Agenda Item No: 10

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

To: **Health and Wellbeing Board**

Meeting Date: **30th May 2019**

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 Cambridgeshire HWB Board priorities since the performance update provided in January 2019**

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1.0 PURPOSE

1.1 The purpose of this paper is to update the HWB Board on progress against its three agreed priorities for 2018/19. Progress is reported separately against each priority.

2. PRIORITY 1: HEALTH INEQUALITIES INCLUDING THE IMPACT OF DRUG AND ALCOHOL MISUSE ON LIFE CHANCES

Background

2.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the place based Living Well Partnerships, would be an appropriate officer group to scope and develop the Health and Wellbeing Board's priority to address health inequalities in Cambridgeshire. Action on the impact of drug and alcohol misuse specifically, would be overseen by the multi-agency Cambridgeshire & Peterborough Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and district-based Community Safety partnerships.

Progress: Health Inequalities

2.2 The Public Health Reference Group met on the 9th April to consider the long list of potential civic level interventions (identified in the previous health wellbeing board update) which could help tackle future health inequalities. The potential actions were prioritised based on 1) where the group felt they could have the greatest impact as a group and 2) where there was little focus in the system already. In the short term the group chose to focus on the following priorities:

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

Theme	Details
Public Sector Procurement (Social value[1])	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 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.
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[2]. 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

[1] Social Value Brief_CP Options_Draft_2018_01_30 – Emmeline Watkins

[2] https://fingertips.phe.org.uk/documents/Briefing5c_Employment_of_disabled_people_health_inequalities.pdf

	raising aspiration for all as well as providing opportunities.

b) Using levers through statutory powers and responsibilities

Theme	Issue	Actions
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 reduce inequalities.[3]

Public health will now work with one of the Cambridgeshire and Peterborough planning authorities to develop and implement a fast food planning policy which can then be used as a model for other authorities in the area.

2.3 Current work on social value in Cambridgeshire county council

The transformation team in CCC have been working with the LGSS procurement team to develop a draft social value procurement toolkit. Public health are now supporting this work in order to:

a) develop a procurement toolkit which is useable in practice but flexible enough to enable supplier to be creative in how they can support different parts of the community.

b) Consider the opportunity for a broader approach to social value, where i) it is applied to procurement programmes outside the remit of the 2012 act e.g. major infrastructure projects and ii) where its consideration is embedded into wider decision making process.

2.4 STP board presentation

A presentation was given at the May STP board outlining

1) The key principles for tackling health inequalities,

2) Potential Role the health and care system have, as local anchor institutions, in creating economic opportunities for all local resident through the way they procure, recruit and work with their local communities.

3) How the NHS can tackle health inequalities through a clinical approach.

2.5 Progress: Drug and alcohol misuse

The Cambridgeshire adult integrated specialist treatment service provided by CGL from 1 October, 2018 is bedding in the new delivery model. The new treatment model has a strong recovery element as well as a key focus on trauma informed care and responding to co-occurring mental health and

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.pdfq

substance misuse issues as identified through local need analysis. CGL has already made significant changes to the local staffing structure and clinic bases in order to drive through the required changes as part of service mobilisation.

The bid to Public Health England described in January's performance report, for capital funding to improve CGL premises in Cambridgeshire with a focus on alcohol misuse clients, was not successful. A further joint area bid across Peterborough and Wisbech has been submitted to the national Controlling Migration Fund (Department of Communities and Local Government) to continue to tackle alcohol misuse in migrant communities. The Wisbech element of the bid aims to enhance early engagement providing advice and harm minimisation messages, strengthening the outreach approach, and enabling more individuals from migrant communities to enter specialist treatment.

Positive strategic partnership work with HMP Peterborough has resulted in the distribution of take home naloxone (THN) to prisoners on release to help prevent drug related deaths. There are high rates of heroin/opioid overdoses amongst released prisoners nationally, particularly in the first few days and weeks back in the community when drug users revert to high levels of usage following months or years in prison when heroin is generally less available and often of a much reduced purity. Naloxone is a useful medication for illicit drug users as it has no clear potential for abuse, it is seen as part of a package of interventions and has the advantage that it can be administered by individuals, family and friends after only brief training.

3. PRIORITY 2: NEW AND GROWING COMMUNITIES AND HOUSING

3.1 Northstowe Healthy New Town Programme

The NHS England Healthy New Town Programme at Northstowe continues to jointly develop the new care model for Northstowe.
Key successes include:

- Developed a partnership with Centre for Diet and Activity Research (CEDAR) to monitor the evolving food environment at Northstowe
- Influenced the development of the Town Centre Strategy to support health and wellbeing and maximise positive health outcomes
- As part of the £500k Active New Communities programme (funded by Sport England and the Northstowe Healthy New Town Programme) residents have been supported to form a Sport and Wellbeing Group which is enabling the community to steer its own activities to support health and wellbeing at Northstowe
- Continued support for local GPs to bring forward a clinically led and locally adapted Primary Care Network proposal for the Northstowe Neighbourhood
- Continued to plan in partnership to deliver the integrated health facility within the Phase 2 Civic Hub
- Established a research collaboration with the Centre for Diet and Activity Research (CEDAR) to study the impact of travel incentives at Northstowe, resulting in a £550k research grant to the University of Cambridge to undertake this project in 2019-21.

As part of the National Healthy New Town Programme a developer network has been established to share the learning from Northstowe and the other 9 demonstrator sites, locally the developers of many of the strategic growth sites in Cambridgeshire have now signed up and are members of this network.

South Cambridgeshire District Council in partnership with the County Council is working to maximise active travel opportunities in Waterbeach New Town as part of a Design Council Programme. This has led to a commitment from partners to develop a joint approach removing barriers to active travel experienced in Northstowe. With the ultimate plan to develop a walking and cycling toolkit to inform future housing developments.

3.2 Sustainable Transformation Partnership (STP) Estates Strategy

The "health system" has been challenged to improve its response to housing growth across Cambridgeshire leading to a focus in the STP estate strategy and initiation of system wide programme of work. Public Health, through its membership of the STP Estates workstream continues to ensure the NHS Estate Strategy takes into account growth. The Strategy will link to the Primary Care Network work in terms of population and health demographics based around estate need.

A workshop was held to bring together all the NHS partners to consider the impact of growth and how the system needs respond with one voice, the next step would be to fund and establish a "unit" in the CCG or SDU to lead responses to growth on behalf of the NHS system.

3.3 Cambridgeshire and Peterborough Combined Authority

The Draft Local Transport Plan increases the focus on the health and wellbeing impacts of transport including on air quality, physical inactivity (through active travel), social isolation and road safety

The health and welling impacts and associated inequalities of rural communities have been addressed as part of the Strategic Bus Review, to ensure the strategy is not urban focused, and addresses the need for integrated transport solutions to promote active travel.

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 A workshop on the system leadership role of the Cambridgeshire and Peterborough Health and Wellbeing boards and their role in promoting integration was held on March 28th 2019 and is reported in a separate paper to the Board.

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 May 20th (attached as Annex A) It described positive progress, with both Cambridge University Hospitals NHS

Foundation Trust (CUHFT) and Peterborough City Hospital (PCH) having had weeks when they achieved 3.5% DTOC target, during recent months.

4.3 The DTOC programme continues to be the highest priority for the System. It is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. The programme comprises seven key enabling work streams of activity:

- Integrated Discharge Service (IDS): 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. In addition, a community hub has been established to manage capacity, demand and flow through key community pathways.
- Referral Process for Complex Discharge Support: Development of new Assessment and Discharge Notification forms that contain only information needed for the IDS to triage people effectively to the appropriate discharge pathway.
- Robust Operational Management
- Discharge to Assess: Review and development of effective discharge to assess pathway to support hospital discharge and ensure people are getting the right care in the right setting.
- Demand and Capacity Modelling: Understanding the growing needs for system- wide coordination of demand.
- Reporting: Standardising data collection and reporting through joint health and social care governance structures in the system.
- Effective Partnership Working.

4.4 The Demand and Capacity modelling work has been undertaken. The work-stream was led by a multi-disciplinary task and finish group, with the objective of:

- Understanding the capacity and demand gap for post hospital care provision; and
- Developing recommendations for addressing capacity shortages

A detailed analysis was undertaken over a three month period to give a system view of current demand based on 12 months of historic discharge data and a future forecast. An initial review of data highlighted that there were three key areas of demand for post hospital discharge care, and these areas provided the focus for the detailed deep dive analysis;

- Reablement
- Domiciliary Care (including both social care and NHS); and
- Further non-acute NHS care – including intermediate beds, intermediate care at home, residential and nursing care.

In summary, the key conclusions are:

- We have adequate capacity at a global level, with the exception of reablement and intermediate care at home, where additional capacity is required.
- The issue is the way in which ‘demand’ presents itself. This means that we don’t have the right capacity in the right place at the right time

(**capacity mismatch**). There are a number of reasons for this, including:
    - Flow in and out of services isn't 'average' or 'steady', we discharge in bunches.
    - Geographical variations.
    - Patient choice (e.g. male carers, time of calls)
    - Not all patients are eligible (e.g. ward design, entry criteria, mixed sex wards etc.)
    - Flow out services impacts on blockages in short term provision
- 'Capacity' is hiding 'Process Delays' in some instances

The workstream identified three potential options to address capacity mismatch:

- Option 1: Fund extra capacity and therefore the extra inefficiencies that come with this.
- Option 2: Do nothing and accept the current level of DTOC performance.
- Option 3: Think differently about how we match capacity to demand

As a system, we are already doing elements of option 1 and 2, examples include:

- Local authority has actively commissioned additional reablement (42% increase since April 2017) and domiciliary care capacity (13% increase since April 2017).
- Residential care home capacity has increased by 5.6% in Cambridgeshire and 11.2% in Peterborough between April 2015 and April 2018.
- Additional investment in DTOCs through Improved Better Care Fund, Hancock Monies, STP etc.
- Continue to work with the market to increase and maximise capacity (e.g. Joint Market Position Statement, Provider forums, closer working across brokerage to maximise capacity)
- Increased focus on prevention and early intervention, to reduce the demand on domiciliary care, e.g. increasing use of technology enabled care, reducing double up packages.
- CCG commissioned additional intermediate care worker capacity.
- There is also limited additional capacity in the system to purchase.

In order to develop approaches to Option 3, we need to think differently about how we match capacity to demand and the ongoing work of the Discharge Programme board is being configured to support the following areas:

- Process and Flow: make best use of available resources to maximise the capacity that is available to us.
    - Joint brokerage – to maximise market capacity.
    - Improving patient following assessment – e.g. trusted assessor model
    - Advanced notice for discharge
- Changing the conversation with patients: patient choice, having difficult conversations earlier.
- Commissioning differently, examples include:
    - Personal budgets / health budgets

- Better use of the voluntary sector resources
- Use of banding within commissioning contracts and assessment practice – e.g. 'time bandings' and moving away from traditional 'breakfast, lunch and dinner calls'
- Commissioning criteria for services, e.g. eligibility
- Mixed sex wards
- Place based commissioning, rather than service based commissioning

- Focusing on the front end, to reduce flow into hospitals, through greater investment in early intervention and prevention approaches in the community, e.g.:
  - Adults Positive Challenge Programme
  - Integrated Neighbourhoods
  - GP engagement earlier on in patients journey

4.5 Progress on Integrated Neighbourhood work led by the North and South Alliances of the Sustainable Transformation Partnership (STP) was also described in papers to the STP Board meeting on May 20th, and papers are attached as Annexes B and C. Both Alliances are working with the Council led Think Communities programme and Neighbourhood Cares programme, alongside the development of Primary Care Networks with populations of 30,000-50,000.

4.6 Better Care Fund 2018/19 Quarter 4 reports were submitted to NHS England on 25th April 2019, progress on the performance metrics are outlined below:

Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG	
Non-elective admissions to hospital	57,700	Actual full Q4 data was not available at the time of reporting. Estimated full year performance at the end of Q4 is 63,465 against a target of 57,700.		Both CUHFT and NWAFT have seen improved A&E performance over the past few weeks. Both Trusts continue to update their performance improvement plans in both of these areas, as well as implementing necessary actions during periods of high pressure. The refinement of the scope and criteria of the JET service and the co-location of JET triage within the 111 hub is delivering an increased proportion of admission avoidance work delivered by JET. The focus continues at both trusts to improve the utilisation of Ambulatory Care services to avoid ED admissions. This has included extended opening hours where possible. CUH has implemented a Medical Hub, that takes Medical patients from ED and tries to turn these patients around within 24 to 48 hours, thereby improving flow. The Trust has recently seen an improvement in the number of Long Length of Stay patients following the implementation of the ECIST programme for reducing Long LoS. The programme been rolled out to 16 wards (fully) where it is fully implemented and is now business as usual.
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 15,695 occupied bed days	Full year data was not available at the time of reporting, but estimated performance is not on track to meet target with 38,390 DTOC delayed bed days for 2018/19 against a threshold target of 15,695.		Demand and capacity gap analysis has been completed to inform ongoing commissioning approaches. This has highlighted sufficient capacity at a global level, but the issue is capacity mismatch - the right capacity at the right time in the right place. Work is being aligned to focus on supporting the key outcomes. Significant IBCF and Hancock investment over the winter period has enabled us to manage significant increases in discharge demand. Despite DTOCs remaining a challenge, this investment has enabled us to maximise flow and prevent the DTOC situation deteriorating over this peak period.
Admissions to long-term residential and nursing homes in over 65 year olds	581	Q4 data unavailable by submission deadline, but at the end of September 2018 the rate of 65+ admissions was 196 per 100,000 - on track to meet target.		On target.

Effectiveness of reablement services	82%	Q4 data not yet available at the time of submission	Data not available to assess progress	Recruitment to the reablement service to increase capacity has progressed well, with a significant number of additional posts now filled. There has been a reduction in the number of bridging packages the reablement service has held.

2019/20 Better Care Fund national planning guidance is outstanding and has been further delayed. It is currently expected in June. A 6 week submission timeline to NHS England is anticipated post publication of the guidance. The planning cycle will be for 1 year and minimum change is expected to the conditions associated with the Better Care Fund. The Better Care Fund post 2020 is currently being reviewed at a national level, and further information on this is expected in autumn.

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.

6. 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