evaluation of Integrated Recovery Offender Programme (IROP)
- Explore opportunities for academic collaboration as part of wider work on implementing a 'what works' framework in force.
- In phase 3 is to continue to work with CPFT partners and BCH Custody Leads to commence evaluation and monitoring of Liaison and Diversion Scheme (LaDS) in Police Custody to support Substance Misuse pathways countywide
- With Partners review Dual Diagnosis Cambridgeshire Strategy and protocol against the NICE guidance within the Countywide Steering Group and Locality Groups to support pathways and development of partners resourcing from identified gaps in services and Commissioning
- Continue to develop Partnership Working with DASH Commissioners on the joint Harm Reduction joint action plan supporting prevention, early intervention and recovery focused agenda – supporting the objectives of Op Farmington

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

Updated 10.09.18

MEETING DATE	ITEM	REPORT AUTHOR	
22 November 2018, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to James Veitch by Friday 9 November 2018**
	Minutes of the Meeting on 20 September 2018	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral – Cambridge Dementia Action Alliance	
	Cambridgeshire & Peterborough Health and Social Care (HSC) System Peer Review Feedback	Charlotte Black	
	Better Care Fund Update (BCF)- Out of County Housing Investment	Will Patten/Mubarak Darbar	
	Improved Better Care Fund Update (iBCF)- Evaluation	Will Patten	
	Public Service Reform: Health & Social Care Proposal	Paul Raynes	
	Greater Cambridge Living Well Area Partnership Update Report	Lesley McFarlane	

MEETING DATE	ITEM	REPORT AUTHOR	
	Proposal to Establish Joint Working across Cambridgeshire and Peterborough Health and Wellbeing Boards	Kate Parker	
	Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18	Jo Procter/Russel Wate	
	Annual Public Health Report	Liz Robin	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19	Liz Robin	
	Agenda Plan		
	Date of Next Meeting	31 January 2019	
31 January 2019, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to James Veitch by Friday 18 January 2019**
	Minutes of the Meeting on 22 November 2018	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral - Care Network Cambridgeshire	
	Better Care Fund: Update	Charlotte Black	

MEETING DATE	ITEM	REPORT AUTHOR	
	Adult Social Care Self-Assessment	Charlotte Black	
	Suicide Prevention Strategy 2017-20: Review of the Executive Summary and actions	Kathy Hartley	
	Campaign to End Loneliness	Andy Nazer & Angelique Mavrodaris	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan		
28 March 2019, 10.00am, Council Chamber, Shire Hall	To be held concurrently with the Peterborough Health and Wellbeing Board		
	Apologies and Declarations of Interest	Oral	**Reports to James Veitch by Friday 15 March 2019**
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
	Community Resilience	Adrian Chapman	
	Joint Strategic Needs Assessment (JSNA) Core Data Set	David Lea	
	Sustainability and Transformation Plan	tbc	
	Cambridgeshire and Peterborough Combined Authority	tbc	

MEETING DATE	ITEM	REPORT AUTHOR	
	Outcome of the Health and Social Care Peer Review	tbc	
	Health and Wellbeing Board Strategy Refresh	Liz Robin	
	Agenda Plan		
30 May 2019, 10.00am, venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	**Reports to James Veitch by Friday 17 May 2019**
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan		