CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Date:Thursday, 31 January 2019

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

10:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

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

AGENDA

Open to Public and Press

1	**Notification of the Chairman**	
2	**Changes in Membership of the Cambridgeshire Health and Wellbeing Board**	
3	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
4	**Minutes - 22nd November 2018**	**5 - 16**
5	**Minutes Action Log**	**17 - 18**
6	**A Person's Story**	

To share a person's experiences to provide context to the business of the

meeting. (Oral Item)

To be provided by Care Network Cambridgeshire.

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Roger Hickford (Chairman)

Jessica Bawden Councillor Mike Cornwell Tracy Dowling Julie Farrow 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 Mark Howell Councillor Samantha Hoy Councillor Linda Jones and Councillor Susan van de Ven

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

Clerk Name: James Veitch

Clerk Telephone: 01223 716619

Clerk Email: James.Veitch@cambridgeshire.gov.uk

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CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 22 November 2018

Time: 10.00-12.35pm

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor Linda Jones
Councillor Susan van de Ven (from 10.25am)
Councillor Mark Howell (substituting for Councillor Samantha Hoy)
Dr Liz Robin - Director of Public Health
Charlotte Black – Service Director: Older People's Services and Mental Health (to 10.45am)
Kerry Newson - Senior Finance Business Partner (substituting for Chris Malyon)

City and District Councils
Councillor Geoff Harvey – South Cambridgeshire District Council

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jessica Bawden

Healthwatch
Val Moore, Chairwomen

NHS Providers
Ian Walker - Cambridge University Hospitals NHS Foundation Trust
Keith Reynolds – North West Anglia Foundation Trust (substituting for Caroline Walker)
Scott Haldane - Cambridgeshire and Peterborough NHS Foundation Trust (substituting for Tracy Dowling) (to12.00pm)

Voluntary Sector Co-opted Member
Julie Farrow – Hunts Forum

Also present:
Councillor Lynda Harford
Councillor Peter Hudson

Apologies
Councillor Mike Cornwell - Fenland District Council
Tracy Dowling - Cambridgeshire and Peterborough NHS Foundation Trust
Councillor Samantha Hoy - Cambridgeshire County Council
Chris Malyon - Section 151 Officer, Cambridgeshire County Council
Councillor Nicky Massey - Cambridge City Council
Councillor Jill Tavener- Huntingdonshire District Council
Jan Thomas - Cambridgeshire and Peterborough Clinical Commissioning Group
Councillor Peter Topping - Cambridgeshire County Council
Caroline Walker - North West Anglia Foundation
Wendi Ogle-Welbourn – Executive Director: People and Communities,
Matthew Winn - Chief Executive at Cambridgeshire Community Services NHS Trust

98. ELECTION OF CHAIRMAN/ CHAIRWOMAN FOR THE DURATION OF THE MEETING

The Clerk stated that apologies for absence had been received from the Chairman of the Board Councillor Peter Topping and the Vice Chairwomen Jan Thomas. In accordance with the Board's standing orders, members of the Board were invited to elect one of their number to take the Chair for the duration of the meeting.

The Director of Public Health, seconded by Jessica Bawden, proposed:
that Val Moore be elected Chairwomen for the duration of the meeting.

On being put to the vote, the proposal was carried unanimously.

99. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above. There were no declarations of interest at this point, but the Chairwomen declared an interest later in the meeting in Item 11: Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18 as a member of the Safeguarding Board.

100. MINUTES OF THE MEETING ON 20TH SEPT 2018

The minutes of the meeting on 20th September 2018 were agreed as an accurate record and signed by the Chairwomen .

101. MINUTES - ACTION LOG UPDATE

The Clerk apologised that an incorrect version of the Action Log had been included in the published papers. The correct version had been circulated to the Board in advance of the meeting and published on the Council's website. The following verbal update was noted;

i. Minute 12: To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset Completed

102. PERSON'S STORY

Amy Wallhead and Christine Shaw from the Cambridge Action Alliance introduced themselves and conducted a brief exercise to enable members of the Board to get a sense of the task processing difficulties experienced by those living with dementia and the impact this had on all aspects of their lives. They described dementia as one of the greatest challenges individuals could face in society and commented that little action had taken place to deal with the issue. Ms Shaw described how her employer, John Lewis, had invited specialists to come in to assess how dementia friendly the store was. The speakers commented that individuals living with dementia had a right to be recognised and a right to choose how they contributed to and interacted with society. Just because an individual had been diagnosed with dementia did not mean that they could not continue a normal day-to-day life. They did not need to live in isolation.

The Dementia Action Alliance had undergone a process of being re-branded as part of Dementia Friendly Communities. This was a process where an individual living with dementia could be supported and understood in their own community. London had

pledged to be a dementia friendly city by 2022 and they urged that Cambridge should do the same. Ms Wallhead and Ms Shaw called on Board members to offer their support, not only for people with dementia but also those with conditions like autism. The aim of the campaign was to make individuals and organisations more aware of how best to support members of the community with conditions of this type and to make Cambridge a dementia friendly city.

During discussion of the Person's Story, Board members:

- Asked whether any of changes had been made in the John Lewis store due to the work they had been undertaking. They were advised that John Lewis staff had been taught how to resolve an issue with a missing vulnerable adult in the store;

- Asked what the organisation planned to do next given society's ageing demographic. Ms Wallhead and Ms Shaw advised that the Cambridge Dementia Action Alliance held events for business to raise awareness of the issue and to encourage them to have a percentage of their staff trained as 'Dementia Friends'.

The Head of Mental Health at Cambridgeshire County Council stated that she was already engaged in work with the Alzheimer's' Society and that she would be very happy to link up with the Cambridge Dementia Action Alliance outside of the meeting for further discussions.

The Chairwomen thanked the representatives of the Cambridge Dementia Action Alliance for giving the Board a good outline of the issues and had describing their plans on how to take the organisation forward. If they would like to submit any further information on their work to the Board outside of the meeting officers would ensure that this was passed on.

103. CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND SOCIAL CARE (HSC) SYSTEM PEER REVIEW FEEDBACK.

The Board considered a report providing feedback following the Local Government Association (LGA) Cambridgeshire & Peterborough Health & Social Care (HSC) System Peer Review held between the 24th and 27th of September 2018. The Service Director: Older People's Services and Mental Health noted that the system was being prepared for a possible Care Quality Commission (CQC) local system areas review. There had been few surprises in the findings and many actions were already being picked up via the STP Board. One issue which was less clear was workforce, and the Health and Care Executive and STP Board had been asked to consider this. It was important to be clear that this was not a review of Social Care, but of the health and social care system.

In discussion:

- The Clinical Commissioning Group (CCG) representative commended the review as a useful piece of work which had engaged with staff across the system;

- An elected Member commented that there seemed to be a lack of consistency regarding pick up of delayed transfers of care (DTOCs). A lot of time was spent looking at Home First, but less at looking at preventative measures to avoid the need to admit to hospital in the first place. Officers stated that there was an

equally strong focus on both sides of the equation. Conversations were also taking place around the role of primary health care providers;

- The Voluntary Sector representative stated that the voluntary sector had been heavily involved in the peer review and welcomed it as a great piece of work. The voluntary sector had a real role to play, especially in the area of preventative work, and they were glad to see this articulated in the report;

- The Director of Public Health noted the role of the Health and Wellbeing Board and the need for a strong Joint Strategic Needs Assessment. The action plan was looking for the Board to take ownership of the work and a workshop would be arranged for both the Cambridgeshire and Peterborough Health and wellbeing Boards to look at system leadership and governance structures;

- The Chairwomen questioned whether there was a clear vision going forward. An NHS Provider representative commented that the Sustainability and Transformation Programme (STP) set out exactly what was planned. This included working on keeping people out of hospitals through investment in early intervention, such as the Joint Emergency Team (JET) ;

- An NHS Provider noted that the CCG was funded on the basis of Office of National Statistics whereas the JSNA was more localised. There remained a significant and problematic divergence between ONS and JSNA projections;

- An NHS Provider commented that they supported the proposed oversight and monitoring role for the Board on this very difficult issue and emphasised the importance of senior representatives from the health and social care sectors, Public Health and the voluntary sector coming together to tackle local issues. They highlighted in particular the great value which the voluntary sector could bring to such discussions through its members' local knowledge;

- An NHS provider commented on the need to be very clear about the relationship between the Health and Wellbeing Board and the STP Board;

- An elected Member commented that they would welcome more information outside of the meeting on what was happening within the South Alliance area. (**Action)**

Summing up, the Chairwomen stated that it was important for all parties to recognise the strength and value of the voluntary sector and the rich data available. There must be a strong focus on preventative measures as well as the transition out of hospital and back into the community and the vision needed to be translated into something transparent and accessible.

It was resolved to:

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

104. BETTER CARE FUND UPDATE (BCF) - OUT OF COUNTY HOUSING INVESTMENT

The Board considered an update report on the progress of the Improved Better Care Fund (iBCF) funded out of housing project. The Service Director: Commissioning stated that the iBCF supported the provision of suitable long-term care and support, including housing for adults with learning disabilities who had very complex needs and

required specific accommodation. A complete list of people who had been placed with providers outside of Cambridgeshire had been collated by the Learning Disability Partnerships locality team. From a total 121 cases 112 had been allocated to care managers for a review of their care packages so far. Officers ensured that the individual's best interests and personal needs were taken into account while deciding the right care package for them. In some cases they were now well settled within a community outside of the county, but where it was judged that there was a benefit to the individual to bring them back to Cambridgeshire this would be actively pursued. The BCF had been really helpful in delivering this. In the past some local services had been unable to support those people with the most complex needs, but it was now possible to invest in this.

In discussion:

- An elected Member asked what had happened to the nine people located out of county who had not yet been allocated a care manager. Officers stated that they were working intensively with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and social workers to complete all allocations;

- Officers stated that they were working with housing associations and developers in order to get the specific housing service users required. They had identified a piece of land already owned by Cambridgeshire County Council and were looking to develop on this site;

- The Service Director: Commissioning stated that the Board had previously expressed concern that some iBCF monies had been redirected away from housing provision to offset pressures elsewhere within the system. He re-stated that Cambridgeshire County Council was completely committed to this work continuing and offered a reassurance to the Board that the work was continuing. An elected Member commented that would like greater clarity around this assurance in future reports.

It was resolved to:

b) note and comment on the report and appendices

105. IMPROVED BETTER CARE FUND UPDATE (IBCF) - EVALUATION

The Board considered a report summarising the Cambridgeshire Improved Better Care Fund (iBCF) evaluation findings and recommendations for the final two quarters of 2018/2019. The Service Director: Commissioning Officers stated that following the last Health and Wellbeing Board there had been a process of evaluating investment to reduce Delayed Transfers of Care (DTOC) using iBCF money. A number of workshops had been held around evidencing the impact the investment had on DTOCs and the challenges surrounding the issue. Where there had been investment in flow, prevention and early intervention they had seen a clear positive impact on both patient and on DTOC performance. However, investment made in residential services had seen less of a positive impact. The £517,000k allocated to the housing plan was needed to support the on-going DTOC plan so officers were looking to Cambridgeshire County Council (CCC) to back fill this money to carry on the housing programme. It was important to recognise too that many other organisations were investing heavily to address DTOCs.

The Service Director: Commissioning stated that the recommendations contained in the report were still a work in progress so officers were withdrawing the recommendation that the Board approve the report recommendations at this stage. Instead, a further report would be brought back to the Board's next meeting in January 2019.

In discussion:

- An elected Member asked whether there was agreement on the proposed use of the £517k. Officers stated that the proposals were at a draft stage only would be brought back to the next Board meeting for decision. The current proposal – which might change – was that the £517k be used to support work on DTOCs;

- An elected Member asked about the decommissioning of the Eden Place housing site, commenting that they understood that the Ditchburn site was at 100% capacity. Officers stated that evaluation indicated that residential-based solutions had less impact than community-based services. The current recommendation was to continue use of Ditchburn. However, Eden Place was not operating at capacity and might be recommended for decommissioning;

- The Chairwomen asked whether officers were learning from the experiences of other areas. Officers stated that there had been extensive recruitment of social workers and also reablement workers. There had been dialogue with other local authorities about the role of Trusted Assessors, but success with this seemed patchy;

- An elected Member asked how well Cambridgeshire County Council was doing with DTOCs performance in comparison to health providers as they understood that some people believed the Council's performance on this was worse than health providers, when in fact it was the other way around. Officers stated that they were taking an holistic approach in partnership with health providers and that there were joint performance targets;

- An elected Member asked whether there might be scope within the 'Tell Me Once' initiative for bereaved families to signpost how to return medical equipment. (**Action)**

It was resolved to:

a) note and comment on the report.

106. PUBLIC SERVICE REFORM HEALTH & SOCIAL CARE PROPOSAL

The Director of Strategy and Planning at the Cambridgeshire and Peterborough Combined Authority thanked the Board for inviting him to present a report and emphasised the importance of a system-wide approach to delivering health and social care. The Combined Authority Devolution Deal had included a commitment to working on health and social care integration and this would form another aspect of the partnership working. The Combined Authority had engaged external consultants to examine this area in detail and their work was overseen by a Project Board consisting of many of the organisations also represented on the Health and Wellbeing Board. There was a recognition of the need for on-going conversations with partners on what could be done to speed up health and social care integration and he invited the Board to give a steer on its response to the work being done and how the Board would like to be engaged in taking this forward.

The Chairwomen thanked the Director of Strategy and Planning for his helpful overview. However, she questioned whether this further review of health and social care integration did not create an additional level of complexity given the work already underway by the Health and Wellbeing Board and the STP. She further questioned what added benefit the external consultants' work was expected to deliver. The Director of Strategy and Planning stated that the Combined Authority recognised the valuable work already taking place amongst partner organisations and would be building on that.

Arising from discussion of the report:

- The CCG representative stated that the work being done by the Combined Authority was not a duplication of work being done elsewhere, but was part of an evolutionary process. The focus now would be on how best to use the Combined Authority and its powers to best effect in support of the health and care system;

- The Voluntary Sector representative asked what engagement had taken place with the voluntary sector. An NHS Provider commented that they had highlighted the need to involve the voluntary sector in this process as part of their response to the external consultants. The Director of Strategy and Planning stated that the intention had always been to involve the voluntary sector in the middle section of the process once the consultants' report had been received and confirmed that this would take place.

  The Chairwomen welcomed this assurance, but commented that she saw the decision not to involve the voluntary sector at an earlier stage in the process as a missed opportunity. She asked that this message should be taken back to the Combined Authority.

- The Director of Public Health stated that the Combined Authority's powers would have a significant impact on public health, for example through the Local Transport Plan. This needed to be recognised in the context of joint work and consultation;

- An elected Member expressed the view that the Combined Authority had taken on too many projects and that these were not necessarily the correct ones in terms of the delivery of a comprehensive health and social care system. They commented that the Combined Authority needed to have a full understanding of the research around integrated health and social care before moving forward;

- The Chairwomen asked about the timeline for delivery of the external consultants' report and the generation of proposals. The Director of Strategy and Planning stated that it was hoped to develop collectively agreed proposals in the first half of 2019 with a view to submitting a plan to Government in time for this to be taken into account in the autumn Budget. The Public Health team was already involved in some aspects of the Combined Authority's work, but the importance which the Board attached to this would be taken into account going forward. The Chairwomen stated that the meetings held in conjunction with the Peterborough Health and Wellbeing Board would be the natural place for further discussion to take place.

  It was resolved 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.

107. GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE REPORT

The report author was unable to attend so with the consent of the Board the Chairwomen deferred the report to the next meeting on the 31 January 2019.

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

The Chairwomen declared an interest in this item as a member of the Safeguarding Adults and Children Board.

The Chairwomen welcomed Dr Russell Wate QPM, Chair of the Cambridgeshire and Peterborough Safeguarding Adults and Children Board to the meeting and invited him to introduce the reports. Dr Wate stated that in the period covered by the reports there had been a strong focus on child sexual exploitation (CSE) and neglect. This had included carrying out joint targeted area inspection with the police force and social care organisation in order to help tackle child neglect. Making safeguarding personal was key to all of the Board's work and in relation to adults there had been a focus on suicide prevention.

In discussion:

- An elected Member asked whether the Safeguarding Board had any views on the reasons behind the increasing number of children being taken into care in recent years. Dr Wate stated that in recent years the awareness and preparedness to talk about child sexual abuse had risen, therefore more cases had been reported. However, this did not necessarily mean that there had been an increase in the number of offences of this type being committed; rather, there was a greater awareness of the issue and willingness to identify it amongst professionals. The Voluntary Sector representative commented that society as a whole was far more alert to this issue and that there extensive training on CSE was undertaken within voluntary sector organisations;

- The Chairwomen welcomed the clarity of the report and the useful glossary of terms;

- An elected Member commented that it would have been helpful if the information covered in Dr Wate's presentation had been included in the covering report;

- Dr Wate commented that although the report was published the Board received very little feedback from the public. He undertook to invite the Voluntary Sector representative to the next meeting of the Executive Board.

It was resolved to:

a) receive and note the content of the annual reports.

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

The Board considered a report setting out options for formalising joint working arrangements between the Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board. The Head of the Public Health Business Programme stated that the two Boards had now met concurrently on two occasions with a shared agenda. In April 2018 the Board had considered a report setting out the constitutional and legal aspects of more formal joint working arrangements. The Board was now being asked to decide its preferred option for future working. Should the Board wish to create a joint sub-committee this would require a change to the its terms of reference and so would need to be approved by Cambridgeshire County Council's Constitution and Ethics Committee and also by full Council. The report also invited the Board to confirm its wish that the Voluntary Sector representative on the Board should receive voting member status. At present the Voluntary Sector representative was a non-voting co-opted member.

The Chairwomen invited all Board members to share their experience of the working arrangements to date and their preferred model for future working. The majority of Board members agreed that Option 1: Parent Board with Joint Sub-Committee comprising the full membership of both Boards was their preferred option. Reasons for this included:

- Allowing the Parent Board to have much more of a local focus and create a sense solidarity between the Boards;
- Hearing the views of the widest range of partners across the two geographical areas;
- The Joint Sub-Committee having the same geographical footprint as the Cambridgeshire and Peterborough Combined Authority and the Clinical Commissioning Group;
- The Director of Public Health noted the feedback from the Health and Social Care Peer Review that the Health and Wellbeing Board needed to be a system leader. This would be made easier if, on strategic issues spanning the whole f Cambridgeshire and Peterborough the two Health and Wellbeing Boards were speaking with one voice;
- Officers confirmed that both the Chairwomen of the Board Councillor Topping and the Vice Chairwomen Jan Thomas were in support of the proposal.

Some reservations were also expressed, including:

- An elected Member commented that they had found the concurrent meeting which they had attended to be unwieldy with only a small number of those present joining the discussion.
- The logistics of holding such large Joint Sub-Committee meetings and the potential travel implications;
- The need for a careful balance between meetings of the Parent Board and the Joint Sub-Committee to ensure that the Board's focus on local issues was not lost;
- Establishing clear arrangements for chairmanship.

It was resolved 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.

110. ANNUAL PUBLIC HEALTH REPORT

The Director of Public Health drew attention to a number of key findings in the report. In relation to Fenland these included an improvement in smoking cessation, although rates of smoking during pregnancy remained relatively high. The Global Burden of Disease study made comparisons across countries and was being used by the Department of Health in relation to Ely. This year Public Health England had broken the findings down to Upper Tier Authority level. Attention was also drawn to the impact on quality of life of chronic conditions such as back and neck pain rather than focusing solely on mortality rates.

In discussion:

- A Member asked why smoking rates had decreased in Fenland. The Director of Public Health stated that under the guidance of the Health Committee the Public Health Directorate had focused much of its efforts on Fenland so it was a viable hypothesis that this was a factor. Whilst the survey was a sample only and so must be treated with the usual caution it did show a statistically significant change over time;

- An elected Member hat they found the report very interesting; however, the statistics were only snapshots and there was a lack of trend data. They suggested to the Director of Public Health that they should have focused on areas with a good research base such as the age of retirement and individuals living with chronic conditions.

The Chairwomen thanked the Director of Health for her report and encouraged members of the Board to promote it within their respective organisations.

It was resolved to:

a) note and comment on the information outlined in the Annual Public Health Report.

111. PERFORMANCE REPORT ON PROGRESS WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARDS THREE PRIORITIES FOR 2018/19

The Director of Public Health stated that the report provided an update on progress against the Board's three agreed priorities for 2018/19. In April 2018 the Board tasked the multi-agency Public Health Reference Group (PHRG), working closely with the

place based Living Well Partnerships, to develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. A framework had been developed to begin addressing these which focused on civic interventions including health policy, community based interventions and service based interventions. Of these, policy interventions were currently considered to be the weakest element so it was proposed to provide greater focus on this area. The report also contained an update on the Sustainable Transformation Partnership (STP) Estates Strategy and the proposed workshops with health partners to promoter a greater level of integration.

In discussion:

- An elected Member commented that there was a wealth of profound local knowledge available and that it would be good to reflect this. The Director of Public Health undertook to that message back to the PHRG;

- An NHS Provider representative commended the report, noting in particular the policy dimension which it had highlighted. The organisations represented by members of the Board were large employers so measures such as targeting recruitment initiatives to areas with high unemployment would have benefits both to the health of that population and to the employing organisation;

- An elected Member asked the extent to which the Health and Wellbeing Board saw itself as having an advocacy role to Government.

It was resolved to:

a) note progress against the HWB Board priorities for 2018/19

112. AGENDA PLAN

The Board reviewed the Forward Agenda Plan and noted that the Greater Cambridge Living Well Area Partnership Update Report would be added to the Agenda Plan for the meeting on the 31 January 2019. Reports to that meeting would also be invited from the Fenland and East Cambridgeshire Living Well Partnerships.
(**Action: Democratic Services Officer**)

The Clerk stated that it was hoped that the meeting on the 28 March 2019 could be rescheduled to 21 March 2019 to align with the STP Board meeting on that date. An email would be sent to Board members to follow this up.
(**Action: Democratic Service Officer)**

It was resolved to:

a) note the Forward Agenda Plan

113. Date of Next meeting

The Board will meet next on Thursday 31 January 2019 at 10.00am in the Kreis Viersen Room, Shire Hall, Cambridge.

Chairman

HEALTH & WELLBEING BOARD ACTION LOG: JANUARY 2019

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting date: 26 July 2018		
Minute 86: Better Care Fund Update	To reflect on where conversations regarding need and person-centred provision would best take place in the context of housing provision to bring some service users back within the county. **Action: Jan Thomas**	
Meeting date: 22 November 2018		
Minute 103: **Cambridgeshire & Peterborough Health and Social Care (HSC) System Peer Review Feedback**	Cllr van de Ven asked for more information outside of the meeting on what was happening within the South Alliance area. **Action: Helen Gregg** **Update 12/12/2018:** Helen Gregg, Jackie Galwey and Charlotte Black contacted regarding the specific information Cllr van de Ven requested.	
Minute 105: **Improved Better Care Fund Update (iBCF) – Evaluation**	Cllr Harvey asked whether there might be scope within the 'Tell Me Once' initiative for bereaved families to signpost how to return medical equipment. **Action: Will Patten** **Update: 07/01/2019:** Caroline Townsend had made contact with Jo Green's team, will contact them regarding feasibility discussion.	**In progress**

Minute 112: **Agenda Plan**	The Board reviewed the Forward Agenda Plan and noted that the Greater Cambridge Living Well Area Partnership Update Report would be added to the Agenda Plan for the meeting on the 31 January 2019. Reports to that meeting would also be invited from the Fenland and East Cambridgeshire Living Well Partnerships. **Action: James Veitch**	**Completed**
	The Clerk stated that it was hoped that the meeting on the 28 March 2019 could be rescheduled to 21 March 2019 to align with the STP Board meeting on that date. An email would be sent to Board members to follow this up. **Action: James Veitch** **Update 04.01.19:** The STP Board meeting was re-arranged for the 14th March 2019. Following discussions with Peterborough City Council, the Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising of Both Boards) will take place on the 28th March 2019.	**Completed**

Agenda Item No: 7

CAMPAIGN TO END LONELINESS IN CAMBRIDGESHIRE

To: **Health and Wellbeing Board**

Meeting Date: **31 January 2019**

From: **Katharine Hartley - Consultant in Public Health**

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

a) **Note for information the brief on the local campaign to end loneliness-'#50000reasons''**
b) **Comment on the '#50000reasons' campaign impact**
c) **Provide comments to support the development of the second phase of the campaign**

	Officer contact:		***Member contact:***
Name:	Katharine Hartley	Names:	Cllr Roger Hickford
Post:	Consultant	Post:	Chairman
Email:	kathy.hartley@peterborough.gov.uk	Email:	roger.hickford@cambridgeshire.gov.uk
Tel:	07795557595	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide a brief to the board on the launch of the Cambridgeshire and Peterborough campaign to end loneliness - '#50000reasons' and to highlight the impact the campaign has made to date. Comments are also sought from the board on the next stage to ensure continuation of this campaign through 2019.

2. BACKGROUND

2.1 Loneliness is not necessarily about being alone, but about the perception of being alone and isolated. There is no universal definition of loneliness but Masi et al (2010) define loneliness as "the discrepancy between a person's desired and actual social relationships".

2.2 The prevalence of loneliness in older people in the UK has been estimated to be between 5 and 16% depending on the definition, with a median rate of 9 to 10% (Victor et al, 2005). Loneliness can impact on health in many ways and the harm it does has been likened to smoking 15 cigarettes a day. People experiencing loneliness are more likely to suffer from mental health problems and dementia.

2.3 At the national level, the issue of loneliness in the population was highlighted by the work of the late Jo Cox, MP with the Jo Cox Commission on Loneliness set up after her death. The report 'Combating loneliness one conversation at a time' was a result of the Commission's work and made many recommendations that informed the Government's strategy for tackling loneliness, published in October 2018. The national strategy includes a review of the evidence base of what works in terms of interventions to address loneliness, but also focuses on inspiring societal change, awareness raising and tackling stigma associated with loneliness. HM Government has also made a commitment of £20 million to support voluntary, community and charitable organisations to tackle loneliness.

2.4 In parallel, the 'Campaign to End Loneliness' is a network of national, regional and local organisations and individuals working through community action, good practice, research and policy to tackle loneliness in older age.

2.5 Locally, there are 50,000 people over the age of 65 in Cambridgeshire and Peterborough who may be at risk of loneliness. This data is based on the number of single occupancy households in the population aged over 65. Many older people can go a month or more without talking to a friend, family member or neighbour.

2.6 The public health led 'Ageing Well' steering group has identified loneliness and social isolation as a key priority – and as part of its work has supported the County Council's communication team to develop the '#50000reasons' Christmas campaign.

2.7 Funding of £10K was provided by the National Campaign to End Loneliness and the campaign was shaped with support and involvement from a range of organisations; Cambridgeshire County Council (CCC), Peterborough City Council (PCC), District councils, local NHS and voluntary organisations including the Health and Wellbeing Network, Care Network and Age UK.

2.8 The campaign provided tips and advice to encourage people to make small acts of kindness that can have a big impact on the 50,000 older people at risk of loneliness across Cambridgeshire and Peterborough.

2.9 An integrated communications approach was used to promote the campaign from its launch on 10th December 2018, involving traditional media, partner channels and social and digital media. Partners received a toolkit including articles, social media, graphics and videos. The social media campaign included Facebook and Twitter, from which regular tweets and messages were sent out. The campaign also has a web page with information including tips on what individuals can do to help and support older people who may be experiencing loneliness and a community toolkit, developed by South Cambridgeshire District Council for tackling social isolation and loneliness. The toolkit includes case studies as real-life examples of what communities can do, for example; the Haslingfield and Harlton luncheon.

3. MAIN ISSUES

3.1 The response to the launch of the #50000reasons campaign has been measured mostly through statistics obtained from social media usage. It is of course difficult to know the geographical reach of the campaign through analysis of social media data as the campaign materials are accessible by anyone, anywhere with an internet connection.

3.2 The following data shows the social media impact of the campaign between 10th December 2018 and 3rd January 2019. The figures are for the CCC account only. Reach will be much higher as it was shared with partners across their channels.

3.3 **Facebook**

- Facebook posts reached 30,902 accounts with 650 clicks, likes and shares.
- Facebook Ad (Cost £100.00) reached 10,027 accounts with 328 clicks, likes and shares
- Video on Facebook was watched 5000 times

3.4 **Twitter**

Estimated statistics of the #50000reasons hashtag according to Tweet Reach analytical tool:

- 155 tweets,
- 87 contributors,
- 1.9 million potential account impressions.
- An estimated 800,000 accounts could have been reached.

The twitter figures are high due to two key influencers with large audiences who shared the messages. The top ‘retweeter’ had 217,000 followers.

3.5 **CCC website**
652 page views (excludes CCC staff) to the website.

3.6 **Television**

The campaign also received good local media coverage including a feature on 'Look East', aired on 14 December. Typical 'Look East' audience is 250,000 to 300,000 per episode.

3.7 **Radio**

Radio Cambridgeshire had two features for the campaign - one on the Breakfast Show and one on the Jeremy Sallis Show. Audience figures are not readily available but BBC Radio Cambridgeshire generally has 40,000 – 60,000 listeners to the breakfast show.

3.8 **Next steps**

The #50000reasons campaign was the 'first peak' in the overall ambition to raise awareness and promote resources to tackle loneliness. A second peak for this campaign is now being planned by the team in order to continue the momentum, spread the messages further and to potentially reach out to cover issues of loneliness and isolation across all ages. This ties in with national evidence showing that even within young people aged 16-24, 59% experience loneliness at some point.
Going forward, it will be important to ensure that the messages for this campaign are consistent, and the toolkit is designed for this purpose.

3.9 A consensus statement for the campaign is being finalised and will be used as a precursor to a pledge for individuals and organisations to sign up to. This will help to focus the messages for the campaign and prompt people to take action and organisations to create opportunities and/or join in with community events to tackle loneliness.

The second peak to promote the campaign will aim to bring organisations and communities together at events to promote the messages and sign the pledge.

3.10 It is clear all sectors have a role to play in addressing loneliness locally yet strong leadership to drive collaborative efforts is currently not established. The campaign also needs to be embedded in clinical and organisational networks and support to achieve this would be welcome.

3.11 Local data on loneliness is lacking and therefore evaluation of the impact of the campaign will be difficult apart from data obtained from social media viewings, tweets, retweets and sharing messages. Ideally a population based survey would have been attempted prior to the campaign and at some stage during or after the campaign to measure the impact and reach of the campaign messages and to understand who is affected by loneliness and/or social isolation and how big a problem this is locally.

3.12 There is a commitment to map community and organisational interventions across the county to identify existing good practice, for example the work carried out through 'supported housing' . This would provide a comprehensive picture of what is currently available and where this support is provided. A mapping exercise will help us to identify gaps and will be a first step in developing a strategy to address loneliness locally.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The campaign to end loneliness is relevant to priorities 2, 4, and 6 of the Health and Wellbeing Strategy:

- 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 local campaign to end loneliness, information and resources can be found at the following web address:	https://www.cambridgeshire.gov.uk/be-well/resources-and-campaigns/50-000-reasons/
Video 50,000 reasons:	https://www.youtube.com/watch?v=JhXHRc7Lbj0&feature=youtu.be
HM Government Strategy for ending Loneliness:	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/750909/6.4882_DCMS_Loneliness_Strategy_web_Update.pdf

Agenda Item No: 8

ADULTS POSITIVE CHALLENGE PROGRAMME

To: **Health and Wellbeing Board**

Meeting Date: **31 January 2019**

From: **Tina Hornsby – Head of Integration, Adults and Safeguarding**

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

a) **Note the findings of the recent self-assessment for Adult Social Care**
b) **Consider how the Board might engage with and support Adult Social Care in the innovations and challenges described.**

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1. PURPOSE

1.1 The purpose of this paper is to share the conclusions of the recent self-assessment for Adult Social Care in Cambridgeshire with the Health and Wellbeing Board.

1.2 Throughout the paper there is reference to the Adult Positive Challenge Programme and the Board are asked to consider how they might engage with this programme.

2. BACKGROUND

2.1 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment.

2.1 The self-assessment covers a wide range of themes via a number of prompts to consider for each. Cambridgeshire County Council submitted a self-assessment on 31 October 2018 and this paper summarises the key themes that have emerged through that process.

2.2 There is a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. A copy of the Local Account which summarises the self-assessment is attached at Appendix 1.

2.4 The self-assessment also makes reference to the Adult Positive Challenge Programme which is underway across Cambridgeshire and Peterborough. The programme seeks to manage demand whilst delivering improved outcomes for people by adopting a strength based approach to all conversations, focusing on what's important to an individual, taking their strengths and talents into consideration in all interventions and exploring their social network and community assets. This is a programme, which although led by Adult Social Care cannot be delivered in isolation and requires input from partners in Public Health, District and Parish Councils and the Voluntary and Community sectors.

3. MAIN ISSUES

3.1 The following is a summary of the findings of the self-assessment as submitted in October 2018

3.2 Risks, challenges and innovation

3.2.1 The following are identified as the key risks and challenges for 2018 /19

- The forecast growth in demand presents key financial risks and demand management challenges. This is reflected in the comprehensive demand management and transformation programme developed with support from Impower through the Adults Positive Challenge Programme
- Market capacity to meet increased demand and increased complexity of demand – a revised market position strategy has been agreed across Peterborough and Cambridgeshire to seek provider engagement on these challenges
- The challenges of taking forward system wide working to achieve shared outcomes when working with a significantly challenged economy – reflected

in the continued challenges around the hospital discharge pathway, despite a degree of success in tackling social care delays.

3.3 Innovation and Achievements

3.3.1 The following were identified as the top three innovations and achievements in 2018/19

- Technology Enabled Care (TEC) – building on the success of the specialist TEC team, we have taken steps to embed this knowledge more widely within operational teams. Establishing TEC Innovation Hubs – a series of sessions with frontline staff to identify, test and pilot opportunities to increase the uptake of TEC.
- Neighbourhood Cares model piloted in two areas of the County, Soham and St Ives, using the Buurtzorg approach involving health and third sector in delivering innovative neighbourhood based solutions.
- Establishing an Adult Early Help function in the front door to provide effective triage and signposting. Including referrals into Home Improvement Agency and Voluntary and Community Sector services.

3.4 Leadership and Governance

3.4.1 The Council shares a Chief Executive and Senior Management Team with Peterborough City Council and continues to align services where it is identified to be to the benefit of citizens, this includes a shared Executive Director of People and Communities (DASS) and Director for Adults and Safeguarding

3.4.2 The integration of the Adults senior management team across Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) has led to the development of a shared Adult Positive Challenge transformation programme with shared Vision, Values and Behaviours. It has also enabled us to reduce duplication, increase consistency and share best practice.

3.5 Vision And Values – Adult Positive Challenge programme

3.5.1 The Adults Positive Challenge Programme covers Adult Social Care across Cambridgeshire and Peterborough, within the programme we have agreed the following vision and outcomes

3.5.2 **Vision**

By 2023 local people will drive the delivery of care, health and wellbeing in their Neighbourhoods.

3.5.3 **Outcomes**

The People and Public Outcomes will be:

- Neighbourhood approach supports independence and resilience
- More people live independent and fulfilling lives for longer
- People receive information, advice and support appropriate to their level of need that will help them remain independent for longer
- People and partners are clear about what PCC and CCC can and can't do

The Council Outcomes will be:

- We have a financially sustainable service and meet statutory duties

- Our service model is focused on supporting neighbourhoods and communities
- People remain as independent as possible for as long as possible
- Partner actions aligned to shared vision

3.5.4 The Programme has a number of key work streams to support the embedding the new way of working these are:

- **Neighbourhood based operating model** - seeking to address issues of social isolation and improve choice and control by delivery of support through neighbourhoods and local services and networks, working in tandem with the Think Communities programme. Learning from the two Neighbourhood Cares pilots in Soham and St Ives.
- **Increasing carers support** - increasing awareness of the role of carers, changing how we commission support for carers and enhancing digital and information and advice offers for carers
- **Changing the conversation** - strength based approach to practice, optimising reviews and enhancing information and advice. Looking first at what individuals can and want to achieve before focussing on factors limiting them. Looking at a wider range of solutions to maximising independence and control, including issues connected to housing, technology and accessibility of communities.
- **Commissioning** - outcome based commissioning and meeting the challenges around care market capacity by looking at innovative ways of supporting individuals to purchase and access services and support which meets their needs.
- **Increasing targeted reablement** linked to wrap around community support. Focussing on the potential of reablement to lead to the strengthening of support networks and access to the right assistive technology to support continued independence of individuals once skills have been regained.
- **Learning Disability Enablement** - taking a strengths based approach with young people from childhood and an enablement approach into adulthood. Including promotion of employment as an aspiration for young people with learning disabilities and support to achieve this aspiration, including engaging with employers and partners to increase employment opportunities.
- **Embedding Technology Enabled Care (TEC)** - increasing the information on and range of TEC offered to support independence, choice and control - focussing on TEC right from childhood. A focus on access to the right TEC at the right time for people with emerging or changing care and support needs.

3.5.5 We want to work with our partners to create joined up services which improve people's lives. We are currently a developing a communication strategy will ensure communication with our partners, especially those who are commissioned by us, and energise them to get actively involved in supporting the Adults Positive Challenge Programme objectives. Partners identified in the strategy include; service providers, Health partners, Public Health, Councillors, District and Parish Councils, and Voluntary and Community Sector partners.

3.6 Adult Early Help

3.6.1 Since April 2016, the Cambridgeshire Adult Early Help (AEH) team have been providing a prevention and early intervention service for people over the age

of 18, via our Social Care teams. AEH is a multi-disciplinary team made up of Social Workers, Occupational Therapists, Welfare Benefit Advisors, Specialist Housing Advisor and Support Coordinators from a variety of backgrounds.

3.6.2 Their approach is to carry out proportionate assessment using a strength-based conversation/motivational interview either by telephone or through a home visit. They focus, not only on presenting needs, but the person's wider wellbeing, aspirations and existing support to help people make informed choices about the direction of their own care, maintenance or increase of independence and planning ahead to avoid crisis

3.6.3 With the person and, where appropriate, their family carers, a Community Action Plan is developed that is then used to coordinate a variety of support options that can include information and advice, introductions to community-based services or specialist support agencies, equipment and technology, reablement and other goal focused services

3.6.4 The team work together with colleagues across social care, health and mental health to maximise the person's wellbeing, gain appropriate help and support and avoid escalating needs, for example, hospital admission.

3.6.5 The role of the team is to show curiosity and creativity in exploring outcomes, the benefits of which can be seen in 2 key performance areas:

- Over 75% of people have maintained independence from social care with less than 25% needing to move on to a full social care assessment; and
- Satisfaction survey results show that 96% of people rate the support of AEH positively and 98% say they were treated with dignity and respect.

3.7 **Supporting people to stay well in their own homes - community focus**

3.7.1 The Adults Positive Challenge (APC) Programme is about designing a new approach and service model for Adult Social Care in Cambridgeshire and Peterborough which will continue to improve outcomes for individuals and communities whilst also being economically sustainable in the face of the huge pressure on the sector. The fundamental principle of the strategic change is a model which is based on putting choice and independence directly into the hands of individuals and communities.

3.7.2 The new model will be driven by a neighbourhood, 'place based' approach, and success will mean that people have greater independence and better outcomes with reduced state intervention by:

- Addressing people's needs early to prevent them from escalating - working in partnership with communities and health partners, to share information, act as one care workforce and be proactive;
- Empowering individuals to do more for themselves - providing them with the resources, tools and local support network to make it a reality; and
- Building self-sufficient and resilient communities - devolving more preventative care & support resources at a neighbourhood level and enabling individuals to spend their long-term care budget within their community.

3.7.3 Underpinning this work is the following set of key principles:

- We will continue to enable people to live fulfilled lives, to build on people's strengths, and to support people in a way that works for them;

- We will encourage the development of strong, connected communities, by adopting a neighbourhoods-based approach, empowering partners to innovate, and adopting a collaborative evidence-based approach to driving change;
- We will develop a distinct empowering culture across Adults' Services, so that practitioners can take the steps they need to make a difference for people;
- We will exploit all digital opportunities to help people live the fullest life they can, to empower service users to be in control of their care and wellbeing, to enable the care workforce to be effective and to improve multi-agency working; and
- We will provide a cost effective and financially sustainable service to ensure that we can continue supporting people to achieve the best possible outcomes in the future.

3.7.4 Based on the principles of the Buurtzorg model of care, Cambridgeshire County Council has established pilot 'Neighbourhood Cares' models in Soham and St Ives to test a community model that supports customised care. The outcomes of the pilot are to:

- shift as much resource as possible to the front line;
- free up staff to have more direct contact with people enabling them to do the right thing, at the right time in the right place and improve job satisfaction because they can see the difference they can make;
- improve the quality and continuity of care and support to people;
- increase capacity where we currently have capacity gaps, particularly in home care;
- reduce the cost of care;
- set ourselves up for the future, learning from the pilot sites to form the basis for the wider transformation of the whole system

3.7.5 One of the critical differences between Neighbourhood Cares pilot workers and other adult social workers is that they are trained to provide personal care and support with daily living. This is provided in urgent and unplanned situations. This enables support to be provided quickly by someone already known to the client.

3.7.6 An external evaluator, York Consulting Ltd, has been appointed to provide ongoing evaluation of the pilot and the findings will support system partners in defining and developing an agreed model of neighbourhood delivery. An interim report will be published in September 2018 and a final report in March 2019.

3.8 **Supporting people in crisis**

3.8.1 As part of Cambridgeshire Reablement Service, we provide an Enhanced Response Service (ERS). This has been established for the last 16 months, responding to urgent Lifeline calls where no named contact is available and where it is not a medical emergency. ERS is responding to 300 calls a month, all of which avoid an ambulance call out. ERS can assist to support people who have fallen but have not injured themselves, one-off urgent personal care needs and to silent calls. The Service is listed on MiDoS directory of services, so now the Ambulance Triage Centre can allocate appropriate 999 calls to ERS. ERS is releasing capacity for the Ambulance Service to meet their priorities but is also meeting urgent social care needs with a targeted one-hour response time. The Reablement Service manages staff very flexibly in

order to ensure ERS can quickly and effectively respond to urgent needs. Where these needs require further social care interventions, the service can respond to this quickly and avoid admission / crisis through the Reablement Service.

3.8.2 The Technology Enabled Care (TEC) team have been working in partnership with hospital partners and ERS to deliver a more efficient process to support people following a crisis. Following a hospital attendance, or during a Reablement episode, people are offered a 6-week funded lifeline option to ensure that the system is put in place in a timely way to prevent any further escalation in needs. Alongside this, TEC can provide a home activity assessment, mapping a person's strengths over a two-week period in their own home to assist in the provision of high quality bespoke support to meet any ongoing needs, as well as support the informal carer network. Following these interventions, TEC options are considered to cover: hydration, medication management, the ability to get help in a crisis independently to try and prevent recurrent, ongoing issues and enable positive supported risk taking.

3.8.3 The TEC team are also pursuing more advanced digital systems in relation to declining health and well-being, as well as medication adherence, in two separate NHS England funded projects to work more preventatively to avoid crisis. By deploying more intelligent and robust digital systems alongside informal carers and ERS at the earliest point in an individual's journey, we hope to utilise the existing informal carer networks to prevent escalation in care needs and ultimately prevent crisis which could lead to a reduction in ability and independence.

3.9 **Reablement, rehabilitation and enabling people to regain independence**

3.9.1 An Integrated Discharge Service (IDS) has now been established in each hospital in Cambridgeshire. The IDS is a team of health and social care discharge planning experts working together to support hospital wards with discharge planning for people with complex needs, and /or who need community support after discharge.

3.9.2 The referral pathway into Social Care from Intermediate Care has been reviewed and simplified. To robustly manage referrals and ensure a timely assessment and flow out of Intermediate Care, the referral routes have changed from multiple points of entry into a single referral point. The Reablement service now receive and progress all referrals from Intermediate Care. All referrals are triaged at the point of receiving the request for care. Following triage, each referral will either progress with a Reablement intervention or direct to Care Act care needs assessment completed within the Reablement Service

3.10 **Safeguarding People**

3.10.1 Overseen by the Cambridgeshire and Peterborough Safeguarding Adult Board (SAB), a multi-agency safeguarding policy has been developed in conjunction with all key stakeholders

3.10.2 At the forefront of our safeguarding work is the Multi-Agency Safeguarding Hub (MASH); a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council

and CPFT that supports joint working on child protection and safeguarding adults

3.10.3 The Adult MASH team's main responsibilities are:

- Triage of adult safeguarding referrals;
- Screening-out inappropriate referrals therefore saving time for care teams;
- Ensuring appropriate immediate action is taken;
- Either carry out a section 42 (s42) enquiry or identify the key team or organisation that will carry out the enquiry;
- Work with the person in the right way for them and their situation, to get the outcome they want and need following the principles of Making Safeguarding Personal and avoiding unnecessary section 42 enquiries.
- Collate and share any relevant information with the key team or organisation undertaking the s42 enquiry;
- Provide advice and support to care teams on safeguarding issues; and
- Oversee the collection of safeguarding management information

3.10.4 Since the inception of the MASH the benefits we have seen are:

- Minimising delays, i.e. working with partners more quickly;
- Transparent decision making for Safeguarding concerns;
- Identification of wellbeing concerns at an early stage and direct referral pathways into Adult Early Help for preventative support focused conversation
- Improved data quality;
- Improved monitoring of safeguarding issues; and
- Saving time for care teams by closing some referrals without the need for further enquiry.

3.10.5 System partners are keen to further develop the functions of the Adult MASH and a one-year pilot will shortly be launched in selected districts to explore a new approach to Safeguarding Adult Enquiries. The pilot will explore whether expanding the MASH role to undertake Section 42 enquiries with adults who do not have an allocated Social Worker will reduce delays in enquiries, improve outcomes for individuals under Making Safeguarding Personal and contribute to a reduction in workload pressures for the community teams enabling timely reviews and assessments. The management of Safeguarding enquires for adults who have an allocated social worker will remain the same.

3.11 **Performance and Outcomes**

3.11.1 Figure one provides a summary of Cambridgeshire's performance in 2017/18 against the Adult Social Care Outcomes Framework (ASCOF)

Cambridgeshire County Council - Adult Social Care Outcomes Framework - 2017/18

	17/18 Cambridgeshire is better
	17/18 Cambridgeshire is the same
	17/18 Cambridgeshire is worse

		Cambridgeshire		Comparator Averages					
Ref	ASCOF - Indicator	2016/17	2017/18	Region	CIPFA	England	Measure	Rank	DOT
1A	Social care related quality of life (Score)	19.4	19.7	19.2	19.3	19.1	Bigger is Better	9	↑
1B	Service users with control over their daily life (Percentage)	81	81.2	78.4	78.7	77.7	Bigger is Better	28	↑
1C1A	People receiving self-directed support (Percentage)	97.5	98.8	82.1	92.5	89.7	Bigger is Better	49	↑
1C2A	People receiving direct payments (Percentage)	23.3	23.6	27	29.4	28.5	Bigger is Better	101	↑
1C1B	Carers receiving self-directed support (Percentage)	90.5	95.1	95.1	99.7	83.4	Bigger is Better	105	↑
1C2B	Carers receiving direct payments (Percentage)	90.5	95.1	84.9	99.2	74.1	Bigger is Better	82	↑
1E	Adults with learning disabilities in employment (Perecentage)	3	2.6	7.5	6.5	6	Bigger is Better	126	↓
1G	Adults with learning disabilities living in own home / with family (Percentage)	71	71.2	75.2	73.7	77.2	Bigger is Better	125	↑
1I	Service users with as much social contact as they would like (Percentage)	47.7	47.6	45.9	46.3	46	Bigger is Better	53	↓
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)	5.5	6.9	14.1	11.5	14	Smaller is Better	21	↑
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)	521.1	467.9	479.4	548.8	585.6	Smaller is Better	41	↓
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)	73.4	72.4	81.8	81.4	82.9	Bigger is Better	139	↓
2B2	Older people receiving reablement services after leaving hospital (Percentage)	2.3	2.7	2.9	2.3	2.9	Bigger is Better	85	↑
2C1	Delayed transfers of care (Per 100,000)	10.1	17.4	11.8	14.7	12.3	Smaller is Better	136	↑
2C2	Delayed transfers of care attributable to social services (Per 100,000)	0.7	4.9	3.7	4.9	4.3	Smaller is Better	85	↓
2C3	Delayed transfer of care attributable to both (per 100,000)	N/A	1.1	0.7	1.1	0.9	Smaller is Better	119	-
2D	The outcome of short-term services: sequel to service no care needs (Percentage)	92.9	93	82.8	78.2	77.8	Bigger is Better	11	↑
3A	Client satisfaction with care and support (Percentage)	64.7	63.2	64.4	66	65	Bigger is Better	88	↓
3D	Service users who find it easy to get information (Percentage)	73.3	70.8	72.2	73	73.3	Bigger is Better	108	↓
4A	People who use services and feel safe (Percentage)	68.2	73.5	70.3	70.8	73.3	Bigger is Better	34	↑
4B	People who say the services they use make them feel safe and secure	83.7	83.2	84.3	87.5	86.3	Bigger is Better	113	↓
	Note CIPFA averages = median average								

3.11.2 Cambridgeshire has significant challenges around transfers of care for both social care and for health reasons. There has been a significant focus on this from the system and whilst there have been improvements challenges remain. For social care the key issue is the shortage of capacity for domiciliary care to return people to their own homes.

3.11.3 There is also a need to improve the targeting and effectiveness of reviews for people in receipt of long term care and support and this is a key component of the “changing the conversation” element of our Adults Positive Challenge Programme. Our Neighbourhood Cares pilots suggest that when there is a consistent source of advice and support the need for reviews is reduced as there is an ongoing dialogue with the person being supported.

3.11.4 There are arrangements in place for service user participation through partnership boards. There have been improvements to the way that complaints are analysed and monitored which has resulted in improvements

to systems and there has been an increasing use of the learning from the national and local service user and carer surveys.

3.11.5 Other areas for improvement are support for adults with Learning Disability to access employment, and increasing the percentage of adults with Learning Disabilities who live in their own home or with family. Both of these will be impacted by the Learning Disability enablement work stream of our Adults Positive Challenge programme

3.11.6 The service user survey also evidenced some areas in which we could do better, including overall satisfaction, access to information and services helping people to feel safe. These factors will feed into our Adults Positive Challenge work stream around changing the conversation.

3.12 **Commissioning And Quality**

3.12.1 Cambridgeshire and Peterborough are working in close partnership with our local Clinical Commissioning Group (CCG) to commission Learning Disability services, homecare, mental health, community equipment, Technology Enabled Care and carers support (from January 2020). Within Cambridgeshire this is underpinned by a joint brokerage model for Care Home and Homecare provision enabling a joined up conversation with the market and management of capacity and development of a fully integrated Brokerage function across both authorities is currently underway.

3.12.2 There are currently key concerns relating to care homes and homecare capacity, quality and sustainability of current costs. Key actions to address are:

- The Council has worked in partnership with our largest home care provider and has made significant investment to improve the quality and sustainability of the organisation. Whilst improvement has been seen, we continue to monitor this on an ongoing basis.
- We are adopting an evidence based approach to tackling key areas of shortfall in capacity by targeting support to the local issues/challenges identified.
- More consistent engagement and co-production is taking place with the local market

3.12.3 We are also experiencing capacity pressures within the care home market. To address this, the Council is currently working to identify a strategic partner to design, build and run a number of care homes on Council-owned land via a long lease arrangement. This will enable us to address key areas of shortfall, offer individuals increased choice and control and improve control over rising costs, particularly for nursing care home provision

3.12.4 To promote joined up working and transparency with the local provider market, Cambridgeshire and Peterborough have recently produced a joint market position statement to give a clear indication of the Council's priorities and strategic direction over the coming months.

3.12.5 The Council complies with Care Quality Commission (CQC) regulations and has recently undergone a LGA Peer Challenge using the CQC Area Review methodology and has just received the final report with a number of recommendations

3.12.6 The local summary profile from ADASS shows that we have high quality independent provider services in Cambridgeshire compared with other Local Authorities, although we have recently had more concerns about providers and the stability of the market. All Learning Disability in house services have now been rated by CQC as "Good" with some key areas being rated as "Outstanding". Reablement services have also been rated as "Good".

3.13 National Priorities and Partnerships

3.13.1 Partnerships with Health

Partnerships with Health are positive and there has been particular work around joint assessment meetings for Delayed Transfers of Care that are embedded in practice across Health and Social Care. There have been some challenges around Continuing Health Care (CHC) although recently progress has been made with plans in place for the assessment backlog to be completed within the current financial year. Better Care Fund (BCF) and Improved Better Care Fund (IBCF) plans are agreed and signed off. We have a number of integrated services operating under section 75 agreements including, Learning Disability, Mental Health and Occupational Therapy. We also have a pooled budget for Learning Disability between the CCG and the Council and there have been some challenges in agreeing the risk share.

3.13.2 Partnership with Children's services

We have good links with Childrens Social Care and the SEND 0-25 service for children which sit under the same shared Executive Director. There are positive links with the young adult's team and case by case advice, support and conversations between teams where needed, particularly in relation to support planning in the transforming lives model, health interventions for those with a diagnosis of Learning Disability and in managing risk.

3.13.3 Partnership with District Councils

There are good and strengthening relationships with District Councils and registered providers, to work collectively around meeting housing and accommodation and strong representation at the County wide Housing Board, which brings together key stakeholders in the housing partnership. A strategic review of Housing Related Support is underway, which includes an analysis of client need and future location of supported accommodation and floating support. We are also linking in to the Think Communities programme to better work together with both District and Parish Councils around provision of neighbourhood based support services, making best use of community assets.

3.13.4 Partnership with Public Health

In Cambridgeshire there is a well-developed multi agency Ageing Healthily and Prevention Steering Group led by Public Health which Adults Social Care is a core member of. This has worked on several areas including falls prevention, loneliness, continence, dementia and a current campaign to promote strength and balance classes for residents across Peterborough and Cambridgeshire.

3.13.5 Partnership with the Voluntary Sector

The Council has strong partnerships with the voluntary and third sector with a web based Care Network for sharing of resources. The local VCS has set up a Health and Well Being Network which acts as a point for all VCS referrals and is represented at multi-disciplinary meetings with primary care and

community health neighbourhood teams. Healthwatch plays an active role in Cambridgeshire which includes facilitation of all Partnership Boards. In both our Adult Positive Challenge Programme and the feedback from recent Health and Social Care System Peer Review we have recognised the inclusive with VCS in co-producing and commissioning services and delivery models.

3.13.6 There is currently a Neighbourhood Cares pilot in two localities showing benefits in terms of local engagement with VCS and community providers.

3.14 **Resource and Workforce Management**

3.14.1 The Council adult social care budget remains challenged due to the growth in demand and complexity and market cost increases. At the mid-year point the Council was forecasting a 0.15% overspend on the adult social care budget which assumes delivery of significant savings targets. Recent savings strategies have focussed on the prevention agenda through early intervention, a programme of targeted reviews and reassessments, and transactional savings resulting from maximising financial contributions within existing policies and identification of appropriate funding from health in relation to service user needs. In addition, commissioners have reviewed utilisation of care contracts to ensure we are using them efficiently.

3.14.2 Transformation funding has been identified for a significant programme of work to manage demand coming into Adults services, trying where possible to 'stand still' in financial terms, mitigating demand increases by helping people earlier to maintain independence for longer. The Council has invested in external consultancy support to try to deliver this; we are still in the early stages of this work, however (it is expected to start delivering financial benefits in quarter 4 of 2018/19 and then into 2019/20-21)

3.14.3 We are concerned about the impact of Brexit as 20% of our care staff are from the EU. Recruitment is affected by being in an area of high employment and high living costs and there are particular difficulties in Cambridge City and in South Cambridgeshire. We find it difficult to recruit experienced social work staff as opposed to newly qualified staff but the most challenging area is in the recruitment of support workers in all services. Home care rates paid per hour in Cambridgeshire are the highest in the region

3.14.4 To mitigate recruitment risks we have improved our workforce development offer and are aware of areas (such as commissioning) where we need to further develop it, but overall feedback from staff is positive. Career pathways have been developed to maximise the Adult Lead Careworker Apprenticeship. Workforce leads are also working with their colleagues in the health system to consider how we might begin to collaborate better in responding to the workforce risks.

3.14.5 Pay for social workers is in line with national averages and a strategic Social Worker recruitment project plan is in place to improve our recruitment of experienced social workers, reduce vacancies and reduce reliance on locums.

3.15 **Next Steps for the self-assessment process**

The external challenge session will take place on 8 January 2019 and following feedback from this the Council will agree an action plan. Progress will then be reviewed at the regional performance challenge event scheduled for later in the year.

3.16 **Accessible Local Account**

As part of the sector led improvement programme ADASS encourages sharing of a local account style overview of adult social care in an accessible format. To fulfil this objective the self-assessment has been created in a public facing format attached at Appendix 1.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The report is relevant to all priorities 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

(It is a legal requirement for the following box to be completed by the report author.)

Source Documents	Location
NHS Digital Analytical Hub – Adult Social Care Outcomes Framework Analytical Tool	https://app.powerbi.com/view?r=eyJrIjoiNTY0ZTNhN2YtODg2ZS00OTIyLWI2MjItZTJiY2E5M2MxNTBmIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9

Cambridgeshire County Council

Cambridgeshire County Council Adult Social Care

Local Account 2017/18




Introduction

The purpose of the Local Account is to provide information on where Cambridgeshire Adult Social Care are doing things well, where we think we can improve and how we are planning for the opportunities and challenges ahead. The Local Account reflects back on our achievements against national performance measures and the feedback we have received from customers and their carers.

Activity and Finance Overview

In 2017/18:

- We received 13,195 requests for guidance or support from new clients
- We gave out information and advice to 1720 people
- We provided on-going low level support to 3625 people
- We provided short term care such as reablement and adult early help to 2190 people
- We provided long term care to 7700 people

The budget for Adult Social Care was around £142 million

What is our vision for Adult Social Care in Cambridgeshire?

By 2023 local people drive the delivery of care, health and wellbeing in their neighbourhoods:

Neighbourhood approach supports independence and resilience

More people live independent and fulfilling lives for longer

People receive information, advice and support appropriate to their level of need that will help them remain independent for longer

People and partners are clear about what the council can and can't do

Adult Social Care Top Three Achievements

Early Intervention & Prevention Services

The council's Reablement service and other short term interventions such as Adult Early Help and Technology Enabled Care have been very successful.

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Neighbourhood Cares

Our "Neighbourhood Cares" pilots in Soham and St Ives are showing that a consistent source of advice and support in the community reduces the need for social care input.

Adult Early Help

Establishing an Adult Early Help function in the front door to provide effective triage and signposting. Including referrals into Home Improvement Agency and Voluntary and Community Sector services.

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“The Adult Early Help Team has been a great help with my mother in law, we were put at ease right away and everything you said you were going to do, you did! “

Risks and Challenges

Health Services

Cambridgeshire has significant challenges with discharges from hospital.

Availability of Home Care

In Cambridgeshire a key issue for social care is the shortage of home care to support people in their own homes.

Financial Position

Adult Social Care's financial position is still very challenging despite additional funding raised from the Adult Social Care Precept and provided by central government. Increasing demand on services and cost pressures from the care market mean that there are still significant savings that need to be made to stay within budget

Examples of Best Practice and Improvements

Adults Positive Challenge

This programme is designing a new approach for Adult Social Care in Cambridgeshire, which builds on the strengths of our customers and communities.

Quality and Practice Team

We have strengthened our support to front line staff practice. With a Quality Assurance and Practice team undertaking regular audits and providing targeted training and practice learning.

Co-production

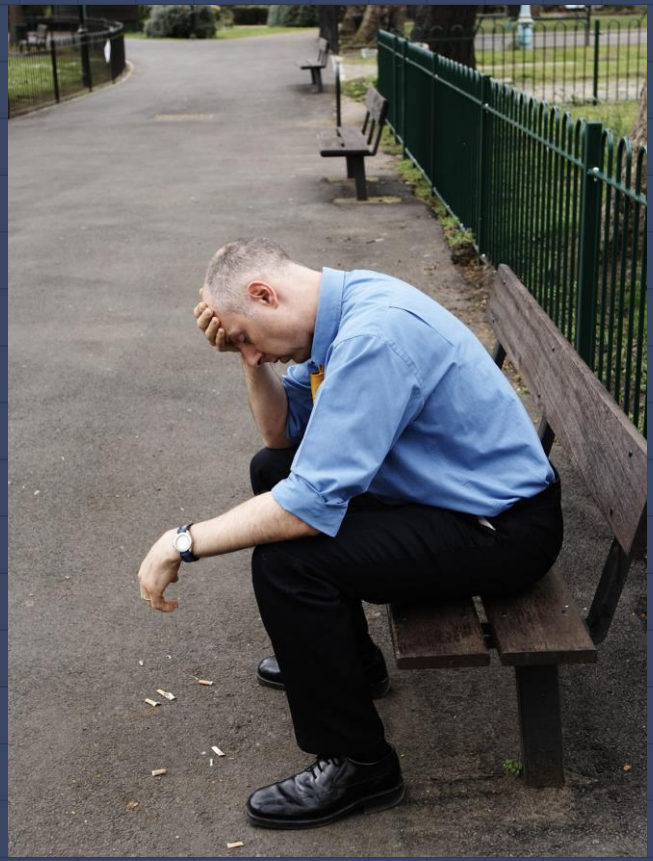
The council have a team of 'Working Together' Champions who seek to continually share and embed best practice in co-production.

Examples of Best Practice and Improvements

Counting Every Adult

This project is considered a national example of good practice.

The Team works with the most chaotic and excluded adults in the county to improve outcomes for individuals who have fallen between services in the past.



How is Adult Social Care working with partners?

Partnerships

Partnerships - Children's Services

Young Adults Team
There are positive links with the young adult's team and case by case advice, support and conversations happen between teams where needed.

There are several ongoing work streams to strengthen the relationship with Children's Services. A specific workstream has been introduced as part of the Adults Positive Challenge to start conversations with young people at an earlier stage by better alignment with Children's Services.

Partnerships - Housing

There are good and strengthening relationships with District Councils and registered providers to work collectively around meeting housing and accommodation needs.

Cambridgeshire has strong representation at the county-wide Housing Board, which brings together key stakeholders in the housing partnership.

A strategic review of Housing Related Support is underway, which includes looking at the needs of our clients and the location needs for future supported accommodation.

Partnerships - Public Health

In Cambridgeshire there is a well developed multi agency Ageing Healthily and Prevention Steering Group led by Public Health. Adult Social Care are a core member of this group.

The group has worked on several areas including

- Falls prevention
- Loneliness
- Continence
- Dementia
- Strength and balance classes for residents across Cambridgeshire

Partnerships - Voluntary Sector

The council has strong partnerships with the voluntary and third sector with a web based Care Network for sharing of information about the services they offer.

The local Council for Voluntary Services has set up a Health and Wellbeing Network which acts as a single contact point for referrals.

There is currently a ground-breaking Neighbourhood Cares pilot in Soham and St Ives that are showing benefits in working seamlessly with the Voluntary Sector and Community Providers.

How is Adult Social Care performing?

Performance

Adult Social Care Outcomes Framework

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The next two pages showa areas where Cambridgeshire has performed well compared to other Councils and areas where we perform less well.

Adult Social Care Outcomes Framework 2107/18

Indicators where Cambridgeshire did better than the national and/or regional average:

- 9th best Social Care related Quality of Life Score in England
- More service users feeling they had control over their daily life
- More service users with as much social contact as they want
- 20% lower rate of permanent admissions to care homes for older people than England average.
- 93% of people completing reablement who need no further long term care and support higher than England average of 78%
- A higher percentage of people who use services who say they feel safe - 5% more than in the previous year

Adult Social Care Outcomes Framework 2107/18

Indicators where Cambridgeshire did worse than the national and/or regional average:

- 5% less service users receiving direct payments than national rates
- The percentage of Adults with learning disabilities known to be in employment is half the national rate
- Delayed transfers of care from hospital are high
- Satisfaction with care and support is is lower than the national average
- Around 1.5% less service users said they find it easy to get information and advice than the national rate of 73.3%

Areas for improvement

Reviews
We recognise the need to improve the targeting and effectiveness of reviews for people in receipt of long term care and support.

Increasing people's ability to control how their budget is used
Encouraging more people to manage their own budgets is also a key area of improvement as currently a comparatively low number of individuals use a direct payment.

Carers
The current carer's offer is being reviewed as part of the Adults Positive Challenge Programme to improve both the identification and assessment of carers, whilst also ensuring the right support is available to meet their outcomes and requirements.

Areas for improvement

Transfers of Care

Cambridgeshire has had significant challenges around transfers of care for both social care and for health reasons. There has been a significant focus on this from the system and whilst there have been improvements, challenges remain. For social care the key issue is the shortage of capacity for domiciliary care to return people to their own homes.

Supported Employment for people with a learning disability

Support for adults with a Learning Disability to access employment, is an area which need improvement. This will be impacted by the Learning Disability enablement workstream of our Adult Positive Challenge programme.

What is the council doing?

The Adults Positive Challenge Programme is the council's programme which seeks to manage demand for Adult Social Care by recognising and building on the strengths and aspirations of people and their communities.

Workstreams include:

- **Neighbourhood based operating model** - seeking to address issues of social isolation and improve choice and control by delivery of support through neighbourhoods and local services and networks. Learning from the two Neighbourhood Cares pilots in Soham and St Ives
- **Increasing carers support** - increasing awareness of the role of carers, changing how we commission support for carers and enhancing digital and information and advice offers for carers
- **Changing the conversation** - strength based approach to practice, optimising reviews and enhancing information and advice - Looking first at what individuals can and want to achieve before focussing on factors limiting them. Looking at a wider range of solutions to maximising independence and control, including issues connected to housing, technology and accessibility of communities.

What is the council doing?

Workstreams continued:

- **Commissioning** - outcome based commissioning and meeting the challenges around care market capacity by looking at innovative ways of supporting individuals to purchase and access services and support which meets their needs.

- **Increasing targeted reablement** linked to wrap around community support. Focussing on the potential of reablement to lead to the strengthening of support networks and access to the right assistive technology to support continued independence of individuals once skills have been regained.

- **Learning Disability Enablement** - taking a strengths based approach with young people from childhood and an enablement approach into adulthood

- **Embedding Technology Enabled Care (TEC) -** increasing the information on and range of TEC offered to support independence, choice and control - focussing on TEC right from childhood. A focus on access to the right TEC at the right time for people with emerging or changing care and support needs.

Agenda Item No: 9

UPDATE ON THE PROGRESS OF THE SUICIDE PREVENTION ACTION PLAN AND ZERO SUICIDE AMBITION

To: **Health and Wellbeing Board**

Meeting Date: **31 January 2019**

From: **Katharine Hartley, Consultant in Public Health**

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

a) Note and comment on the progress of the suicide prevention implementation plan
b) Comment on the commitment of Health and Wellbeing Board member organisations to the zero suicide ambition
c) Continue to support the implementation of the suicide prevention implementation plan through partnership and network links, awareness raising and developing a learning culture.

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1. PURPOSE

1.1 The purpose of this paper is to provide a brief update on the progress of the work by all partners on the multi-agency Suicide Prevention implementation board and to review partner organisations plans towards the zero suicide ambition.

2. BACKGROUND

2.1 Cambridgeshire and Peterborough have had a joint suicide prevention strategy since 2014. This is accompanied by an action plan that cuts across partner organisations to ensure participation by key players along the pathway of care from early prevention through to post discharge after crisis, and/or learning from case studies post-suicide. The suicide prevention strategy was refreshed last year and covers the period 2017-2020 and has been approved by both Peterborough and Cambridgeshire Health and Wellbeing Boards.

2.2 The strategy builds on and supports the National suicide prevention strategy 'Preventing suicide in England, Dept. of Health 2012'[1] but also includes a drive to aim for ZERO suicide, based on the National Zero Suicide Alliance. The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of suicide prevention services that is tailored appropriately to local need and is driven by the involvement and feedback from service users. With a focus on Zero suicide, the strategy emphasises the requirement for senior level engagement with all relevant organisations to ensure quality improvement across the pathways of care for suicide prevention.

2.3 The six priority areas for suicide prevention and the key work assigned to each

Priority is as follows:

1. Reduce the risk of suicide in high risk groups

- Implement the STOP Suicide local awareness raising campaign, website and pledge
- Provide training in suicide prevention - ASIST, MHFA
- Continue to implement Lifeline - provides listening support and information to someone experiencing mental distress
- Work with partners to support the continuation of 111(2) FRS and Sanctuaries for people in mental health crisis

2. Tailor approaches to improve mental health in specific groups

- Work with partners delivering the 'Emotional wellbeing and mental health strategy for children and young people, particularly around reducing stigma, resilience building, tackling self-harm and support after bereavement
- Support GP training in suicide prevention
- Focussed work to improve mental wellbeing in harder to reach groups such as middle aged men

3. Reduce access to the means of suicide

- Monitor hotspots for suicides and work with police, BTP, highways England to reduce access to means via bridges, high buildings and railway tracks

4. Provide better information and support to those bereaved or affected by suicide

- Implement a bereavement support service and pathway for those affected by suicide

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- Continue to work with local media to encourage reference to and use of guidelines for the reporting of suicide

6. Support research, data collection and monitoring

- Monitor real-time information on suspected suicides as they occur
- annual audit of local suicides

2.4 The Zero Suicide Ambition is an overarching theme that covers all priority areas. Key to this ambition is the commitment of partner organisations to sign up to the Zero Suicide Alliance and promotion of the free online ZSA training to all employees.

2.5 The Cambridgeshire HWB members received an updated report on the Suicide Prevention Strategy at the meeting on 1st February 2018. Board members supported the current progress reported in the action plan. Further support was given to taking the action plan forward at an organisational level. Board members agreed to report back at a future meeting the individual organisational responses to the Suicide Prevention action plan.

3. MAIN ISSUES

3.1 Progress over the six priority areas for suicide prevention in the last year by all partners on the Suicide Prevention implementation board include the following:

- STOP Suicide awareness raising campaign re-launched in May 2018 with support from the private sector 'Jagex'. This included the creation and roll-out of a short suicide prevention film (I'd ask) as well as public events and adverts on buses and through social media. The campaign is being evaluated but resulted in a large increase in visits to the STOP suicide website, increasing numbers of pledges. World suicide prevention day saw 40,000 impressions on Twitter and more than 20,000 on Facebook & Instagram
- Implementing GP training in suicide prevention - As of the end of December 2018, the total number of GPs trained is 75. Four further workshops are arranged for early 2019. Funding has been secured to continue GP training for another year - until November 2019.
- A postvention (intervention conducted after a suicide) support service for people bereaved as a result of suicide. This has been set up with STP funding and employs a family liaison officer, working through Lifecraft in Cambridge. Next of kin 'consent to be contacted' is shared between the police and the

bereavement support officer in the immediate days post suspected suicide. In the twelve months since the start of the service, support has been provided to 39 families. Case studies are collected to monitor the impact of the service and these demonstrate the value to clients in preventing mental health crisis. Funding is continuing into year 2 for this service.

- Real-time suicide surveillance was set up 18 months ago - Cambridgeshire and Peterborough being one of only a few areas in the country who collect and monitor this information. This is being used to identify any areas of concern that would need to be escalated. Protocols are being developed to cover a range of possible scenarios for escalation. Learning from cases studies is beginning to be implemented - for example, recent suspected suicides using firearms.
- An annual suicide audit was completed for suicides that occurred during 2016. This highlighted the need to raise awareness of mental health in middle-aged men, improve resilience in this group and to work towards addressing loneliness in the general population.
- A suicide prevention and awareness event was organised for schools, and received positive feedback. A protocol is now in place to support schools in the event of a pupil suicide.
- Crisis care - 111(2), FRS and Sanctuaries are an essential part of the suicide prevention plan. Work is underway to look at what support is available post-contact with these services, depending on evidence review and funding. A children and young person crisis service is being developed.
- The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) zero suicide strategy and action plan is being implemented and is a major part of the overarching suicide prevention strategy. Progress is being made on all workstreams within the CPFT strategy; carer support and data sharing, risk assessment and care plans, inpatient care to ensure zero suicides in this group, substance misuse, children and young people and research and data.
- The zero suicide ambition has been built in to the suicide prevention plan and a core to this is ensuring that the partnership for suicide prevention is all inclusive across public sector and voluntary sector organisations. It aims to utilise all partner's expertise and experience to join together across the pathway of care. Data sharing is key to this as well as developing a learning culture that looks at both positive and negative outcomes of cases and/or people's experience of services. In addition, the partnership group endorses the sign-up to the national Zero Suicide Alliance (ZSA), by the partner organisations as a sign of organisational commitment to reducing suicide. As part of the sign-up, the partner organisation would be expected to promote or mandate the free online training in suicide prevention to all employees. CPFT, the CCG and both upper tier Local Authorities have signed-up to the ZSA, along with other partners, for example, CPSLMIND.

3.2 The attached appendix provides some detail from our HWB partners who are not members of the suicide prevention implementation board on progress they are making to support the suicide prevention work and the zero suicide ambition. More work is required to ensure engagement across the county with all districts to promote and embed this work at the organisational level. The appendix also includes more detail from Cambridgeshire and Peterborough Foundation Trust on the suicide prevention work they are doing.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The suicide prevention work is most relevant to priorities 4 and 6 of the Health and Wellbeing Strategy:

- 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
Joint Cambridgeshire and Peterborough Suicide Prevention Strategy and action plan	Cambridgeshire Insight

Item 9 – Appendix 1

Cambridgeshire Health & Wellbeing Board

Suicide Prevention Action Plan – Mapping of local activity

Background

The Cambridgeshire HWB members received an updated report on the Suicide Prevention Strategy at the meeting on 1st February 2018. Board members supported the current progress reported in the action plan. Further support was given to taking the action plan forward at an organisational level. Board members agreed to report back at a future meeting the individual organisational responses to the Suicide Prevention action plan.

The following responses are from organisations which are not members of the Suicide Prevention Implementation Board, but are doing relevant work to support this agenda, plus a specific response from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), the main NHS provider of specialist mental health services in the area. They update on the six priority areas for suicide prevention. It is recognised that in some of the priority areas the actions will not necessarily be relevant for all organisations.

Part A - Table showing responses from HWB member organisations who are not members of the Suicide Prevention Implementation Board

Priority Area in Suicide Prevention Action Plan	Organisational Response	Further Notes
Zero Suicide Ambition This is an overarching theme that covers all the priority areas. Key to this ambition is the commitment of partner organisations to sign up to the Zero Suicide Alliance and promotion of the free online ZSA training to all employees.	**East Cambridgeshire District Council** East Cambs DC are happy to become involved in the Zero Suicide Alliance, who can also do some publicity under Community Safety and the Eyes and Ears Campaign. East Cambs DC tenancy support officers and housing officers have often talked to their suicidal clients and offered ongoing support.	

	East Cambs DC would always contact police to request a safe and well check if they were concerned that a client was likely to attempt suicide.	
1. Reduce the risk of suicide in high risk groups - Implement the STOP Suicide local awareness raising campaign, website and pledge - Provide training in suicide prevention – ASIST, MHFA - Continue to implement Lifeline – provides listening support and information to someone experiencing mental distress - Work with partners to support the continuation of 111 (2) FRS and Sanctuaries for people in mental health crises	**Huntingdonshire District Council** HDC has trained a number of staff in Mental Health First Aid and all are identifiable by a yellow badge and through the website. They are now known as Mental Health First Aid Champions. HDC also has had for a number of years staff trained to be a 'First Contact' for people experiencing circumstances that would benefit from an 'independent' ear. HDC provides a staff wellbeing service and counselling for staff who need it. **Cambridge City Council** Cambridge City Council has worked hard to ensure that people with mental health problems get support they need. We have celebrated World Mental Health Day and Mental Health Awareness Week each year. Activities included mindfulness sessions for staff members, a tea dance in 2015 at Ditchburn Place in partnership with Cambridge Arts Salon, a free arts and crafts session at the Grafton Centre in 2016 on relationships and mental health, and, in 2017, a market stall raising awareness about where people can go to seek support for mental health problems. We have also provided move-on	There are gaps in provision between services for the very high risk groups who misuse substances and have in addition MH conditions.

	accommodation for up to 40 people recovering from mental ill health each year in partnership with Cambridgeshire County Council and Metropolitan Housing Group. Our Single Equalities Scheme 2018 – 2021 (https://www.cambridge.gov.uk/media/6721/single-equality-scheme-2018-to-2021.pdf) highlights some of the actions we will be taking over the next 3 years to help address mental health issues including: ● Continue to provide a trusted single point of contact for people who need additional support from our customer contact centre because of mental health issues. Continue to help these service users to seek support they may need from other agencies through signposting or (with their permission) making referrals. ● Housing Services to improve support services for those with mental health issues or a dual diagnosis with mental health as a primary issue, including: ➢ Monitor the efficacy of the Dual Diagnosis Street Team (DDST) through ongoing evaluation. ➢ Establish a monitoring system to assess the efficacy of the County Council's dual diagnosis strategy. ● Continue to provide holistic support to City Council tenants with mental health issues to remain in their tenancies via the tenancy sustainment service, and	

	help link people to meaningful activities and groups in order to help reduce social isolation. ● Continue to provide 17 units of move-on accommodation for people receiving support under the mental health team to help them to help them to move onto living independent living. ● Working together with partners in Cambridgeshire and Peterborough to support people with hoarding behaviours, who can be especially prone to mental health issues such as anxiety. ● Continuing to fund an expanded 'Advice on Prescription' project, to provide outreach support for residents experiencing mental health issues due to low income, debt or addiction at East Barnwell Health Centre, Nuffield Road Medical Centre, Arbury Road Surgery, and Trumpington Medical Centre. ● In its enforcement policy, have regard to the Crown Prosecution Service public policy statements on dealing when taking enforcement action which involves victims and witnesses who have a learning disability or mental health issues. ● Identify opportunities to support work of Mental Health Recovery and Community Inclusion Service – in terms of referrals/ signposting, and also making sure grants to VCS complementary with partners' efforts to support people with mental health issues in the community. In addition Cambridge City Council has been working with its partners to help combat loneliness and is looking to:	

	● Analyse results from the annual survey of residents within our sheltered housing schemes and users of the 65+ service and identify any additional support that can be provided to address loneliness and isolation. ● Support Cambridgeshire County Council and use findings from their survey of new communities in order to identify needs that are specific to the different new communities in Cambridgeshire that we can meet. ● Continue to use the Community Chest, consisting of developer contributions, to provide small pots of funding (up to £250) to help kick start community projects in and around new communities that support them to develop social networks and reduce social isolation. ● Continue to provide holistic support to City Council tenants with mental health issues to remain in their tenancies via the tenancy sustainment service, and help link people to meaningful activities and groups in order to help reduce social isolation. ● Explore the feasibility of letting hard-to-let sheltered housing units to students at reduced rents with the requirement that they undertake 30 hours volunteer work per month to support older tenants with support needs, including helping to combat social isolation. ● Provide funding for an outreach service to women who have experienced domestic abuse in the City. The key aims of the service are to prevent homelessness and provide an on call service 24	

	hours a day/365 days a year, help improve the housing security and safety of service users in their homes, and tackle social isolation and exclusion via a programme of therapeutic, creative and practical activities. ● Support older people's groups and active lifestyles group ● Identify any further actions we might undertake as a Council to help combat loneliness by: ➢ Identifying opportunities for working with the Campaign to End Loneliness, which has received some funding to undertake research in Cambridgeshire ➢ Gathering further evidence on impacts our policies, plans and procedures have related to loneliness in our Equality Impact Assessments We have delivered two sessions a year (over two days) of Mental Health First Aid training to staff since 2015 and have run 10 Mental Health Awareness courses for frontline staff since 2014. Just over 100 staff participated in these courses to date. The City Council's Active Lifestyle Team prepared an Active Lifestyle Plan outlining projects that will be delivered over the next 3 years. One of the priority areas of the plan is to use physical activity as a tool to improve mental health and emotional wellbeing for residents, with a particular focus on older adults with dementia, adults with psychosis and young people of a secondary age.	

	The Team are working with the NHS Cameo Early Intervention Service to deliver a SHAPE programme and an Invigorate programme includes activity for both mental health service users and homeless community users in Cambridge. As part of this programme mental health service users can also apply for a free BETTER card, when applying for Invigorate membership. A BETTER card provides a **50% discount** on facilities across all of the GLL managed facilities in the city, which includes Abbey Sports Centre, Parkside Pools, Kings Hedges Learner Pool, Jesus Green Lido and Cherry Hinton village centre. Our Active Lifestyle Team also ran a W@W staff health and wellbeing survey during the summer of 2018, which covered three areas: physical activity, healthy lifestyles, and mental wellbeing. The anonymous information gathered from this survey was used to shape the team's 12-month calendar of staff health and wellbeing initiatives and campaigns. One initiative has been to promote "Tea and Talk" events for staff. **Hunts Forum of Voluntary Services** Support Cambridgeshire Partners have cascaded and will continue to periodically cascade information to the wider VCS. **South Cambridgeshire District Council**	

	Grant funding - considerable funding is given to organisations to support vulnerable people, in particular the CAB who are able to help those who are vulnerable as a result of financial pressures	
2. Tailor approaches to improve mental health in specific groups - Work with partners delivering the 'Emotional wellbeing and mental health strategy for children and young people, particularly around reducing stigma, resilience building, tackling self-harm and support after bereavement. - Support GP training in suicide prevention - focussed work to improve mental wellbeing in harder to reach groups such as middle aged men	**Huntingdonshire District Council** There is interest from services who come into contact with 'vulnerable' people (Housing) for further information and training if it is available. With the co-location of DWP and CAB within HDC Headquarters (Pathfinder House) there may also be wider opportunities for identifying and helping people at risk. **Cambridgeshire City Council** The City Council has resettled 100 refugees, to date, under the Home Office VPR and VCR schemes. All the individuals that have been resettled have been through traumatic experiences, whether it has been the issues they faced in the country of war, in refugee camps or the travel and process to settle in the UK. Many individuals we deal with, as a result, suffer from poor mental and physical health. This restricts their ability to integrate into a new culture and community life and find and maintain employment or education. The City Council works closely with the Refugee Council and partners to help resettled families with their integration and to improve their health and wellbeing. We sourced a psychologist that specialised in cognitive behavioural psychotherapy with refugees who was able to	

	speak Arabic and English. This was a considerable help in building trust and in encouraging people to accept referrals to more specialised services, including where people are having suicidal thoughts. The City Council has also commissioned an art therapist to work with the refugees to help improve their wellbeing and is looking to its active lifestyle team and Children and Young People's Service to tailor programmes to encourage participation in physical activity and other community events. Staff in our Customer Services Centre received over 57,000 face-to-face enquiries last year. We ensure that all staff in the centre have regular safeguarding training and mental health awareness training so they can look out for signs of distress/abuse and take the appropriate action, including calling ambulances for customers who are obviously in need of intervention. Referrals are also made to partner organisations such as Street Outreach and CAB for example. Our Tenancy Sustainment Service and Visiting Support Service(for those 65+) supports council and temporary housing tenants that are at risk of losing their housing due to mental health issues, antisocial behaviour, a history of homeless, or complex support needs. Following assessment, client needs are address through the joint creation of a tailored support plan. From April 2018 to date the TTS has supported over 60 individuals. The Visiting Support Service (65+ in age) works with any resident of Cambridge City to make choices regarding their independence. Following assessment personalised	

	support is offered in regard to mental health, care needs, housing advice, networking and social activities, and help for carers and family. Since April 2018 the Visiting Support Service has worked with over 150 clients. Clients of the TSS, Visiting Support Service and tenants of City Homes are routinely made aware of emergency provision during times of mental health crisis, including the Cambridgeshire and Peterborough First Response Service (FRS) 111 option 2 and The Sanctuary (Mind CPSL). Cambridge City Council also runs a substantial Community Grants programme that targets residents in the most need in the City. During the year we funded, to the value of £900,000, 114 voluntary and community groups who delivered over 150 services and activities to support vulnerable people living in Cambridge. Many people receiving services supported by our grants programme have mental health issues. Some examples of projects that have been supported in the past have been led by organisations focused on mental health issues and included Life Craft , Richmond Fellowship , Cambridge Women's Resources Centre, Centre33, The Junction Disability Arts Programme and Cambridge Ethnic Community Forum, to name but a few. In particular the City Council supports the work of Cambridge Citizens Advice Bureau in providing advice to vulnerable people or people facing debt, relationship breakdown or employment issues, from our community grants budget. In 2017/18 the year we provided	

	significant grants to Cambridge CAB of £260,000 core grant + various project grants. Through the City Council's Anti-Poverty Strategy we have spent over £300,000 on over 25 additional projects to date to help improve the lives of people living on low incomes in the City, many of whom are finding it difficult to make ends meet and facing the mental distress and low levels of wellbeing these circumstances can bring. Many people are in Cambridge City find it difficult to buy food and the City Council is actively supporting the Cambridge Food Poverty Alliance in the development of its action plan. The City Council continues to support customers affected by recent national welfare reforms such as the benefit cap, employing a financial inclusion officer to help vulnerable households maximise their incomes and improve their long-term circumstances, and work closely with Cambridge Jobcentre and Citizens' Advice Bureau to triage and help local people affected by Universal Credit. Last year we awarded 6,440 low income households in the city a council tax reduction as a part of our Council Tax Scheme. Discretionary housing payments were also awarded to 330 people with no other recourse to funds and supported a project to assist housing benefit claimants move from hostel accommodation in to their own private tenancy. The City Council works closely with the Dual Diagnosis Street Team (DDST), which is a pilot service (running to April 2019) provided by Cambridgeshire and	

	Peterborough Foundation Trust. The team covers Cambridge City only. This is a two-year pilot project and provides personalised assessment, short-term intervention and support plans to people who are homeless with a serious mental illness and substance misuse. In addition to providing a direct mental health service, the team aims to improve access to all mainstream social and health services for those entrenched rough sleepers as defined by the Homelessness Partnership in Cambridge. In conjunction with partners, the City Council also works hard to prevent homelessness in the City and in the last year handled just over 650 direct approaches from households requiring advice and referred people to the Single Homeless Service, which rehoused 108 people in the year and removed the risk of rough sleeping for these individuals. The total number of households prevented or relieved from homelessness by the City Council and its partners was 1,240 last year. People facing homelessness are often distressed and anxious about their plight, which can affect their longer-term mental health and wellbeing, or have prior mental health and substance misuse issues that may have led them to these difficult circumstances. The City Council supports Cambridge Street Aid, a fund where every penny that is donated goes directly into helping to end the waste and misery of a life spent on the streets. This is in addition to the help provided by statutory and charitable organisations. Support workers, homelessness charities and other community groups can	

	bid into the fund for things that will make a real difference to people's lives; the only limitation being that it must help a person get off, or stay off, the streets. The aim is not to dictate to individuals what we think they need, but to empower them to come up with solutions themselves. So far we have had applications for money to fund hobbies such as fishing and crafts, training courses and travel expenses to reconnect with family members. All these things contribute to someone's wellbeing. Many of the individuals with a street homeless background have mental health issues. **<u>South Cambridgeshire District Council</u>** CDRP - Scams prevention: awareness raising around spotting and stopping scams. CDRP - Domestic Abuse / Sexual Violence: we raise awareness and feed into delivery groups at County level. CDRP - Domestic Homicide Reviews: the recommendations coming from these are collated countywide and might impact on those vulnerable as a result of DA. CDRP / PSG: the problem solving group has members (RSLs and the like) who work with vulnerable people as a result of ASB (there was one case recently of someone trying to take their own life because persistent ASB impacted on / heightened her own MH issues).	

	CDRP - Hate Crime: raising awareness and encouraging people to report it as opposed to suffering in silence.	
3. Reduce access to the means of suicide - Monitor hotspots for suicides and work with the police, BTP, highways England to reduce access to means via bridges, high buildings and railway tracks.	**Huntingdonshire District Council** The question has been raised about possible for signage for locations such as Hinchingbrooke Country Park but this has yet to be pursued as to whether it would be a positive action or not.	
4. Provide better information and support to those bereaved or affected by suicide - Implement a bereavement support service and pathway for those affected by suicide	See information in cover paper	
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour. - Continue to work with local media to encourage reference to and use of guidelines for the reporting of suicide	**Cambridge City Council** Cambridge City Council signed up to STOP Suicide in order to mark mental health awareness week (14th May to 20th May) 2018. We helped raise awareness of this by sending out a press release, arranging a related photoshoot that included staff members who had signed up to the pledge individually, and through internal communications (intranet and staff newsletter). During Mental Health Awareness Week we also raised awareness of the first response service number by having a stall for the public on the market square over two lunchtime days, and encouraging Council managers to share the information in their team meetings. We provided guidance to staff through internal communications on how to cope with stress. For World	

	Mental Health Day (10th October) 2018 we shared our e-learner module on stress with staff.	

Part B - Additional information on suicide prevention work by CPFT

Zero Suicide Ambition This is an overarching theme that covers all the priority areas. Key to this ambition is the commitment of partner organisations to sign up to the Zero Suicide Alliance and promotion of the free online ZSA training to all employees.	CPFT is fully signed up to the Zero Suicide Alliance and has attended the launch in Westminster. Many of our staff have undertaken the online training, including our CEO. Tracy Dowling has also written to the CEOs of other NHS organisations in C&P and asked that they consider signing up to the ZSA too. We have in house training including training for staff regarding sharing information with friends and family – jointly produced with Steve Mallen from the ZSA. This is specifically to make sure staff are confident to share information with families and friends as it may protect the service user from suicide.
1.Reduce the risk of suicide in high risk groups	CPFT has a zero suicide strategy that reports progress to the board every 6 months. The task and finish group is chaired by the CEO. There are a number of workstreams which address suicide risk, access to means, dual diagnosis, working with carers, CYP actions to prevent suicide, actions for older people. CPFT has mandatory training for staff regarding suicide risk. The FRS service continues and is now substantively funded.
2. Tailor approaches to improve mental health in specific groups	CPFT is fully engaged with workstream to improve emotional health and wellbeing for CYP We undertake focussed work with the homeless as part of a local authority funded project. This is demonstrating really effective outcomes.

3. Reduce access to the means of suicide	This is part of the CPFT Zero Suicide strategy action plan for patients using our services and facilities.
4. Provide better information and support to those bereaved or affected by suicide	CPFT has employed a family liaison officer to specifically support those bereaved by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.	The communications team at CPFT continues to work with the County team and to promote guidance to prevent suicide and inspire confidence to talk about the risk of suicide
6. Support research, data collection and monitoring	CPFT collects data and monitors this as part of the Trust Zero Suicide action plan. There is room to improve system wide data sharing regarding suicide to ensure a full, accurate and near real time understanding.

Agenda Item No: 10

GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE

To:	**Health and Wellbeing Board**
Meeting Date:	**31 January 2019**
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	Name: Cllr Roger Hickford Post: Chairman Email: roger.hickford@cambridgeshire.gov.uk Tel: 01223 706398 (office)

1. 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).

2. BACKGROUND

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; Sustainability and Transformation Partnership (STP) and the Better Care Fund (BCF). Other agenda items have focused on local issues, for example local Joint Strategic Needs Assessment (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.

3. SUCCESSES

a. 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.

b. 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.

c. 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.

d. 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.

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

4. CHALLENGES

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

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

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

d. 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.

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

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

a. 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.

6. SOURCES

Source Documents	Location
None	

Agenda Item No: 10

HUNTINGDONSHIRE LIVING WELL AREA PARTNERSHIP UPDATE

To:	**Health and Wellbeing Board**
Meeting Date:	**31st January 2019**
From:	**Jayne Wisely - Head of Leisure and Health Huntingdonshire District Council** **Julie Farrow – Chief Executive, Hunts Forum**
Recommendations:	**The Health and Wellbeing Board is asked to:** **a) Consider and comment on the content of the report**

	Officer contact:		***Member contact:***
Name:	Jayne Wisely	Names:	Cllr Roger Hickford
Post:	HDC Head of Leisure and Health	Post:	Chairman
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Tel:	01480 388048	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide the Health and Wellbeing Board members an update on the Huntingdonshire Living Well Area Partnership.

2. BACKGROUND

2.1 The Huntingdonshire Living Well partnership was formed in February 2018 and had the inaugural meeting on the 7 February. The partnership was established to replace the Huntingdonshire Health and Wellbeing Partnership and the Huntingdonshire and Fenland Area-Executive Partnership and to consolidate the number and attendee's at meetings. The partnership has had 5 meetings and occur on an approximate bi-monthly cycle. The meetings have been Chaired by the Clinical Commissioning Group (CCG), primarily Cath Mitchell before her departure, with Julie Farrow of Hunts Forum being the Vice-Chair

The co-ordination of the agenda is across all three living well partnerships with locality items being included on the agenda. The meetings have regular update papers on the Better Care Fund, Sustainability and Transformation Partnership (STP), Neighbourhood Team and Health and Wellbeing Board.

3. STRENGTHS

3.1 The meetings are well attended with the membership being extended further than that of the previous locality Health and Wellbeing Partnership, but still retaining membership with a locality interest and representation from the voluntary sector

3.2 A good place to share information regarding locality projects and build locality relationship to foster partnership working. It has proven beneficial to receive regular updates on the Neighbourhood Team pilot project that is being delivered in St Ives.

4. CHALLENGES

Whilst there are currently some challenges to the partnership as identified below, it needs to be stated that the partnership is still in its early stages and bedding in. It is proposed that a 'one-year on' meeting is to be held with key representatives from all of the Living Well partnerships to share best practice and shape the partnerships going forward in an effective manner.

4.1 The partnership has not yet established the key locality priorities that need to be addressed, that would make people live healthier and longer which are better dealt with through the living well partnership principles. Therefore this has resulted in the agenda being populated with system update reports, for example the Better Care Fund (BCF) / Sustainability and Transformation Partnership (STP) and it becomes a ratification process for policy and papers.

4.2 To date It has not resulted in a joined up system wide approach to developing, supporting and improving people's health and wellbeing. This is an area that needs further focus to ensure the organisations are working differently and together across the system.

4.3 There is the potential for the GP representative role to be instrumental in delivering the key principles of the partnership. There needs to be further clarity of the role of the GP representative and the links into the wider Huntingdonshire GP network. This needs to be a two-way process and flow.

4.4 Without local Councillor representation on the partnership there is the potential for a disconnection between matters arising from both the Health and Wellbeing Board and the Locality Partnership.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 The Huntingdonshire Living Well Partnership is relevant to priorities 1, 2, 3, 4, 5, and particularly 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.

6. SOURCES

Source Documents	Location
None	

Agenda Item No: 11

HEALTH AND WELLBEING STRATEGY – RENEWING THE HEALTH AND WELLBEING STRATEGY

To: **Health and Wellbeing Board**

Meeting Date: **31ST January 2019**

From: **Dr Liz Robin, Director of Public Health**

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

a) **Review and consider the proposed options in paragraphs 3.2-3.4 for developing a new Joint Health and Wellbeing Strategy (JHWS), when the current Cambridgeshire JHWS expires in July 2019.**
b) **Decide on the preferred option**

	Officer contact:		***Member contact:***
Name:	Dr Liz Robin	Names:	Councillor Roger Hickford
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Tel:	01223 703261 (office)	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to obtain the Health and Wellbeing Board's view on development of the next Joint Health and Wellbeing Strategy (JHWS) for Cambridgeshire, given that the current JHWS was extended to coincide with the end date for the Peterborough Joint Health and Wellbeing Strategy.

2. BACKGROUND

2.1 Health and Wellbeing Boards (HWBs) have a statutory duty under the Health and Social Care Act (2012) to agree a Joint Health and Wellbeing Strategy (JHWS) to meet the need identified in the Joint Strategic Needs Assessment. HWB Board member organisations are required to have regard to the JHWS in their commissioning and service plans.

2.2 The JHWS for Cambridgeshire was initially approved to cover the period 2012-2017. This was a comprehensive high-level strategy, produced following public consultation. In July 2017, the HWB Board agreed to extend the period covered by the Cambridgeshire JHWS (2012-17) until a new JHWS had been developed.

2.3 Three interim priorities were agreed by the Cambridgeshire HWB in November 2017, with the intention that the HWB would focus on these priorities and continue to drive delivery until a new JHWS was developed. These priorities were developed based on feedback from a stakeholder workshop and further discussion by HWB members. The priorities are:

- Health Inequalities, including the impact of drug and alcohol misuse on life chances.
- New and growing communities and housing
- Integration – including the Better Care Fund and delayed transfers of care. This would also cover monitoring the impact of developing pace based care models.

Progress against these three priorities has been regularly monitored and reported back to the Cambridgeshire HWB.

2.4 In April 2018 the Cambridgeshire HWB further reviewed the options for developing the next JHWS and agreed the following option:

Option C: The Peterborough Joint Health and Wellbeing Strategy runs from 2016-2019. Given the changing strategic landscape and the importance of working across Cambridgeshire and Peterborough, a third option is to extend the Cambridgeshire Joint Health and Wellbeing Strategy so that it expires in 2019, at the same time as the Peterborough Strategy. This would allow the potential for preparing a Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough, commencing in 2019.

The HWB asked for Option C to be amended to allow for a later expiry date, given that it may take time to work with communities across boundaries to develop the new JHWS. In addition the HWB drew attention to the importance of place-based models of care and community resilience, and strong district council and voluntary sector engagement.

3. MAIN ISSUES

3.1 Since the initial decision to extend the Cambridgeshire JHWS, a number of further developments have taken place, strengthening joint working:

- Cambridgeshire County Council and Peterborough City Council have agreed to the formation of a Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising of both Boards), after this was recommended by both parent HWBs.
- A Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset has been produced and will be updated annually. It provides information on health and wellbeing needs and outcomes for Cambridgeshire and Peterborough as a whole, and for the individual local authority areas, including District Councils. The 2019 Joint Strategic Needs Assessment (JSNA) Core Dataset will be presented to the next meeting of the Joint Cambridgeshire and Peterborough HWB in March 2019.
- Joint peer reviews across Cambridgeshire and Peterborough have taken place with findings presented to the HWBs on:
    - Health and Social Care Integration
    - Early Years Social Mobility
- Four multi-agency Living Well Partnerships have been established to take forward joint work for health and wellbeing at a local level. These cover:
    - Cambridge and South Cambridgeshire
    - Huntingdonshire
    - East Cambridgeshire and Fenland
    - Peterborough
- Joint oversight of the Better Care Fund is now well embedded, overseen at senior officer level by the Cambridgeshire and Peterborough Integrated Commissioning Board, with regular reports to the HWBs.
- The Cambridgeshire and Peterborough (C&P) health and care system continues to work together through the C&P Sustainable Transformation Partnership (STP)
- The Cambridgeshire and Peterborough Combined Authority has commissioned a project to scope a potential health and social care devolution proposal.
- Cambridgeshire and Peterborough HealthWatch have merged to form a joint Board and delivery structure.

3.2 The options open to the Cambridgeshire Health and Wellbeing Board in regards to developing a new Joint Health and Wellbeing Strategy in 2019 are potentially as follows.

Option A: Develop a new JHWS in 2019 which covers Cambridgeshire only
Option B: Develop a new JHWS in 2019 which covers both Cambridgeshire and Peterborough
Option C: Develop a new JHWS in 2019 with a Cambridgeshire only section for key local priorities and a joint Cambridgeshire / Peterborough section for shared priorities.

3.3 When these options were discussed from a Peterborough perspective at the December 2018 meeting of the Peterborough HWB, the preferred option was

'Option B: Develop a new JHWS in 2019 which covers both Cambridgeshire and Peterborough', with the caveat that the JHWS should address local needs and issues, where there were differences across Cambridgeshire and Peterborough, or other geographical variation.

3.4 **Options appraisal**

	Option A Cambridgeshire Only JHWS	**Option B Peterborough and Cambridgeshire JHWS**	**Option C Mixed model of JHWS**
Relevance to local HWB Needs (JSNA)	Yes	May be less sensitive to local needs, but could incorporate local priorities	Yes
Views of key stakeholders		Preferred option of Peterborough HWB	
System leadership role of HWB Board and impact of the JHWS	JHWS likely to have less impact on partners (e.g. NHS) which cover both Cambridgeshire and Peterborough	JHWS might have less impact on local partners which cover Cambridgeshire or parts of Cambridgeshire only, but could incorporate local priorities	JHWS has potential to impact on both local and wider system partners
Consulting process for the JHWS	Straightforward main consultation is with Cambridgeshire residents	More complex requires consultation over a larger and more diverse geographical area.	Most complex a mix of local focus and Cambs/ Peterborough wide focus
Monitoring of the key JHWS and Key outcomes	Straightforward Performance monitoring covers Cambridgeshire only	Straightforward Performance monitoring covers the whole C&P area	More Complex Part of the strategy is performance monitored for Cambridgeshire only and part for Cambridgeshire and Peterborough combined.
Role of Health and Wellbeing Boards Joint Cambridgeshire and Peterborough sub-committee	JHWS would be agreed by the 'Parent' Cambridgeshire HWB Board, not the Joint Sub-committee	Agreeing the JHWS would be part of the Joint Sub-committee delegated functions	Agreeing the joint section of the JHWS would be the role of the Joint Sub-committee and the Cambridgeshire only section of the JHWS would be agreed by Cambridgeshire HWB Board

4. RECOMMENDATION

4.1 All Health and Wellbeing Boards have a statutory duty to prepare a joint Health and Wellbeing Strategy. Given the increased joint working with Peterborough City Council, and the confirmation that a Joint Cambridgeshire and Peterborough Health and Wellbeing Board (a sub-committee comprising the membership of both Boards) has formed and will first meet in March 2019, it is important to have a clear steer on the preferred direction for the development of the next JHWS. The recommended option is Option B: Development of a joint JHWS across Cambridgeshire and Peterborough,

including sections on addressing local needs and issues, where there is geographical variation across the area.

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 This paper 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
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wpengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf
Minutes of the Cambridgeshire Health and Wellbeing Board July 2017	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/637/Committee/12/Default.aspx
Minutes of Cambridgeshire Health & Wellbeing Board 23 November 2017	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/639/Committee/12/Default.aspx
Minutes of the Cambridgeshire Health & Wellbeing Board 24th April 2018	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/950/Committee/12/Default.aspx

Agenda Item No: 12

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

To: **Health and Wellbeing Board**

Meeting Date: **January 31st 2018**

From: **Dr Liz Robin, Director of Public Health**

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

a) **Note and comment on progress against the Health and Wellbeing Board priorities for 2018/19 since the performance update provided in November 2018**
b) **Provide a steer on which policy options to address health inequalities should be prioritised for further work by the Public Health Reference Group**

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1.0 PURPOSE

1.1 The purpose of this paper is to update the Health and Wellbeing Board (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: Health Inequalities

The Public Health Reference Group met in January 2019 and reviewed the following items:

2.2. **A paper on policy options which could be taken forward by local organisations to address health inequalities (Annex A).**

The PHRG recommended that further work should be carried out on up to three short term and five medium term options, after further discussion and steer from the Health and Wellbeing Boards:

Maximising community wealth and opportunities through public sector decisions and actions including:

- *Maximising opportunities through the Social Value Act* (Medium term) – establish current policies in place across the system, sharing best practice and developing approach for targeting need through procurement/employment policy.

- *Reducing discrimination* (Short term) - examine national and local data to understand employment rates among those with criminal records and identify opportunities/work streams to feed into locally.

- *Creating pathways into work and raising aspiration* (medium term) – Link into current skills strategy work and develop resources outlining how local anchor institutions including health services could provide opportunities for local people through training and work.

- *Embedding community-centred approaches for health and wellbeing* (medium term) - Review evaluation methods for Asset Based Community Development and share locally.

- *Linking Public Sector and local businesses to optimise opportunities through Corporate Social Responsibility* (medium term) – link with the Combined Authority 'Better Business Forum' to discuss opportunities for CSR and how this could be used to improve outcomes for local people whilst also benefiting themselves through access to new staff and trainees.

Potential levers through statutory powers or responsibilities

- *Supporting healthier food environment* (shorter term) – produce local resources to support planning authorities develop and implement fast food planning policy locally.
- *Creating liveable communities* (shorter term). Embed age friendly resources into Combined Authority market town work and develop resources to support local neighbourhood plans.

Leadership on health inequalities across the system

- *Improve recording of patients/service user's protected characteristics* (medium term) – Establish the quality of recording and reporting locally, raising awareness with senior system leaders and make case for change.

2.3 **A pilot evaluation of local care service contributions to reducing inequalities in avoidable emergency admissions:** Living in a community with higher rates of deprivation and health inequalities is associated with high rates of emergency admission to hospital. A public health specialist trainee based at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) will be working with NHS England and the University of York to carry out a series of case studies on how local NHS and other care services can address this. The case studies will be used to produce recommendations and best practice for reducing emergency admissions linked to social inequalities. Cambridgeshire and Peterborough CCG is the first case study site, between Jan – March 2019, and other CCG areas will be selected based on having either widening or narrowing inequalities.

2.4 **An evaluation of the 'Healthy Fenland Fund' programme**. The Healthy Fenland Fund programme is an asset based community development approach to encouraging community led health and wellbeing, resourced through the County Council public health grant and now completing the third year of a five year programme. Evaluation to date suggests that the Healthy Fenland Fund (HFF) has engaged with and impacted upon communities in Fenland. The tangible evidence of this is number of community projects that have been supported and received grants. There is also evidence that community assets have been realised through the identification and energising of community connectors, peer support, volunteers and the impressive 74% of projects which continue to be self-sustaining after receiving development and initial funding from the HFF.

Progress: Drug and alcohol misuse

2.5 The Cambridgeshire and Peterborough Drug and Alcohol Misuse Delivery Board met in December and carried out an annual review of progress against the Drug and Alcohol Misuse Action Plan. Work has been significantly advanced by partners since the plan was developed 12 months ago. The

Delivery Board received feedback on a multi-agency workshop that had been held on strengthening pathways for substance misusing offenders across the treatment and criminal justice system. Key recommendations have been identified with an emphasis on a whole systems approach in order to maximise engagement and treatment opportunities at all points of contact in the offender journey from community through to prison.

2.6 Public Health England have invited bids for £10M capital funding to improve access to alcohol misuse treatment. Change Grow Live (CGL), the new provider of drug and alcohol treatment services in Cambridgeshire, has put forward proposals for alterations and refurbishment to current premises with a view to providing a more welcoming and flexible physical environment thereby enhancing the delivery offer of alcohol treatment to patients and family members across Cambridgeshire.

3. PRIORITY 2: NEW AND GROWING COMMUNITIES AND HOUSING

3.1 On November 23rd, the NHS England Director of Strategy, Emily Howe, carried out a site visit to Northstowe, which has received funding from NHS England as part of the Healthy New Towns programme.

The visit enable us to show strength in the partnerships we've build among the local councils, master developers, public health and primary care. The visit highlighted the multi-purpose/integrated Built Environment approach adopted in Northstowe Phase 1, for example, by designing the Community Wing of the Primary school to NHS standards allowing the NHS to offer services there if needed. Feedback about the programme on the day from NHS England was that it was 'phenomenally good work'

The NHS Healthy Town Programme has resulted in an additional £4.7m being invested in additional built environment measures for Northstowe Phase 2 as part of the delivery of the Healthy Living, Youth and Play Strategy focusing on measures: to Increase physical activity; Provide access to nature; Promote positive social interaction; Promote a positive community identity; Promote access to healthy food; Create a low level pollution environment and minimise the adverse effects of climate change.

The next steps for the Healthy Town Programme are to take the learning from Northstowe and apply it to the other major growth sites across Cambridgeshire and Peterborough.

3.2 <u>Sustainable Transformation Partnership (STP) Estates Strategy</u>
The STP Estates Strategy has been approved by the Strategic Estates Planning (SEP) team at NHS England (NHSE)/ NHS Improvement (NHSI) and has been branded as "Good" (on a scale from "fair" to "strong").

Following on from the Joint Health Care Executive and Cambridgeshire and Peterborough Public Service Board the Estates work stream is holding a workshop late February for NHS partners to come together to produce a process to ensure that "the health system has one cohesive view on the additional needs of communities based on population growth, both in strategic and infill sites, that can be used to identify appropriate allocation of Section

106 and Community Infrastructure Levy (CIL) and any other sources of funding"

It is intended that this will be the first in a series of workshops, with the second workshop bringing together the local planning authorities with the health partners.

3.3 Cambridgeshire and Peterborough Combined Authority

Cambridgeshire County Council/Peterborough City Council Public Health is now a member of the Combined Authority Local Transport Plan (LTP) Working Group. Information and advice is being provided on maximising health and wellbeing through transport policy, recognising the importance of active travel and public transport in improving health and accessing key services.

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.

4.1 Cambridgeshire HWB discussed the findings of the recent Peer Review of Health and Social Care Integration in Cambridgeshire and Peterborough, at its November meeting, and reviewed the associated local action plan. A key action for the Cambridgeshire and Peterborough HWBs was to hold a workshop to review our system leadership role and associated supporting infrastructure and this is being organised for March 2019.

4.2 Local progress on delayed transfers of care (DTOC) was highlighted in a paper to the Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) Board held in public on January 22nd, attached as Annex B. Key points include:

- The DTOC programme continues to be the highest priority for the System. In the last four weeks, we have moved forward, this has included:
  Cambridgeshire University Hospitals NHS Foundation Trust (CUH) had the lowest average number of DTOC patients since 2015 and reached the target number of DTOC patients before Christmas;
  System brokerage is integrated with social care and health co-located for the first time;
  North West Anglia NHS Foundation Trust (NWAFT) have restarted and refocused the operational delivery team with changes being implemented through January 2019; and
  Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) had significant movement through Christmas releasing capacity for the acute trusts.

  There are three critical issues that we need to retain focus on and get assurance through the DTOC Programme Board that they are being addressed:

  1. The operational delivery of discharge planning, Red2Green, Long Stay Wednesdays and the implementation of a home first ethos;
  2. The redesign and implementation of a simple Pathway 1; and

3. Limited capacity of domiciliary care and geographical hot spots of care home provision.

4.3 The STP has been developing a multi-agency framework for work on integrated neighbourhoods which was also taken to the January meeting of the STP Board which outlines a phased approach to development. Key points include:

- Focus is on population health management: data is used to segment population, identify 'at risk' groups. Services and interventions are stratified and designed accordingly.
- Are GP-led but multi-professional: aligning frontline health and social care teams such as community nursing, mental health professionals, community pharmacists, physiotherapists, community paramedics, social navigator, mental health, third sector around the needs of the population
- Support team members to have a shared set of skills, recognising the need to access more specialist knowledge from some members of the team
- Foster a culture of inter-professional working allowing members to spend their time where they add most value.

A phased approach to implantation is being adopted, with wave 1 neighbourhoods being identified.

4.4 A further update paper on the Better Care Fund will be brought to the Joint Cambridgeshire and Peterborough HWB (a sub-committee comprising of both boards) meeting in March 2019.

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

Date of meeting: 10th January 2019

Report author and contact details: Stuart Keeble, Consultant in Public Health

1 Executive Summary

At Octobers Public Health Reference Group (PHRG) a paper was presented on potential approaches to tackling health inequalities with the aim of informing a future action plan. The group recognised that in order reduce health inequalities actions were needed at multiple levels within society (Civic, Community and Service levels) and initially agreed to focus on Civic level interventions.

The paper outlines three potential policy areas and a number of action which should be considered by public sector organisations across Cambridgeshire and Peterborough.

PHRG members are asked to comment on the content of the report and consider next steps.

Maximising community wealth and opportunities through public sector decisions and actions.

There is growing recognition of the importance of local Anchor Institutions in reducing health inequalities through tackling social determinants, increasing community wealth and inclusive growth. Anchor institution are organisation who, alongside their main function, play a significant and recognised role in a locality by making a strategic contribution to the local economy. In Cambridgeshire and Peterborough anchor institutions include County, City and District councils, the Combined Authority, local universities, the Clinical Commissioning Group along with local NHS providers, blue light services, housing providers etc. Action areas considered in the report include:

- Maximising opportunities through the Social Value Act
- Reducing discrimination.
- Creating pathways into work and raising aspiration.
- Promoting the Living wage.
- Embedding community-centred approaches for health and wellbeing
- Linking Pubic Sector and local businesses to optimise opportunities through Corporate Social Responsibility

Potential levers through statutory powers or responsibilities

Residents of more deprived neighbourhoods tend to experience less favourable living and environmental conditions than people living in more affluent areas and other communities of interest also experience different forms of exclusion and barriers. Local authorities, county councils, unitary, combined and district authorities have levers through their statutory powers which can help to create healthier more inclusive environments through.

- Supporting healthier food environment.
- Creating liveable communities.
- Ensuring accessible green space.
- Access to transport.
- Housing.

Leadership on health inequalities across the system

Strong leadership on health inequalities is important as it needs to be a consideration at all levels within organisations. Staff need to be supported to understand how their actions and policies can influence outcomes.

Local analysis on health inequalities often focuses on geographical inequalities whilst other characteristics such as ethnicity, disability are either not captured or poorly captured. Without explicit consideration of these characteristics there is a risk of partial understanding of the issue and ineffective intervention. Gaps in data collection need to be filled and there must be more consistent analysis and reporting of data on so that there is adequate understanding of local needs and the extent to which they are being met by policies and services.

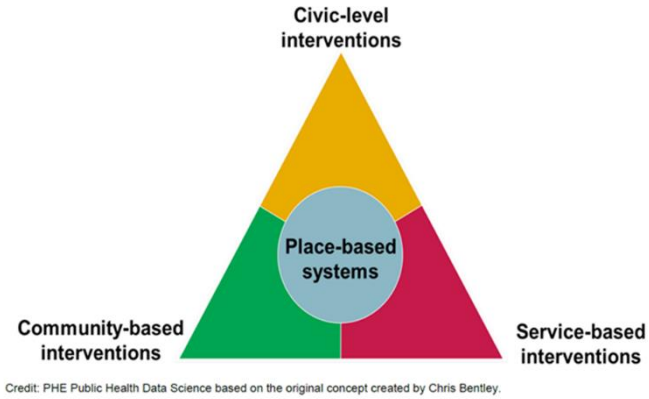
Next steps

1. Identify potential actions or areas which the group feel should be included, not covered by this paper.
2. Map out what is already happening locally for the different actions.
3. Prioritise potential actions identifying quick and longer term wins.
4. Agree mechanisms/ approach to taking programme of work forward.

2 Background

At the October Cambridgeshire and Peterborough Public Health Reference group (PHRG) a paper was presented on potential approaches to tackling health inequalities across Cambridgeshire and Peterborough with the aim of developing a future action plan. The group recognised that in order reduce health inequalities actions were needed at multiple levels within society (Civic, Community and Service levels) and agreed to initially focus on civic level interventions.

Civic level interventions cover population focused healthy public policy, which drives the social determinants of health and wellbeing e.g. Transport, planning, education, employment, the built environment and welfare. Mitigating against the structural obstacles to good health through civic action is a key to reducing health inequalities. This

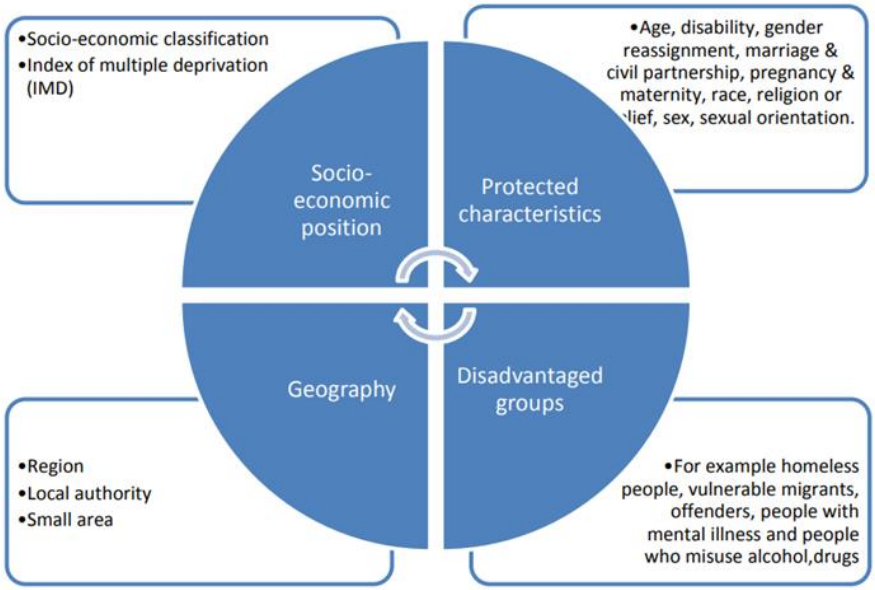


Credit: PHE Public Health Data Science based on the original concept created by Chris Bentley.

includes use of legislation, regulation and policy levers. Actions need to be targeted appropriately to reach all relevant parts of the population[1].

There are a number of different dimensions[2] for assessing inequalities which go beyond protected characteristics and include socioeconomic position, disadvantaged groups or population and geography or place. These dimension need to be considered when developing future actions.

Figure 1: Four dimensions for assessing inequalities



The paper outlines potential policy actions, above and beyond directly commissioned services which can be taken by public sector organisations across Cambridgeshire and Peterborough through:

1. Maximising community wealth and opportunities.
2. Statutory levers and powers (which relate to the determinants of health).
3. Providing leadership and increasing the profile of health inequalities.

These actions do not necessarily require new financial investment to take forward but instead adjustments in the way we work in order to maximise wider social value and improve outcomes and reduce health inequalities.

1 Https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730917/local_action_on_health_inequalities.pdf

3 Maximising community wealth and opportunities through public sector decisions and actions.

3.1 Role of anchor institutions

There is growing recognition of the importance of local Anchor Institutions in relation to reducing health inequalities through tackling social determinants, increasing community wealth and inclusive growth[3].

Social value is "the additional benefit to the community...over and above the direct purchasing of services and outcomes"

The UK Commission for Employment and Skills[4] describes an anchor institution as one that, alongside its main function, plays a significant and recognised role in a locality by making a strategic contribution to the local economy. In Cambridgeshire and Peterborough anchor institutions include County, City and District councils, the Combined Authority, local universities, the Clinical Commissioning Group along with local NHS providers, blue light services, housing providers etc. These are organisations that are rooted in their local communities by mission, invested capital, or relationships to customers, employees, and vendors. Anchor institutions share a number of key characteristics[5]:

- **Spatial immobility:** these organisations have strong ties to the geographic area in which they are based through invested capital, mission and relationship to customers and employees
- **Size:** anchor institutions tend to be large employers and have significant purchasing power. Both these factors influence the level of impact these institutions can have on the local economy
- **Non-profit**: these institutions tend to operate not-for-profit; it is much simpler for private businesses to move, meaning there is no guarantee they will continue serving the local community in the long-term. However, there are examples of for-profit organisations playing the role of an anchor.

Alongside their primary role these institutions can and should be encouraged to use mechanisms to create greater social value, a more inclusive economy and reduced health inequalities.

3.2 Social Value Act[6]

The Public Services (Social Value) Act 2012 requires organisations who commission public services to consider how they can also secure wider social, economic and environmental wellbeing of their area or stakeholders.

Social value aims to allow organisations to get more value for money from the public purse by thinking about the services they are going to buy, and see if the design or

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414390/Anchor_institutions_and_small_firms.pdf

[4] https://ukces.blog.gov.uk/2015/03/19/ukces-explains-what-is-an-anchor-institution/

[5] https://www.sheffield.gov.uk/content/dam/sheffield/docs/public-health/health-wellbeing/Health%20and%20Wealth%20report%202018.pdf

[6] Social Value Brief_CP Options_Draft_2018_01_30 – Emmeline Watkins

the way they are going to buy them could secure additional benefits for their area or their stakeholders.

However there is a much wider opportunity for both organisations and places to clearly align social value policies and procurement processes with political and organisational vision as to the key outcomes for their stakeholders and area.

Approaches to social value can be taken on a single organisations basis or a more system-wide, place-based approach and to different levels of contract. It is required for public service contracts over the EU Threshold (currently £164,176). Public works and infrastructure formally fall outside of the scope of the Social Value Act, however government guidance encourages the public sector to ignore the limits of the act and many organisations have also embedded social value in major infrastructure and construction projects.

There is considerable potential in devolved authorities as by their nature they encourage a system-wide vision and working across sectors.

The Greater Manchester Combined Authority has taken a Themes, Outcomes and Measures approach that directly links their social value policy with their strategic aims[7] with some areas increasing weighting for social value from 10 to 20%. There are 6 social value themes which link to GMCA key outcomes such as more local people in work, thriving local businesses, reduction in poverty and inequalities. For each of these themes there are examples of what this could mean for suppliers. Manchester City Council for example, weight social value at 20% and score suppliers on their offer back to Manchester's residents through either "social value in kind" – such as apprenticeships, work experience placements or through a contribution to a "social value fund" that supports a mixture of ideas such as placements work clubs, start up loans, crowd funding.

West Midlands Combined Authority have taken a similar approach. They have identified that having a Combined Authority Social Value policy[8] has many benefits including

- Demonstrating a collaborative approach within the West Midlands
- Sending a clear message to suppliers that we consider social value as significant in the commissioning of our regional contracts and a consistent approach
- Building long term community resilience
- Improving health, wellbeing and life chances for all, particularly those that are vulnerable
- Reducing demand on public sector services by providing more employment opportunities to those furthest from the job market

[7] GCMA Social Value Policy: https://www.greatermanchester-ca.gov.uk/downloads/file/336/gmca_social_value_policy

[8] West Midlands CA Social Value Policy: https://www.wmca.org.uk/media/1921/social-value-policy.pdf

West Midland Combined Authority estimate that implementation of their policy for an period spend of £150m and 20% social value weighting should provide £20-£40 million additional social value

WEST MIDLANDS COMBINED AUTHORITY

Appendix A – Estimated Annual Targets for WMCA Procurement Team

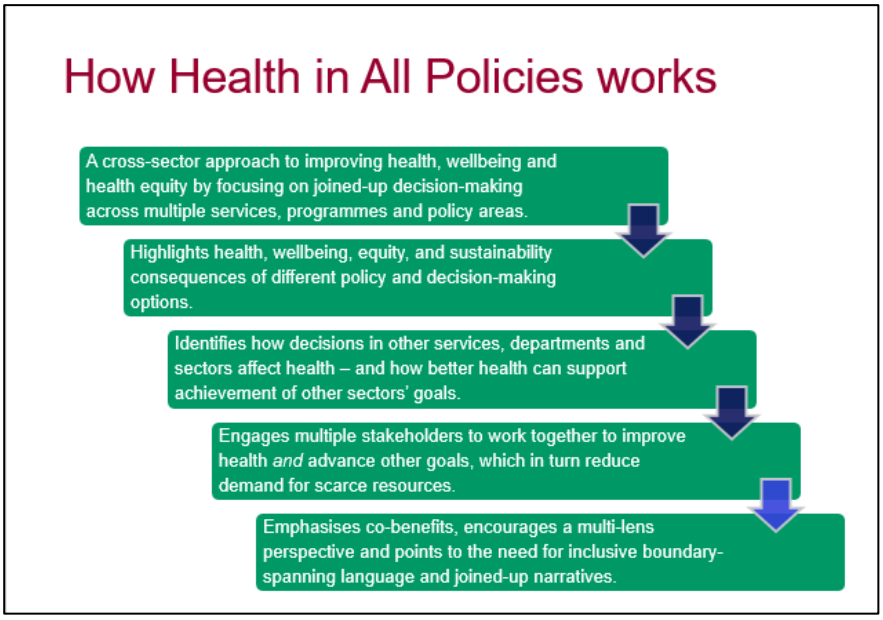
The below estimated targets are based on projected annual spend for WMCA. Targets may be subject to review as the implementation of the policy progresses and the policy matures within the procurement process.

Based on estimated annual spend and an assumption that +20% Social Value Add (SVA) will apply to the value of the contract, the total ADDITIONAL social value that WMCA Procurement Team should be able to unlock will be between £20m-40m per annum by Year 3. Year on Year, this could equate to the following opportunities:

Opportunities	Year 1 01/04/17 – 31/03/18	Year 2 01/04/18 – 31/03/19	Year 3 01/04/19 – 31/03/2020	Total over 3 Years
New and Sustained Apprenticeships as a result of the contract(s)	45	95	190	330
New opportunities for Not in Education, Employment or Training (NEETS)	30	60	120	210
New and sustained training opportunities as a result of the contract(s)	35	70	140	245
Jobs for long term unemployed	25	55	110	190
Voluntary Hours donated to community	21000	42000	84,000	147000
Expert hours provided for SMEs	900	1800	3,600	6300
Young offenders supported back to work	5	10	20	35
Tonnes of Carbon Dioxide saved	1250	2500	5,000	8750
Workforce placements weeks	525	1050	2100	3675
Social Value Add Figure	£5m-£10m	£10m-£20m	£20m–£40m	£35m-£70m

3.3 Leading by example

As well as opportunities through the social value act there is also an opportunity for public sector partners to lead by example through their policies and actions. The public sector system has direct and indirect levers over different social determinants of health and wellbeing including transport, planning, skills, employment and the built environment. The system should look to develop policies and investment decisions that systematically and explicitly take into account the wider health and social implications of their decisions; and look for synergies between health and other core objectives[9] (referred to as Health in all policies).



[9] https://www.local.gov.uk/health-all-policies-manual-local-government

3.3.1 Reducing discrimination

Discrimination can act on health and wellbeing through a number of pathways including biological stress pathways[10] but also through reducing access to services or employment opportunities (which in themselves are determinants of health).

Individuals with a criminal record can face discrimination in the work place. A survey by the charity Unlock found that three quarters of employers included a tick box on job applications asking about criminal conviction[11] which deters those with convictions from applying. Increasing employment for ex-offenders helps to reduce both reoffending and the associated costs to public services and wider society

A national campaign “Ban the Box” is asking UK employers to give ex-offenders a fair chance to compete for jobs by removing the tick box from application forms and asking about criminal convictions later in the recruitment process[12].

3.3.2 Creating pathways into work and increasing aspiration

Being in good work protects health and wellbeing. Work is an important source of income needed for a healthy life and provides social opportunities that are good for health and wellbeing. Disabled people and those with long-term health conditions have far lower employment rates than other groups. Disability is more common among people in more disadvantaged socio-economic positions[13]. Work opportunities are particularly poor for, care leavers, individuals with no qualifications and learning disabled. The challenge to anchor institutions is how they can contribute towards raising aspiration for all as well as providing opportunities.

In London, Guys and St Thomas NHS trust are highlighted as an exemplar Anchor Institution as it is helping local people into work, especially those who have been on long term unemployment[14]. More than 500 local people have benefited from a work placement in the hospital since 2008. Around half were long-term unemployed, many of whom have since got paid jobs at Guy's and St Thomas'. The trust also delivers the Autism Project, a work placement programme that specifically offers support to young people with autism enabling them to gain the skills, experience and confidence to find work. The programme aims to break down the barriers to employment faced by those with disabilities.

Huntingdonshire District Council and Cambridgeshire County Council are working on trialling an approach to make the most of apprenticeships. The intention is to proactively select care leavers nominated by CCC and to place them in suitable apprenticeships within the District Council – again there are multiple social value outcomes that this approach should realise and the delivery model is based on piloting the approach and improving it with future iterations.

3.3.3 Living wage

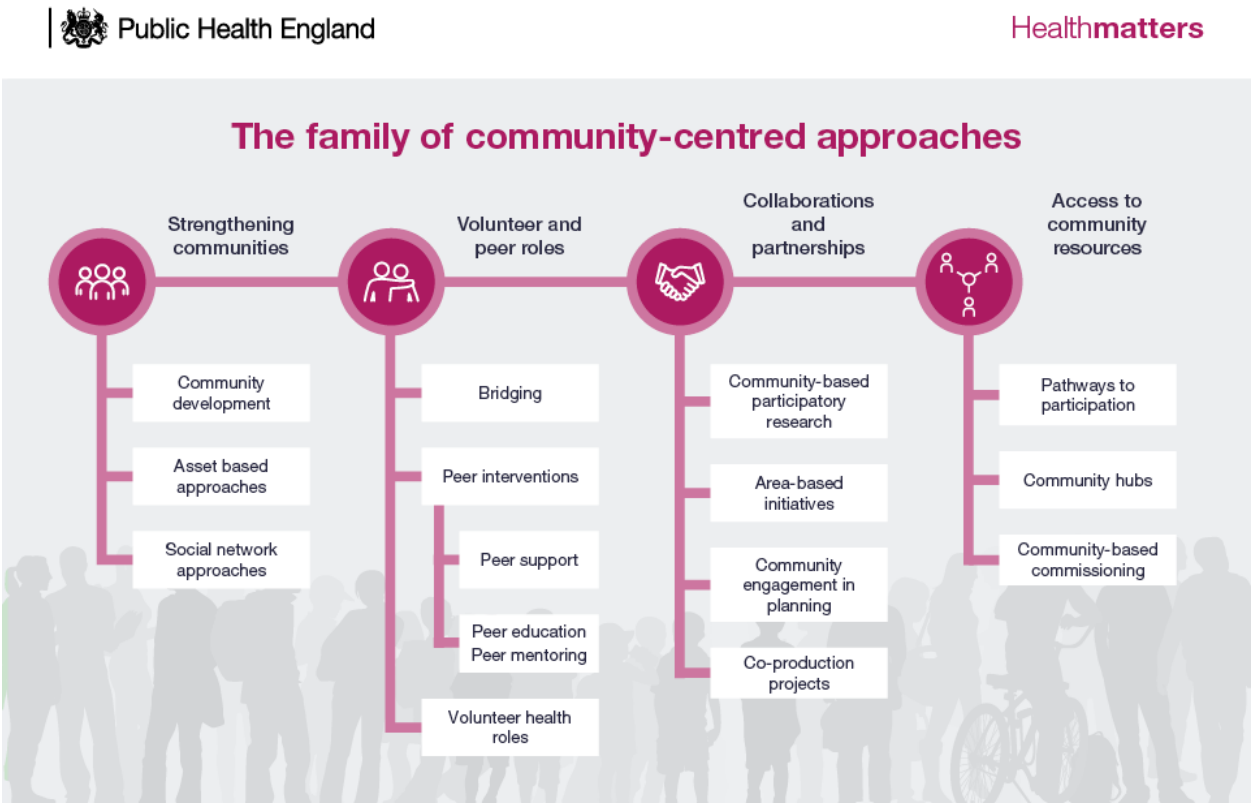
Evidence shows that insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy. Living on a low income is associated with a greater risk of limiting illness and poor mental health

[10] https://gtr.ukri.org/projects?ref=ES%2FR005990%2F1
[11] http://www.unlock.org.uk/report-a-question-of-fairness/
[12] https://www.bitc.org.uk/resources-training/resources/factsheets/employers-have-banned-box
[13] https://fingertips.phe.org.uk/documents/Briefing5c_Employment_of_disabled_people_health_inequalities.pdf
[14] https://www.guysandstthomas.nhs.uk/about-us/part-of-the-community/local-employment.aspx#na

including maternal depression. Children who live in poverty are more likely to be born early and small, suffer chronic diseases such as asthma, and face greater risk of mortality in early and later life Public sector partners have an opportunity to lead by example as a major employer: pay a living wage to all directly employed staff and, where appropriate, contracted staff. This might include using innovative approaches for implementing the living wage in procurement, including applying the Social Value Act[15].

3.3.4 Community-centred approaches for health and wellbeing

Involving and empowering local communities, and particularly disadvantaged groups, is central to both promoting health and wellbeing, reducing discrimination and reducing health inequalities. Consideration also needs to be given to how we balance a focus on needs (the needs of the marginalised) vs there assets (scope of opportunity for individual and communities). Participatory approaches can directly address marginalisation and powerlessness that underpin inequities and can therefore be more effective than professional-led services in reducing inequalities. PHE have developed a 'family of community-centred approaches' as a framework to represent some of the practical and evidence-based options that can be used to improve community health and wellbeing and reduce health inequalities[16] (see below).



Although there are examples across the area where community-centred practice is being adopted, the challenge is the scaling-up of a whole-system community-centred

[15] https://fingertips.phe.org.uk/documents/Living_wage_health_inequalities.pdf

[16] https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing

approach that is also built 'bottom-up' from the diversity of grassroots community organisations and members.

3.3.5 Linking Public Sector and local businesses to optimise opportunities through Corporate Social Responsibility

Many businesses across Cambridgeshire will already invest resources in working with and supporting their local community. There may be further opportunities to systematise this across Cambridgeshire and Peterborough. Leeds through their Inclusive Growth Strategy[17] are developing a strategic approach to corporate responsibility. This is not about telling businesses what or who to focus on or how to deliver Corporate Social Responsibility but rather to leverage public sector knowledge in order to[18]:

1. **Promote –** Raise awareness of benefits of CSR and engage businesses and communities.
2. **Facilitate** - Stimulate and support networks and frameworks across towns and cities to allow lasting relationships to be formed and maintained between businesses and communities.
3. **Advise –** Share the insight that councils have about local needs and the groups within communities with businesses.

4 Levers through statutory powers and responsibilities

Residents of more deprived neighbourhoods tend to experience less favourable living and environmental conditions than people living in more affluent areas and other communities of interest also experience different forms of exclusion and barriers. Local authorities, county councils, unitary, district and the combined authorities have levers through their statutory powers and responsibilities which can help to create healthier and inclusive environments. The following table outlines potential areas where partners have levers. Work is already going in some of these areas and the group will need to consider where it can add value.

Area	Types of issue	Potential mechanism and opportunities
Food environment	There is strong evidence which suggests that there is an association between the accessibility of fast food outlets and increasing levels of area deprivation. With the more deprivation there is in an area, the higher the number of fast food outlets there are.	**Local Plan Policies and Supplementary planning guidance** Planning documents and policies to control the over concentration and proliferation of hot food takeaways could form part of an overall plan for tackling obesity and can involve a range of different local authority departments and stakeholders.[19]

[17] http://www.leedsgrowthstrategy.co.uk/

[18] https://www.leeds.gov.uk/docs/Corporate%20Social%20Responsibility%20Plus%20Toolkit.pdf

[19] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/604912/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf

Creating liveable communities	There are higher rates of Road Traffic Accidents in the most deprived areas. Nationally people living in more deprived areas are generally exposed to worse air quality. Older people and those with disability may have mobility issues which makes walking difficult without regular places to stop.	**Capital works programmes, transport, regeneration and Local Planning Policies** Embedding use of tools such as 'Healthy Streets' into development work/ new communities to ensure developments promote and support more inclusive and liveable communities[20].
Accessible green space	There is unequal access to green space across England. People living in the most deprived areas are less likely to live near green spaces and will therefore have fewer opportunities to experience the health benefits of green space compared with people living in less deprived areas [21]	**Councils owned/managed green space.** Local authorities play a vital role in protecting, maintaining and improving local green spaces and can create new areas of green space to improve access for all communities. Such efforts require joint work across different parts of the local authority and beyond, particularly public health, planning, transport, and parks and leisure and communities and 3rd sector.
Transport	Transport barriers are not experienced equally through the population and are impacted by social exclusion, living in rural areas, access to a car and the skills and confidence to use available transport[22]. Current funding means that subsidies for less viable routes are being removed and fixed routes are being removed	**Local Transport Plan** The Combined Authority are currently developing their Local Transport Plan and undertaking a local bus review. There are opportunities to further link up limited transport resources such as NHS Non-Emergency Patient Transport, community transport, volunteer car schemes supporting a total transport approach. This could help reduce some transport barriers.
Housing	The right home environment is essential to health and wellbeing, throughout life. It is a wider determinant of health. There are risks to an individual's physical and mental health associated with living in: • a cold, damp, or otherwise hazardous home (an unhealthy home)	**Homelessness duties, HMO licensing in Peterborough** Considerable amount of ongoing work on housing and homelessness at a local level and as part of a partnership working through the Cambs/ Peterborough Housing Board (CHRB as was).

[20] https://tfl.gov.uk/corporate/about-tfl/how-we-work/planning-for-the-future/healthy-streets

[21] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/355792/Briefing8_Green_spaces_health_inequalities.pdf

[22] http://cambridgeshireinsight.org.uk/wp-content/uploads/2017/08/Transport-and-Health-JSNA-2015-Access-to-Transport.pdf

	• a home that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home) • a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home) [23]	

[23] https://www.gov.uk/government/publications/improving-health-through-the-home/improving-health-through-the-home

5 Leadership on health inequalities

5.1 Leadership

Strong leadership on health inequalities is important as it needs to be a consideration at all levels within organisations. Staff need to be supported to understand how their actions and policies can influence outcomes. The report 'Reducing Health Inequalities Through New Models of Care: A Resource for New Care Models'[24] outlines a number of key elements (see opposite) for embedding health inequalities into the culture and leadership of organisations.

There are several elements to successful organisational culture and leadership on health inequalities:

1. Top leadership prioritisation – chief executives or equivalent

2. Top to bottom organisational capacity, good will and enthusiasm for taking action on health inequalities

3. Systems and structures for collaboration between different levels of the organisation and across organisations

4. Focusing on and involving excluded groups in the design and delivery of action on health inequalities

5. Supporting and developing multi-sector partnerships, for interventions with a focus on health inequalities through action on social and economic drivers of poor health

6. Improving public and patient engagement in activities to deliver greater health equity

With closer system working and integration across the public sector system there is also a need for more shared leadership on health inequalities. In the health system CCGs have the legal responsibility (through the 2012 health act) to assess impact of commissioning on health inequalities through Health Inequality Impact Assessments (HIIA). Moving forward health and care providers should also be considering impact of their actions more broadly on health inequalities.

5.2 Evaluation and measurement

Local analysis on health inequalities often focuses on geographical inequalities e.g. Index of Multiple deprivation due to geographical location of service users/resident being commonly captured and other characteristics such as ethnicity, disability either not captured or poorly captured. Without explicit consideration of these characteristics there is a risk of partial understanding of the issue and ineffective intervention. Gaps in data collection need to be filled and there must be more consistent analysis and reporting of data on health and healthcare so that there is adequate understanding of local needs and the extent to which they are being met by policies and services[25].

This will be especially important as the health and social care system looks to develop capabilities around Population Health Management which uses data-driven planning (through data linkage) and delivery of proactive care to achieve maximum impact. A lack of data on patients/residents key characteristics will hamper efforts to

[24] http://www.instituteofhealthequity.org/resources-reports/reducing-health-inequalities-through-new-models-of-care-a-resource-for-new-care-models

[25] http://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-understanding-and-reducing-ethnic-inequalities-in-health-/understanding-and-reducing-ethnic-inequalities-in-health.pdf

undertake system-wide re-allocation of resources to areas and groups which need them most so that health outcomes can be maximised.

5.3 Public Health implications

In Cambridgeshire County Council and Huntingdon District Council Public Health implications, which include health inequalities are one of the considerations which require sign off before papers are taken to committee/council. This provides two opportunities.

a) To highlight health and wellbeing implications of policy decisions on health inequalities, providing elected members with a broader implication of decisions.
b) Enables those leading on health and wellbeing to be sighted on work of other departments which also enables the building of proactive relationships.

There are opportunities for other authorities across the system e.g. districts and City councils and the Combined Authority to consider its use.

6 Next steps

1. Identify potential actions or areas which the group feel should be included, not covered by this paper.
2. Map out what is already happening locally for the different actions.
3. Prioritise potential actions identifying quick and longer term wins.
4. Agree mechanisms/ approach to taking programme of work forward.

Report to STP Board: 22 January 2018

Agenda item:	2.2
Title:	Delayed Transfers of Care
Lead:	Jan Thomas, Chief Executive, Cambridgeshire and Peterborough Clinical Commissioning Group
Author:	Sue Graham, Programme Director, Cambridgeshire and Peterborough Clinical Commissioning Group

Report purpose *(Please mark one in bold)*			
APPROVAL	DECISION	**ASSURE**	INFORM

Link to STP Priorities *(Please mark all applicable in bold)*			
AT HOME IS BEST	**SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED**	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY

Committees/groups where this has been presented to before *(including date)*

None

Purpose of the paper

The purpose of this paper is to provide the Sustainability and Transformation Partnership (STP) Board the following:

1. A high-level update of work completed across the Programme since the last update to the Health and Care Executive (HCE) on 20 December 2018
2. A high-level view of the issues and actions that will provide the highest impact in reducing Delayed Transfers of Care (DTOC) numbers
3. An overview of the KPI reporting: the findings and recommendations
4. A view of the revised DTOC recovery trajectories and aggregate System performance
5. Escalation of key System blockers providing a quantifiable view of the issues for discussion

The STP Board is invited to:

The STP Board is asked to note this report which outlines an update on the DTOC reduction programme and identified risks/requirements.

1. INTRODUCTION / BACKGROUND

Cambridgeshire and Peterborough have high levels of DTOCs compared to other health and care systems. Consequently, patients are staying too long in hospital, in particular beyond the point at which they are medically optimised to be discharged.

The DTOC reduction programme was re-set on 21 September following review and sign off by the Health and Care Executive (HCE). The aims of the re-set were to:

1. Provide organisations across the health System with a clear view of performance across the discharge pathway; by defining, measuring and reviewing a set of operational performance, key performance indicators (KPI's) for each provider organisation;
2. Using the KPI's and performance management metrics, drive organisational ownership and accountability for specific elements of the DTOC reduction programme and workstreams;
3. Clearly identify and escalate any issues and/or System blockers to discharge process and flow, via the Discharge Programme Board, Chief Executive Officer (CEO) escalation calls and HCE review; and
4. Support transformation across the pathways and operational processes to improve effectiveness, efficiency and quality of Complex Discharge process and Discharge to Assess Pathways.

2. BODY OF REPORT

Summary of Progress

The DTOC programme continues to be the highest priority for the System. In the last four weeks, we have moved forward, this has included:

- CUH had the lowest average number of DTOC patients since 2015 and reached the target number of DTOC patients before Christmas;
- System brokerage is integrated with social care and health co-located for the first time;
- NWAFT have restarted and refocused the operational delivery team with changes being implemented through January 2019; and
- CPFT had significant movement through Christmas releasing capacity for the acute trusts.

There are three critical issues that we need to retain focus on and get assurance through the DTOC Programme Board that they are being addressed:

1. The operational delivery of discharge planning, Red2Green, Long Stay Wednesdays and the implementation of a home first ethos;
2. The redesign and implementation of a simple Pathway 1; and
3. Limited capacity of domiciliary care and geographical hot spots of care home provision.

High level programme update

Updates on activity since the HCE on 20 December 2018 include:

1. Commenced re-defining the optimisation of discharge to assess pathway 1 service delivery, with a draft pathway due by end January, ready for implementation end February 2019;
2. Work on pathway 2 flow management continues with the development and implementation of an escalation policy, that will be tracked in the weekly multi-disciplinary team (MDT) reviews;
3. Go live of the Care Test model and new CHC Standard Operating Procedure (SOP) across all sites: 17 December 2018 with review assessment due by the end January 2019;
4. Recruitment and onboarding of Transformation Leads for Cambridge University Hospital NHS Foundation Trust (CUH) and North West Anglia Foundation Trust (NWAFT);
5. Spot Patient Transport List (PTL) review and case study development to identify pathway blockers and process issues;
6. Reinstate monthly governance meetings with individual care homes where interim health beds are commissioned to ensure we keep close monitoring of performance and are able to manage proactively any quality and flow issues in these beds if they arise;
7. Developing a comprehensive system-wide facilitated training schedule encompassing staff from acute hospitals, community and local authority to encourage and support the right behaviours in all staff around discharge planning;
8. Focus on winter pressures:
    - CCG winter room set up with DTOC hub inclusion for focus on whole system flow;
    - Discharges accelerated prior to Christmas across pathway 1 and 2 to create and maintain discharges from the acute trusts;
    - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) neighbourhood teams working with the Acute Trust admission avoidance teams to ‘pull’ appropriate patients out of A&E and short stay units;
    - CPFT neighbourhood teams bridging for pathway 1 patients with a reablement or intermediate care start date;
    - Local Authority community teams supporting the hospital discharge teams with the high volume of referrals for assessments post-Christmas; and
    - Joint Emergency Team (JET) supporting Nursing home admission avoidance.

The key issues and focus for the next 30 days:

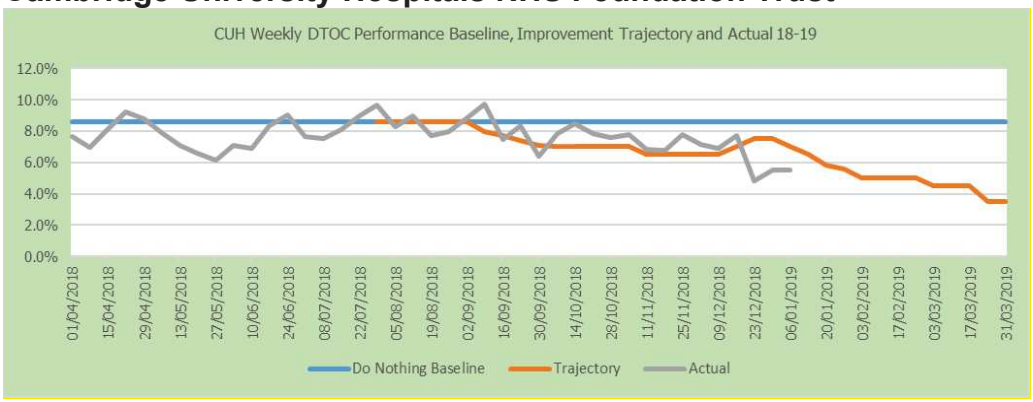
Issue	Workstream	Key Actions	Organisation Accountable	Owner Exec/Operational	Implementation Date	RAG Status
Complex D2A Pathway 1	IA:4	1. Strategic level agreement of pathway 1 offering to continue 2. Pilot of home to assess across the DME wards 3.Prepare the ID Services for implementation of home to assess model	CPCCG	Carol Anderson/Sara Rodriguez	1st Mar 19	
Slow flow through D2A Pathway 2 Beds: high community bases DToC Rate circa 11.00%	IA:3.3	1. Implementation of Red/Green and SAFER 2. Weekly MDT reviews of Patient Transfer Lists (PTL) 3. Implementation	CPFT	Julie Frake-Harris/ Katie Wilson	31st March	
High level of DToC waits on brokerage codes	Risk Register/CEO escalation	1. Co-location of brokerage team 2. Recruitment of additional staff 3. Implementation of Nursing Home capacity tracker 4. Development and implementation of operational KPI's for an integrated brokerage service	LA	Will Patten/Leesa Murray	31st Jan 2019	
Inconsistent approach to SAFER Bundle CUH	IA:1.1	1. Re-launch of SAFER bundle across the trusts by local transformation teams 2. Engaging Medical and Nursing Directors 3. Training programme implementation 4. Monitoring of agreed KPI's to monitor improvement: monitored at Programme Board	CUH	Sam Higginson/Sandra Myers	31st Jan 2019	
Inconsistent approach to SAFER Bundle NWAFT	IA:1..2	1. Re-launch of SAFER bundle across the trusts by local transformation teams 2. Engaging Medical and Nursing Directors 3. Training programme implementation 4. Monitoring of agreed KPI's to monitor improvement: monitored at Programme	NWAFT	Simon Evans/Susan Waller	31st Jan 2019	
Capacity and Demand Review		Delivery of Capacity and Demand Model to Programme Board for action plan to fill gap	LA	Will Patten/Leesa Murray	11th Jan 2019	
4Q process and CHC operational		1. Implementation of Care Test Model 2. Implementation of operational SOP across the IDS 3. Launch on 17th Dec with review and refinement in 4 weeks as process embeds	CPCCG	Carol Anderson/Sara Rodriguez	17th Dec with review 17th Jan	

Performance Trajectories

Trajectories have been remodelled against plans to achieve national target of 3.5% by the end of March 2019, this is a stretch target for the Integrated Discharge Service (IDS) teams.

Statistical Process Control (SPC) charts for trajectory tracking, will be available in the February 2019 update.

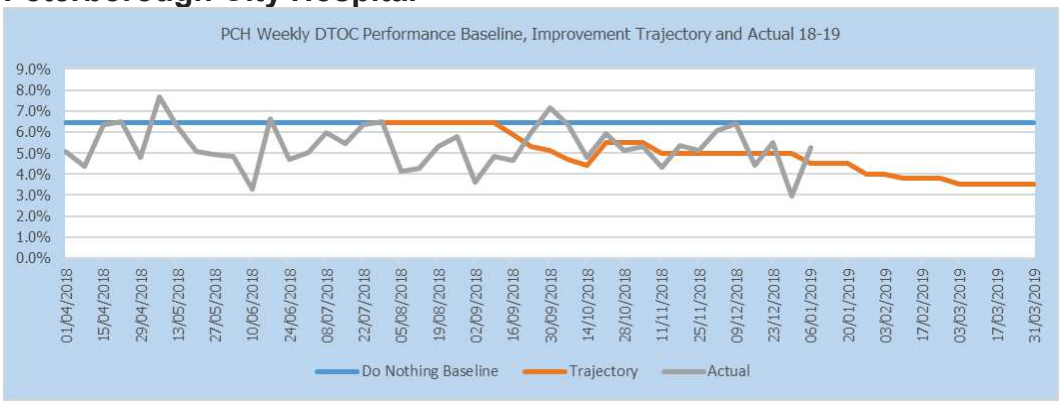
Cambridge University Hospitals NHS Foundation Trust



Excellent performance from the CUH IDS with a high level of focus on proactive referrals prior to Christmas achieving a DTOC rate of 3.5%. Although there has been an increase in DTOC numbers post-Christmas, performance remains good.

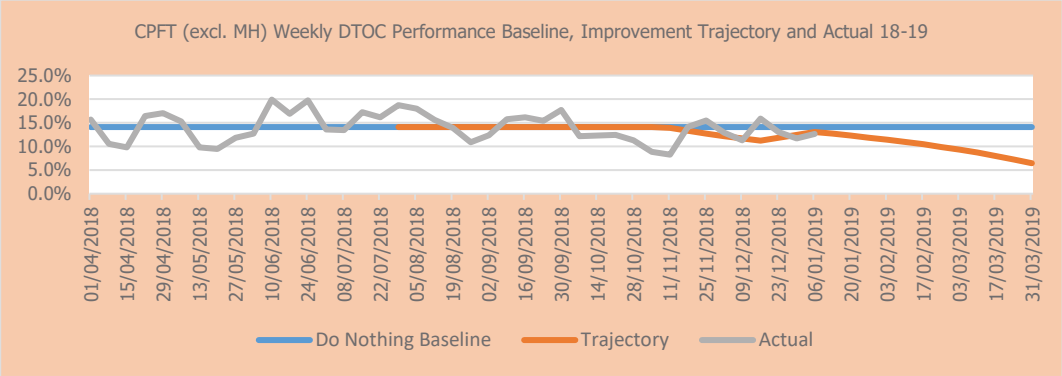
North West Anglia Foundation Trust
Hinchingbrooke Hospital

Peterborough City Hospital



The DTOC performance across NWAFT has been above trajectory with a DTOC rate of 11% for HH and 5.5% across PCH. Significant challenges have been faced across NWAFT with IDS implementation due to staffing constraints as well as blockers to SAFER bundle implementation which is highlighted from the outputs of the System KPI report.

Cambridgeshire and Peterborough NHS Foundation Trust



Performance against trajectory achieved with work ongoing to embed Red2Green, MDT reviews and escalation processes within the Community hub SOP.

Performance KPI's

As part of the programme reset, operational KPIs were developed and signed off by the HCE on the 21 September. These KPI's are being reported on a weekly basis by CUH, and CPFT and monthly by CHC, PCH, Brokerage and Social Services KPIs are not yet included on a rolling basis, support is requested to com this work by the end of January 2019.

Performance of the acute Trusts against agreed KPIs continues to demonstrate the need for a retained focus across the system on SAFER bundle implementation. KPIs for Expected Discharge Date (EDD) being set within 24 hours of admission, discharges prior to mid-day and discharges on the day of package commencement are not meeting the agreed KPI threshold and are impacting on flow early in the day across the System.

Extract from Trust KPI dashboard:

Patients are discharged before mid-day	35%	13%	14%	13%	12%	12%	12%
Patients discharged on the day package is due to commence	100%	87%	87%	95%	85%	93%	86%
Patients have an EDD <24 Hours of Admission	98%	92%	94%	95%	91%	90%	95%

System Escalation

The DTOC Programme Board is meeting every two weeks. Any issues are escalated through the Organisation representative to the CEO.

There are five areas we need to ensure we improve and the STP Board needs to be aware:

1. KPI reporting – there are still significant gaps, each organisation needs to commit to have the data required available for the February STP Board report. ***STP CEOs need to***

review the data supplied to the DTOC Programme Board and ensure all fields are appropriately completely;

2. Adherence to the Standard Operating Procedure for the IDS – while audits and peer review of the PTL's are taking place, there is some distance between the SOP and the PTL evidence. ***STP CEOs need to work with their teams to gain assurance that the SOP is being implemented and used as agreed***;
3. A continued focus on SAFER bundle, red2green and a home first ethos is required from the acute trusts, with specific support required from Medical and Nursing Directors. ***STP CEOs need to work with their teams to gain assurance that the SOP is being implemented and used as agreed with Senior Medical and nurse engagement;***
4. Limited capacity of domiciliary care and geographical hot spots of care home provision, a paper will be presented to the Programme Board on Friday 19 Jan 2019 by Will Patten outlining capacity and demand across pathways 1 and 2, for review and planning to fill gaps in capacity identified. ***STP CEOs need to review the data supplied to the DTOC Programme Board and plans developed by the group***;
5. Pathway 1 – the simplification and join up of the Home First approach. Health and Social Care need to provide a seamless simple pathway for patients. Test cases to be completed within 2 weeks. ***STP CEOs need to ensure they are clear on the Pathway 1 model and that the Chief Nursing Officers lead the onsite pilots***.

3. RECOMMENDATIONS

The STP Board is asked to note this report which outlines an update on the DTOC reduction programme and identified risks/requirements.

14 January 2019

Agenda Item No: 13

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

To: **Health and Wellbeing Board**

Meeting Date: **31ST January 2019**

From: **Dr Liz Robin, Director of Public Health**

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

a) **Note the approval of Council to agree the proposed changes to the Cambridgeshire Health and Wellbeing Board terms of reference and the establishment of a Joint Sub-Committee of the Cambridgeshire and Peterborough Health and Wellbeing Boards.**

	Officer contact:		***Member contact:***
Name:	Kate Parker	Names:	Councillor Roger Hickford
Post:	Head of Public Health Business Programmes	Post:	Chairman
Email:	Kate.Parker@cambridgeshire.gov.uk	Email:	Roger.Hickford@cambridgeshire.gov.uk
Tel:	01480 379561	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to inform the members of the Cambridgeshire Health and Wellbeing Board of the decision made by full Council to establish joint working relationships between the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWBs)

2. BACKGROUND

2.1 Cambridgeshire HWB met on the 22nd November 2018 and recommended to the Constitution and Ethics Committee an option of joint working that maintained the parent HWBs for Cambridgeshire and Peterborough but also established a "Joint Cambridgeshire and Peterborough HWB (a sub-committee comprising of both boards)".

2.2 This option required a change to the Council's Constitution in order to delegate powers and functions currently within the remit of the Cambridgeshire HWB to the sub-committee. These changes are set out in Appendix 2 of the report that went to Constitution and Ethics Committee.

2.3 It was also proposed to review the existing membership of the Cambridgeshire HWB and to formalise the current co-opted membership status of the voluntary sector to a permanent membership.

3. MAIN ISSUES

3.1 The County Council agreed to the changes outlined in Section 2 of this report at their meeting held on 11th December 2018.

4. RECOMMENDATION

4.1 To note the change of membership to the Cambridgeshire HWB and the establishment of the "Joint Cambridgeshire and Peterborough HWB (a sub-committee comprising of both boards)".

5. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

5.1 This update report 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.

6. SOURCES

Source Documents	Location
Cambridgeshire County Council Minutes – 11th December 2018 Constitution and Ethics Committee report – 29th November 2018	Council Minutes 11th December 2018 https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/853/Committee/10/Default.aspx

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

Updated 23.01.19

MEETING DATE	ITEM	REPORT AUTHOR	
31 January 2019, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Notification of the Chairman	Oral	**Reports to James Veitch by Friday 18 January 2019**
	Changes in Membership of the Cambridgeshire Health and Wellbeing Board	James Veitch	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 22 November 2018	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral - Care Network Cambridgeshire	
	Campaign to End Loneliness in Cambridgeshire	Kathy Hartley	
	Adults Positive Challenge Programme	Charlotte Black/Tina Hornsby	
	Update on the Progress of the Suicide Prevention Action Plan and Zero Suicide Ambition	Kathy Hartley/Kate Parker	

MEETING DATE	ITEM	REPORT AUTHOR	
	Living Well Area Partnership Update Reports - Greater Cambridge - Huntingdonshire	 Greater Cambridge- Susanne Hemingway Jayne Wisely	
	Cambridgeshire Health and Wellbeing Strategy: a) Renewing the Health and Wellbeing Strategy 2019.	Liz Robin	
	Cambridgeshire Health and Wellbeing Priorities Progress Report	Liz Robin	
	Proposal to Establish Joint Working Across Cambridgeshire and Peterborough Health and Wellbeing Boards	Kate Parker	
	Agenda Plan	James Veitch	
	Date of Next Meeting	28th March 2019	
28 March 2019, 10.00am, Council Chamber, Shire Hall	To be held concurrently with the Peterborough Health and Wellbeing Board The agenda is subject to discussion 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	

MEETING DATE	ITEM	REPORT AUTHOR	
	Person's Story	Oral	
	Better Care Fund Update: Improved Better Care Fund Evaluation	Will Patten/ Caroline Townsend	
	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	
	Outcome of the Health and Social Care Peer Review	tbc	
	Health and Wellbeing Board Strategy Refresh	Liz Robin	
	Updated NHS Prevention Strategy	Susan Last	
	Agenda Plan	James Veitch	
	Date of Next Meeting	30th May 2019	
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 28 March 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Better Care Fund: Update	Will Patten/ Caroline Townsend	

MEETING DATE	ITEM	REPORT AUTHOR	
	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	
	Living well Partnership update: i. East Cambs/Fenland ii. Hunts tbc	Liz Knox	
	Agenda Plan	James Veitch	
	Date of Next Meeting	25th July 2019	
25 July 2019 10.00am venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 30 May 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	24th September 2019	
24 September 2019 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 25 July 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	28th November 2019	

MEETING DATE	ITEM	REPORT AUTHOR	
28 November 2019 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 24 September 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	30th January 2020	
30 January 2020 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 28 November 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	4th June 2020	
4 June 2020 venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 30 January 2020	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	tbc	