

Date: Thursday, 23 November 2017

Democratic and Members' Services

Quentin Baker

LGSS Director: Lawand Governance

10:00hr

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**South Cambridgeshire Council Chamber
South Cambridgeshire Hall, Cambourne Business Park,
Cambourne, Cambridge, CB23 6EA**

AGENDA

Open to Public and Press

1 Election of Vice Chairman/ Vice Chairwoman

To elect a Vice Chairman or Vice Chairwoman of the Board from the Clinical Commissioning Group members of the Board for the remainder of the municipal year 2017/18.

2 Apologies for absence and declarations of interest

Guidance on declaring interests is available at

<http://tinyurl.com/ccs-conduct-code>

3 Minutes of the Meeting on 21 September 2017

5 - 16

4 Action Log

17 - 22

5 A Person's Story

Verbal item, to invite a local person to share their experiences with the Board. To be provided this time by Winter Comfort.

6 Health and Wellbeing Strategy - Stakeholder Event

23 - 34

7	Better Care Fund Update	35 - 54
8	Sustainability and Transformation Programme (STP) Update	
	To follow, subject to the Chairman's agreement.	
9	Agenda Plan	55 - 58
10	Date of Next Meeting	

The Board is due to meet next on Thursday 1 February 2018 at 10.00am in the Council Chamber, Cambridge City Council, Guildhall, Cambridge.

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Peter Topping (Chairman)

Councillor Margery Abbott Jessica Bawden Sheila Bremner Councillor Mike Cornwell
Councillor Angie Dickinson Tracy Dowling Councillor Sue Ellington Stephen Graves Chris
Malyon Val Moore Wendi Ogle-Welbourn Dr Sripat Pai Stephen Posey Liz Robin Councillor
Joshua Schumann Vivienne Stimpson Ian Walker and Matthew Winn Councillor Samantha
Hoy Councillor Claire Richards Councillor Susan van de Ven and Councillor David Wells

Julie Farrow (Appointee)

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

Clerk Name: Richenda Greenhill

Clerk Telephone: 01223 699171

Clerk Email: Richenda.Greenhill@cambridgeshire.gov.uk

<p>The County Council is committed to open government and members of the public are welcome to attend Committee meetings. It supports the principle of transparency and</p>

encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccc-film-record>.

Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <https://tinyurl.com/CCCprocedure>.

The Council does not guarantee the provision of car parking on the Shire Hall site and you will need to use nearby public car parks <http://tinyurl.com/ccc-carpark> or public transport

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 21 September 2017

Time: 10.00am – 12.25pm

Venue: The Civic Suite, Pathfinder House, Huntingdon

Present: Cambridgeshire County Council (CCC)
Councillors P Topping (Chairman), C Richards and S van de Ven
Dr L Robin, Director of Public Health
C Black, Service Director; Adults and Safeguarding (substituting for W Ogle-Welbourn) (from 10.25-11.40am)

City and District Councils

Councillors M Abbott (Cambridge City), M Cornwell (Fenland District Council) and A Dickinson (Huntingdonshire District Council)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)

J Dunk and Dr S Pai

Healthwatch

V Moore, Chair

NHS Providers

K Reynolds (substituting for S Graves) (North West Anglia Foundation Trust),

Voluntary and Community Sector (co-opted)

J Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

Also in attendance:

Dr R Wate, Independent Chair, Cambridgeshire Local Safeguarding Children Board

G Hinkins, Transformation Manager, CCC

G McGeachie, Sustainability and Transformation Plan Delivery Unit

A Fallon, Sustainability and Transformation Plan Delivery Unit

K Goose, Cambridgeshire and Peterborough Clinical Commissioning Group

K Parker, Public Health Business Programmes, CCC

R Greenhill, Democratic Services Officer, CCC

Apologies:

J Bawden, Cambridgeshire and Peterborough Clinical Commissioning Group

T Dowling, Cambridgeshire and Peterborough Foundation Trust

Councillor S Ellington, South Cambridgeshire District Council

J Farrow, Hunts Forum

S Graves (substituted by K Reynolds), North West Anglia Foundation Trust

Councillor S Hoy, Cambridgeshire County Council

C Malyon, Cambridgeshire County Council

W Ogle-Welbourn, Cambridgeshire County Council

Dr S Pai, Clinical Commissioning Group

S Posey, Papworth Hospital Foundation Trust)

V Stimpson, NHS England

M Winn, Cambridgeshire Community Services NHS Trust

20. ELECTION OF VICE CHAIRMAN/ VICE CHAIRWOMAN

The appointment of the Vice Chairman or Vice Chairwoman was postponed until the following meeting pending the appointment of the new Chief Officer of the Cambridgeshire and Peterborough Clinical Commissioning Group.

21. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above. The Chairman drew attention to the number of apologies which had been received and stated that membership might be reviewed at some point.

There were no declarations of interest.

22. MINUTES OF THE MEETING ON 6 JULY 2017

The minutes of the meeting on 6 July 2017 were confirmed by those present as an accurate record and signed by the Chairman.

23. PERSON'S STORY

The Chairman welcomed Dr Russell Wate QPM, the Independent Chair of the Cambridgeshire Local Safeguarding Children Board, to the meeting. He welcomed the increasingly close working relationships of the Local Safeguarding Children Boards and Safeguarding Adult Boards across Cambridgeshire and Peterborough and noted that members would be considering proposals later in the meeting for a joint development session with the Peterborough Health and Wellbeing Board.

Dr Wate presented a composite story drawn from the experiences of three children and young women living in Cambridgeshire to illustrate their experiences whilst preserving the anonymity of all concerned. He described a young woman currently being supported by transition services who came from a family with a long history of involvement with health and social care services and the police. She had witnessed domestic violence and experienced child sexual abuse and neglect at an early age. Her parents separated and her primary parental carer struggled to contain incidents of violence and substance misuse within the family home. She frequently went missing from home, became pregnant in her mid-teens and had a termination. She was involved in what appeared to be a controlling and abusive relationship with an older man and appeared to be in poor emotional health and lacking in confidence. A range of support and interventions had been provided since her childhood by a range of partner organisations including a Child Protection Plan, sexual health advice and counselling, a safety plan and, with her consent, provision of a trackable mobile phone. She was currently engaging with services and working to improve her emotional health.

The Chairman stated that the role of the Person's Story was to remind the Board at the start of each meeting that its business had a real impact on peoples' lives. He thanked Dr Wate for sharing such a powerful and moving story and welcomed his confirmation that the priorities contained within the Board's current Health and Wellbeing Strategy were addressing these issues in Cambridgeshire.

24. LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2016-17

Dr Russell Wate QPM, Independent Chair of the Local Safeguarding Children Board (LSCB), introduced the LSCB's annual report for 2016-17. He had shared the same report with the County Council's Children and Young People Committee on 12 September 2017. Dr Wate highlighted a number of key points including a new domestic abuse strategy, a new child sexual exploitation protocol and challenging practices such as children being held in police cells. The LSCB combined both statutory members and representatives of partner organisations within the county and included two lay members. There had been a big increase in workload in the period covered relating to increased numbers so of Looked After children and those subject to a Child Protection Plan. A conference was held in February to consider the issues of self-harm and child sexual exploitation and this had highlighted the significance of parental mental health issues in cases of this kind. GP attendance levels at initial case conferences was quite low nationally, but the introduction of a template to capture their input was improving the local situation.

The following points arose in consideration of the report and in response to questions from members of the Board:

- An elected member noted County Councillors' key responsibility as corporate parents and sought more information on the observation on page 45 of the annual report that 'The outcomes for Looked After Children (LAC) remain unsatisfactory'. Dr Wate stated that LAC had been a key area of focus since he took over chairmanship of the LSCB, and in particular the use of out of area placements. He recognised that this issue had also been highlighted by the County Council and stated that he saw no sign, even in the context of current financial constraints, that either the local authority or local health service providers were stepping away from LAC being a priority;
- A member asked whether there was any intelligence on gaps in support to particular groups of children or young people or their access to health services. Dr Wate stated that geographical access to services was an issue in Fenland with some residents choosing to use services provided outside of the county borders. The LSCB was considering examining ways to ensure complimentary cross border work which avoided duplication of effort as part of a Task and Finish Group. The Director of Public Health stated that this was a recognised issue within partner organisations and that there was on-going dialogue to ensure a clear understanding of the division of responsibility;
- The GP representative from the Clinical Commissioning Group said that he would be interested to know more about the template being provided to GP's to capture their input for initial case conferences where they were unable to attend in person;
(**Action:** Local Safeguarding Children Board)
- A member noted the high levels of self-harm reported on page 17 in comparison to national figures and sought more information. Dr Wate stated that it was felt that this was in part due to greater awareness of the issue amongst young people which had led to increased numbers seeking medical support. However, a review conducted by Cambridgeshire and Peterborough Foundation Trust had not identified clear reasons behind this figure;

The Chairman thanked Dr Wate for providing a clear and accessible report and offered the Board's support for the work which the LSCB was doing.

It was resolved to:

- a) acknowledge receipt of the Local Safeguarding Children Board report for 2016-17.

25. LOCAL TRANSFORMATION PLAN REFRESH FOR CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING 2017-18

The Project Manager stated that this would be the third refresh of the Local Transformation Plan. Consultation with stakeholders was on-going to ensure that the Plan was fit for purpose and would meet the needs of the local population. However, this meant that a final version was not yet available for the Board's consideration. The final draft should be available during the week commencing 16 October and this would be circulated to all members seeking final comments.

(Action: Head of Public Health Business Programmes)

As in the two previous years, guidance had been issued quite close to the deadline for submitting the final Plan. On both of these occasions the Board had delegated authority to the Director of Public Health in consultation with the Chairman to sign off the Plan. The same authority was sought this year to meet the submission deadline of 31 October 2017. This was required in order to draw down funding from central government.

- Members emphasised that they would wish to have as much time as possible to consider the draft proposals in order to offer considered comment;
- The District Support Officer asked whether there were any significant changes to the previous Plans. The Project Manager stated that there was a particular focus on Looked After Children, workforce and achieving the access target for those needing emotional mental health support.

The Chairman stated that it was not ideal that the Board was unable to review and approve the final draft collectively. He noted that the same issue had occurred in respect of the two previous Plans and also in relation to the late issuing of guidance on the Better Care Fund, about which he had already written to the Secretary of State for Health. It was hoped that guidance would be issued earlier in future years to allow sufficient time for the Board to consider the final proposals. However, if this was not the case officers were asked to ensure that their report highlighted the changes proposed from the previous year's Plan and any changes in focus.

It was resolved to:

- a) note the planned refresh of the Local Transformation Plan;
- b) provide delegated authority to the Director of Public Health in consultation with the Chairman of the Board to sign off for the plan prior to the publication deadline 31 October 2017.

(Action: Director of Public Health)

26. CAMBRIDGESHIRE ANNUAL PUBLIC HEALTH REPORT 2017

The Director of Public Health stated that the Health and Social Care Act (2012) included a requirement for Directors of Public Health to prepare an independent Annual Public Health Report (APHR) on the health of local people. Her 2016 report had focused at a very local level. The 2017 had a wider focus including the impact of environmental factors, employment, income and educational attainment on health outcomes and was designed to be read in conjunction with the previous report. Key issues included variations in experience at district level, the disparity of experience between children in receipt of free school meals and those who were not and work to address mental health issues in children and young people. The impact of lifestyle issues on health was also highlighted and this was particularly striking in Fenland. A copy of the final printed version of the report would be sent to all members of the Board.

(Action: Director of Public Health)

The following comments arose in discussion of the report:

- A member requested further information on the data relating to educational attainment and those taking free school meals in Cambridge City;
(Action: Director of Public Health)
- The Healthwatch representative commended the report as well-written, useful and accessible;

A member stated that the APHR was a well presented and accessible source of important data and asked the extent to which it was made available and accessed by those delivering services. The Director of Public Health confirmed that it was shared widely with partners and local stakeholder groups. A Member suggested that it might also usefully be shared with GPs via the NHS Gateway.
(Action: Director of Public Health)

- A Clinical Commissioning Group (CCG) representative stated that one of the CCG's key aims was reducing health inequalities and that the APHR was an important document in this context;
- A member highlighted the significance of coding issues (ensuring consistency in the coding of cases reported to health service partners to allow accurate comparison of data and the identification of patterns and trends in reporting). The Director of Health stated that the Public Health England website flagged that improved coding could lead to an apparent rise in numbers of cases of self-harm. This was currently being explored in relation to the high numbers of self-harm reported in Cambridgeshire in comparison to national figures;
- A member suggested drawing the report to the attention of the Local Enterprise Partnership as it was relevant to the local business community;
(Action: Director of Public Health)
- A health provider representative stated that hospitals used the data contained in the report in formulating their annual plans and five year strategy;
- A member sought more information about any analysis of links between deprivation and cross-border use of health services in the north of the county.

The Director of Public Health stated that there was a recognised flow of residents between Wisbech and Kings Lynn, and also between March and Peterborough, so there was a risk that the population with the poorest health outcomes in the county might be accessing services outside local hospital trusts or, in the case of Wisbech, the reach of the local Sustainability and Transformation Plan (STP);

- A member questioned where solutions to the issues identified in the report would be addressed and how the data could be used to predict future trends in need at both district and county level. The Director of Public Health stated that the Joint Strategic Needs Assessment (JSNA) Core Dataset which was being considered separately on the agenda looked in detail at population growth and change whilst the STP was analysing the health service programmes. Thematic JSNA's were conducted to focus on specific themes, but the Public Health team had quite limited capacity to deliver these detailed pieces of work and was reliant on partners at the Health and Wellbeing Board identifying key priorities for further work from the options identified.

It was resolved to:

- a) discuss and comment on the information outlined in the Annual Public Health Report;
- b) consider any recommendations the Health and Wellbeing Board might want to make, to address issues outlined in the Report.

27. JOINT HEALTH AND WELLBEING BOARD DEVELOPMENT SESSION PROPOSAL

The Board considered a report by the Head of Public Health Business Programmes that proposed a joint development session with the Peterborough Health and Wellbeing Board in January 2018. The session would be facilitated by the Local Government Association (LGA) and would build on the work done at the Board's previous development session on 8 September 2017 and the stakeholder event being held later that day. The Peterborough Health and Wellbeing Board had already agreed to proceed, subject to consultation with the Cambridgeshire Board.

Members offered the following comments on the proposal:

- The Healthwatch representative welcomed the proposal and the willingness of the Peterborough Health and Wellbeing Board to engage in this way;
- A district council representative welcomed the proposal, noting that Fenland District Council already worked closely with Peterborough City Council;
- A Clinical Commissioning Group representative expressed strong support for the proposal.

It was resolved to:

- a) approve a joint development session with Peterborough and Cambridgeshire Health and Wellbeing Boards to be held in January 2018.

28. DATA SHARING

The Board received a report providing an overview of data sharing issues and seeking members' comments on future approaches to data sharing. This was in response to a request by the Board for more information on this subject at its meeting in March 2017.

The Service Director for Adults and Safeguarding stated that the significance of the issue of data sharing was recognised nationally and was fundamental to delivering services in an efficient and joined up way. Increased co-ordination of health and social care services was seen at all levels amongst service providers. However, despite a wide consensus about the importance of data sharing, there was less practical progress being made in its implementation than many would wish. This was due primarily to concerns about information governance, acceptable levels of risk within systems and technical issues. However, the inability of professionals to access relevant information had real-life consequences for service users. This could be through the frustration or distress caused by having to repeatedly provide the same information to a variety of professionals, or when decisions were being made without all of the relevant information being available. A workshop had been held to explore the issues across organisations and data sharing was also being discussed in the context of the Sustainability and Transformation Plan (STP) Delivery Group. The views of the Board were now also being sought on ways to move the issue forward.

The following points arose in discussion of the report and in response to questions from members:

- Public attitudes varied significantly between those who refused consent to any collection or sharing of data by services to those who were surprised and frustrated that professionals did not already have immediate access to all relevant information about them;
- The difficulty in speaking with one voice across multiple public sector organisations;
- Public confidence in public sector systems had been shaken by the recent ransomware attacks on NHS organisations. It would be important to be able to offer assurances that appropriate safeguards were in place;
- A lack of organisational commitment to address the problem. Professionals delivering frontline services were having to work around the problems caused by incomplete access to relevant information which was leading to duplication of effort or even contradictory practice. This might be tackled by looking at data sharing within the context of the STP as a systemic issue which must be resolved;
- Several members suggested that the STP Digital Delivery Group would be the best forum in which to progress this issue and to consider both the governance and technical issues raised. A lot of information about data sharing was already available within partner organisations which could be made available;
- The Director of Public Health emphasised the importance of the role of information governance officers in individual organisations in supporting this work. Members of the Board could assist by encouraging their own

organisation's information governance officers to engage fully with this work;

- The Chairman thanked officers for a clear report. Whilst it was not the role of the Health and Wellbeing Board to direct organisations on how to discharge their responsibilities it did have a clear role in ensuring that issues affecting the health and wellbeing of local residents were being addressed. He noted that the Health and Care Executive would be meeting next in October and asked that the Board's discussion of data sharing should be fed back to them in the context of discussion about the STP. This should emphasise the considerations around information governance and systems and the role which the STP Digital Delivery Group might play in taking the work forward.
(**Action:** Acting Chief Officer, CCG and Head of Communication and Engagement (STP))

It was resolved to:

- a) note the report and comment on future approaches to data sharing.

29. SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE REPORT

The Head of Communications and Engagement (Sustainability and Transformation Plan (STP)) stated that previous reports had provided a general update on the STP. However, at its last meeting the Health and Wellbeing Board had highlighted workforce issues, STP leadership and proposed changes to governance arrangements and communication and stakeholder engagement as areas of particular interest and this report focused on those issues. The Board had also expressed interest in the role of care workers and the voluntary sector. This information was not yet available, but would be included in a future update. In addition to written reports the STP Delivery Team offered to ask colleagues with expertise in any other areas of particular interest to the Board to attend a future meeting or development session to brief members on specific issues.

The current STP communication and engagement plan had been developed in December 2016 and it was recognised that this element now required refreshing to reflect the transition from the planning to delivery phase of the programme. The STP Governance Board had met the previous week and discussed the proposed Stakeholder Group. There was concern that this would replicate the governance arrangements and engagement groups already in place so it had been agreed to put this proposal into abeyance. Instead, the Board made a commitment to holding more frequent public meetings and events and to publish an update one year into the STP process to report on what had happened so far and what would be next. The STP Governance Board was committed to maintaining the momentum of the STP and planned to meet again the following month to continue its work.

Turning to workforce issues, the Director for System Strategy, Planning and Development stated that 47 job offers had been made so far to the Joint Emergency Team (JET Team) and 16 members of staff were in post and undergoing training. Around half of the 35.4 posts for the Stroke Early Supportive Discharge team had been advertised to date and 90 applications received, with 6 job offers made so far. Between 10-14 of the posts would be filled through rotation and job match to speed up the process. Adverts for the 155 Discharge to Assess posts would be placed shortly and officers were working with the County Council on this given the close job match to ensure that this was done in a complementary way. Two consultant posts would be offered across all project areas which represented quite a cultural shift.

The following points rose in discussion of the report:

- The Director of Public Health noted that the role of the Health and Wellbeing Board was to bring organisations together to explore how they might work best in partnership for the benefit of all residents. This was a different role to the County Council Health Committee which had a statutory duty to scrutinise local NHS services and hold them to account;
- The Healthwatch representative said that they felt that there was something missing with regard to public engagement and priority setting to provide genuine public insight into the needs and proposals. The Head of Communications and Engagement (STP) stated that this would be fundamental to the STP Governance Board's discussions at its next meeting and that he would discuss this with Healthwatch beforehand;
- A member expressed concern that the stated purpose of the report was to provide an update on communication about the STP, but that the report itself lacked meaning and that the language used was remote and somewhat inaccessible. The Head of Communications and Engagement (STP) stated that the tone and content of all communications were designed to meet the needs of the target audience. The more technical nature of the report to the Board reflected most members' familiarity with the subject matter and their request that it should focus this time a number of specific issues. He offered to send a copy of the STP newsletter to members to illustrate the tone and content of communication with the wider public;
(**Action:** Head of Communications and Engagement (STP))
- A CCG representative emphasised the need to avoid underestimating the extent of the workforce challenge which the county faced. There was a clear recognition that health and social care services were often targeting the same pool of potential applicants, some of whom would already be employed by partner organisations, and conversations were going on between organisations to promote complementary recruitment practices;
- Members acknowledged the importance of establishing the health and social care sectors as attractive places to work;
- The Healthwatch representative commented that they were pleasantly surprised by the number of applications received to date. They welcomed the recognition of the need for services to work together to make best use of the available workforce and welcomed the conversations that were happening to support this aim;
- A member emphasised the importance of using education to reduce demand on services;
- The GP representative noted that it was no longer as attractive for GP training practices to take on trainee GPs. This meant that many practices were looking again at whether to take on trainee GPs or to offer places to under-graduates.

Summing up, the Chairman said that the Board would reserve judgement on whether to take up the STP Delivery Unit's offer of a further development session or briefing on

workforce issues pending discussions at the Stakeholder event taking place that afternoon. Should further sessions be arranged they would be designed to help members gain a greater understanding of the issues involved to inform how their respective organisations might best work together. Given that a number of new appointments had been made recently to the Board it might also be worth considering a more general briefing session on the STP for newer members of the Board.
(**Action:** Democratic Services/ STP Delivery Unit)

It was resolved to:

- a) note and comment on the report.

30. JOINT STRATEGIC NEEDS ASSESSMENT CORE DATASET 2017

The Director of Public Health stated that the Health and Wellbeing Board had a statutory duty to jointly assess the health and wellbeing needs of the population which it served and to prepare a Joint Strategic Needs Assessment (JSNA) to meet these needs. This year a detailed JSNA Core Dataset had been produced in addition to themed JSNAs to provide detailed data to inform the revision of the Board's Joint Health and Wellbeing Strategy. She noted that the Board was required formally to approve the JSNA.

The following points arose in discussion of the report:

- A member asked whether there was a process to ensure that all of this important and useful information reached those within partner organisations who would benefit seeing it. The Director of Public Health confirmed that there was a clear communication plan and that the information was shared widely;
- A member stated that there were some notable differences between Office of National Statistics (ONS) forecasts and Public Health forecasts. Anything more which could be done to validate the Joint Strategic Needs Assessment findings would be useful as conversations were already taking place on these issues with local MPs. The Chairman asked that officers should reflect on whether the Board's online presence might be enhanced to better disseminate this type of valuable information;
(**Action:** Director of Public Health)
- Members noted that the next phase of devolution might include discussions around health outcomes and that these would be informed by the data available.

It was resolved to:

- a) discuss and comment on the information outlined in the Joint Strategic Needs Assessment (JSNA) Core Dataset 2017;
- b) note that information on themed Joint Strategic Needs Assessment work in Cambridgeshire could be found in the JSNA Summary of Themed Reports 2017;
- c) consider the key health and wellbeing needs identified in the JSNA information presented, and how these should feed into revising the Joint Health and Wellbeing Strategy;

d) approve the Joint Strategic Needs Assessment (JSNA) Core Dataset.

31. AGENDA PLAN

The agenda plan would be reviewed at the next meeting in the light of discussions about future priorities at the stakeholder event taking place that afternoon.

32. DATE OF NEXT MEETING

The Board would meet next at 10.00am on Thursday 23 November 2017, venue to be confirmed.

Councillor Peter Topping
Chairman
23 November 2017

HEALTH & WELLBEING BOARD ACTION LOG: NOVEMBER 2017

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
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Meeting Date: 6 July 2017		
7. A Person's Story	<p>To circulate a link to the newsletter produced by the Community Safeguarding Network to all members of the Board.</p> <p style="text-align: right;">Action: R Greenhill</p> <p>Update 26.10.17: A copy of the summer 2017 edition of the 'Safeguarding Matters' newsletter sent to Board members by email.</p>	Completed
8. Safeguarding Adults Board Annual Report 2016/17	<p>To explore the possibility of future voluntary sector representation on the Safeguarding Adults Board with the Board's Independent Chair.</p> <p style="text-align: right;">Action: C Bruin</p> <p>Update 26.10.17: The Cambridgeshire & Peterborough Safeguarding Adult Boards are merging from January 2018 and the membership is being reviewed and will take into consideration the involvement of the voluntary sector.</p>	Completed
	<p>To circulate information about the Modern Slavery and Discrimination course offered by the SAB to all members for information</p> <p style="text-align: right;">Action: C Bruin</p> <p>Update 26.10.17: An information sheet about the training on modern slavery and discrimination developed by the LGSS training team was circulated to Board members by email for information. Claire Bruin (Assistant Director: Adults) is looking at the responsibilities of the Local Authority in response to the Modern Slavery Act 2015 and how best to raise awareness, including the use of this training offer.</p>	Completed

Item 13: Forward Agenda Plan	<p>To approach Winter Comfort to invite a representative to provide the Person's Story at the meeting on 23 November 2017.</p> <p style="text-align: right;">Action: Julie Farrow</p> <p><u>Update 19.10.17:</u> Attendance by a representative of Winter Comfort confirmed.</p>	Completed
Meeting Date: 8 September 2017		
Item 4: Better Care Fund Plan 2017	<p>The Health and Wellbeing Support Group to discuss future reporting arrangements on the BCF and proposals to be brought back to the Board for consideration.</p> <p style="text-align: right;">Action: Geoff Hinkins</p> <p><u>Update 20.09.17:</u> A report on Future Monitoring Arrangements for the BCF added to the agenda for 23 November 2017.</p>	On-going
	<p>To delegate authority to the Director of Public Health in consultation with the Chairman of the Board for any final amendments to be made to the Plan before submission.</p> <p style="text-align: right;">Action: Liz Robin</p>	Completed
Meeting Date: 21 September 2017		
Item 6: Local Safeguarding Children Board Annual Report 2016-17	<p>To provide Dr Pai with a copy of the template being provided to GP's to capture their input for initial case conferences where they were unable to attend in person.</p> <p><u>Update 13.11.17:</u> Copy sent to Dr Pai.</p> <p style="text-align: right;">Action: Andy Jarvis Natalie Fenton, CCG</p>	Completed

Item 7: Local Transformation Plan Refresh 2017-18	<p>To circulate a final draft of the Plan to all members of the Board for final comments.</p> <p style="text-align: right;">Action: Kate Parker</p> <p>Update 16.10.17: The draft circulated to all members of the Board by email seeking comments by 23 October 2017.</p>	Completed
	<p>To sign off for the plan in consultation with the Chairman prior to the publication deadline 31 October 2017.</p> <p style="text-align: right;">Action: Liz Robin</p>	Completed
Item 8: Cambridgeshire Annual Public Health Report 2017	<p>To send a printed version of the report to all members of the Board when available.</p> <p style="text-align: right;">Action: Liz Robin</p> <p>Update 13.10.17: A copy sent to all members of the Board for information.</p>	Completed
	<p>To provide Cllr Richards with further information on data relating to educational attainment and those taking free school meals in Cambridge City.</p> <p style="text-align: right;">Action: Liz Robin</p> <p>Update 29.10.17: Information commissioned.</p>	On-going
	<p>To make the Annual Public Health Report 2017 available to GPs via the NHS Gateway.</p> <p style="text-align: right;">Action: Liz Robin</p> <p>Update 29.10.17: Work in progress.</p>	On-going

	<p>To draw the APHR to the attention of the Local Enterprise Partnership.</p> <p style="text-align: right;">Action: Liz Robin</p> <p><u>Update 29.10.17:</u> Work in progress.</p>	On-going
Item 10: Data Sharing	<p>To feedback the Board's discussion of data sharing issues to the next meeting of the Health and Care Executive, emphasising the considerations around information governance and systems and the role which the STP Digital Delivery Group might play in taking the work forward. The response to be included in the STP update report for the next HWB meeting on 23 November 2017.</p> <p style="text-align: right;">Action: G McGeachie/ A Fallon</p> <p><u>Update 29.10.17:</u> The Director of Public Health reported the Board's discussions about data sharing at the Health and Care Executive meeting in October 2017. The STP Update report in November will include further information on data sharing.</p>	On-going
Item 11: Sustainability and Transformation Plan (STP) Update Report	<p>To send a copy of the STP newsletter to Board members to illustrate the tone and content of communication with the wider public.</p> <p style="text-align: right;">Action: A Fallon</p> <p>Update requested 16.10.17.</p>	On-going
	<p>To establish whether it would be helpful to arrange a general briefing session on the STP for newer members of the Board.</p> <p style="text-align: right;">Action: R Greenhill/ Aidan Fallon</p> <p><u>Update 24.10.17:</u> Four Board members asked to attend an STP briefing session. This has been arranged for Thursday 14 December 2017 from 12.30-1.30pm at Shire Hall.</p>	On-going

Item 12: JSNA Core Dataset 2017	<p>To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset.</p> <p style="text-align: right;">Action: Liz Robin</p>	On-going
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HEALTH AND WELLBEING STRATEGY: STAKEHOLDER EVENT

To: **Health and Wellbeing Board**

Meeting Date: **23 November 2017**

From: **Director of Public Health**

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

- a) note the feedback from the Health and Wellbeing Stakeholder Event on 21st September 2017;**
- b) discuss and approve the proposed priorities for a renewed Health and Wellbeing Strategy (2018-21) as outlined in section 4.**

<i>Officer contact:</i>		<i>Member contact:</i>	
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1. PURPOSE

- 1.1 The purpose of this paper is to
- provide feedback to the HWB Board from the Health and Wellbeing Stakeholder Event on September 21st.
 - Propose priorities for the Cambridgeshire Health and Wellbeing Strategy 2018-21

2 BACKGROUND

- 2.1 A paper to the Health and Wellbeing Board's meeting on 21 September 2017 described the need to renew the current Cambridgeshire Health and Wellbeing (HWB) Strategy (2012-2017) in the context of a changing strategic landscape. The HWB Board agreed to extend the current HWB Strategy until the process of renewal was complete.
- 2.2 The next steps for the renewal of the HWB Strategy were agreed as:
- A Health and Wellbeing Board Development Session in early September 2017;
 - Presentation of the Joint Strategic Needs Assessment Core Dataset (2017) to the HWB Board on 21 September 2017;
 - A Stakeholder Event, to engage with a wider group and elicit views on what the priorities of the Health and Wellbeing Board should be.
- 2.3 These three steps have been completed and this paper provides feedback from the Stakeholder Event in order to inform priorities for the HWB Strategy.

3. MAIN ISSUES

- 3.1 At the Health and Wellbeing Board Development session on 8 September 2017, which was facilitated by the Local Government Association (LGA), a concept was introduced of the different ways in which the HWB Board could approach a priority issue:
- **Focus:** The HWB Board initiates and drives new action, which is unlikely to be initiated and co-ordinated elsewhere.
 - **Watch:** The HWB Board actively monitors that appropriate actions are taking place, for example to deliver national priorities or local plans which have already been approved.
 - **Encourage:** The HWB Board encourages other Boards or organisations to deliver health and wellbeing outcomes, without directly initiating or performance monitoring associated actions.
- 3.2 At the Health and Wellbeing Stakeholder event on 21 September 2017 (also facilitated by the LGA), this concept was used with stakeholders when suggesting potential priorities for the HWB Board going forward.
- 3.3 A total of approximately 45 stakeholders attended the event and discussed key health and wellbeing issues for Cambridgeshire and potential priorities for the HWB Board, mainly through table-based discussions.

3.4 A wide range of priorities was suggested for the HWB Board, and discussions varied considerably between tables. A summary of the themes identified at the Stakeholder event is provided at Appendix 1. While there was no absolute consensus, themes which were suggested by three or more tables for HWB Priorities were:

- Prevention and behavioural factors
- Mental health
- New communities and planning healthy new developments
- The role of the HWB Board in awareness raising and ensuring organisations work together

3.5 When renewing the Health and Wellbeing Strategy, the views of Stakeholders need to be considered alongside both the statutory duty of the HWB Board to prepare a HWB Strategy which meets the needs identified in the Joint Strategic Needs Assessment, and the HWB Board duty to sign off and oversee the Better Care Fund Plans, promoting health and social care integration.

4 PROPOSED PRIORITIES

4.1 The Health and Wellbeing Board is asked to consider the following recommended priorities for the HWB Strategy 2018-2021, which provide a combination of **'Watch'** areas where the HWB Board has an important role in ensuring effective joint working and implementation of plans which have already been developed and **'Focus'** areas, where new action needs to be initiated by the HWB Board to raise awareness and encourage joint working.

1. **Better Care Fund Plan Implementation: including demand management; delayed transfers of care; health and social care integration.** The Better Care Fund Plan is already in place, and an Integrated Commissioning Board of senior officers is tasked with its implementation. This is a high priority 'Watch' area for the HWB Board.
2. **Mental health:** A Cambridgeshire and Peterborough Sustainability and Transformation Plan Mental Health Strategy Framework was endorsed by the HWB Board at its meeting in January 2017. This brought together a number of mental health strategies for Cambridgeshire (for example, public mental health strategy, adult social care mental health strategy and NHS strategies) which had been developed separately. There is a multi-agency senior officer board overseeing Adult Mental Health strategies and a Children and Young People's Emotional Wellbeing Board overseeing implementation of the 'Thrive' model for the Cambridgeshire County Council Children and Young People Committee. The Mental Health Concordat Group oversees joint work across community safety and mental health. This could be a high priority 'Watch' area for the HWB Board.
3. **Prevention and Behaviour Change:** The HWB Board has previously approved the Cambridgeshire and Peterborough Health System Prevention Strategy in January 2016. However, only some aspects of the Strategy have been implemented. The HWB Board could play both a 'Watch' role for aspects of the Prevention Strategy already under implementation (such as falls prevention and stroke prevention) and a 'Focus' role, initiating new work on an aspect not yet taken forward.

Senior officer support is available from the multi-agency Cambridgeshire and Peterborough Public Health Reference Group.

4. **Healthy new housing developments and population growth** There are a number of initiatives and officer groups linking new housing developments and population growth to health and wellbeing and/or needs for health and care services. A themed Joint Strategic Needs Assessment (JSNA) was completed on this issue in 2015. Currently there is no overarching strategy to link planning for new developments and 'health', and no senior officer board that fulfils this purpose across the county (or across Cambridgeshire and Peterborough). This could be a 'Focus' priority for the HWB Board.
5. **Addressing health inequalities identified in the Joint Strategic Needs Assessment:** The Cambridgeshire JSNA Core Dataset identified significant health inequalities across the county and between certain population groups. Currently there is no multi-agency strategy, specifically tasked with addressing this issue. Health inequalities could be a 'Focus' priority for the Cambridgeshire HWB Board, identifying and prioritising specific actions. A range of societal, lifestyle, and health/care service factors impact on health inequalities, so this priority would potentially also require the HWB Board to play an 'Encourage' role, working with other boards and organisations.
6. **Working better together and promoting integration:** All five proposed priorities outlined above include elements which require organisations to work better together. From a patient/client perspective, integration of services around their needs is key. The role of the Health and Wellbeing Board in raising awareness and ensuring organisations work together was highlighted by stakeholders. This is proposed as a cross-cutting theme, which is built into all priorities and actions of the HWB Board.

5 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

- 5.1 This paper is relevant to all priorities of the current Health and Wellbeing Strategy (2012-2017).

6 IMPLICATIONS

6.1 Legal and risk

The Health and Wellbeing Board has a statutory duty to prepare a Joint Health and Wellbeing Strategy to address the needs identified in the Joint Strategic Needs Assessment.

6.2 Consultation and engagement

This paper describes some initial consultation and engagement work with stakeholders. However further consultation and engagement, including public consultation, would be recommended when a draft strategy is prepared.

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy (2012-17)	https://www.cambridgeshire.gov.uk/residents/be-well/cambridgeshire-health-and-wellbeing-board/

Cambridgeshire Health and Wellbeing Board Stakeholder Event (21st Sept 2017)**Executive Summary****Background**

The Cambridgeshire Health & Wellbeing Board discussed at the July meeting the development of a new Health & Wellbeing Strategy as the current strategy runs until the end of 2017. As the health and wellbeing system has changed significantly since the last refresh of the strategy, with the creation of the Sustainability Transformation Plans; greater collaboration between local authorities; changes in local and national priorities it was suggested that more development would be required around formulating a new strategy. Therefore it was agreed to extend the existing strategy whilst the Board reviewed ways of working in regards to developing a Cambridgeshire Health & Wellbeing Strategy for 2018 and beyond.

Purpose of the Stakeholder Consultation

The Cambridgeshire Health & Wellbeing Board hosted a stakeholder event on September 21st 2017, which was facilitated by the Local Government Association. The purpose of this event was firstly to provide partner organisations, voluntary sector and interest groups an opportunity to review the main findings of the Joint Strategic Needs Assessment Core Dataset for Cambridgeshire. Then, through facilitated sessions, stakeholders were asked for their views on (a) What are the key issues we should address to improve outcomes and reduce inequalities? (b) What are the priorities we should focus on and how? (c) What should we discuss at the next HWB Board meetings? Cambridgeshire.

This Executive summary provides a synopsis of the themes identified at the Stakeholder event.

Stakeholder Attendees

A full list of delegates is provided in Appendix 1

Executive Summary of the Key Themes

Activity 1- What are the key issues we should address to improve outcomes and reduce inequalities		
Key Theme	Specific Elements Discussed	Groups discussing this theme
Prevention and behavioural factors	<ul style="list-style-type: none"> • Focus on prevention rather than cure • Focus on practical issues that impact upon lifestyle and behaviours (ie addressing debt) • Focus on dietary risk factors • Focus on the prevention agenda with a particular focus on those aged 40-60 years • Focus on preventing those at high risk ('ambers') from becoming 'reds' • Recognise and address barriers that exist to behaviour change • Identify those individuals at risk of escalation (ie multiple risk factors) and provide preventative intervention 	Blue Red Yellow Green
Poverty, deprivation and inequalities	<ul style="list-style-type: none"> • Gypsy and traveller population are a priority • Fenland remains a priority – specifically build skills and capacity • Focus on the areas where the statistics show very different outcomes across the County • Need address the differences in life expectancy • Balance in focus on most deprived areas and shifting the curve • Addressing the gap of free school meal provision during school holidays 	Red Yellow Purple
Mental Health and Wellbeing	<ul style="list-style-type: none"> • Links between social isolation and mental ill health • Focus on mental health and wellbeing of children and young people • Self-harm • Focus on mental health and wellbeing, including the longer term outcomes 	Blue Purple Green

	<ul style="list-style-type: none"> • Focus on mental wellbeing throughout the life course, but strong prevention focus with children 	
Physical Activity and Leisure	<ul style="list-style-type: none"> • Improving physical activity levels requires joint working 	Purple
Housing and the environment	<ul style="list-style-type: none"> • More single storey housing – bungalows • Affordable housing • Accessible housing • Key worker accommodation • Investment in housing 	Orange Orange Purple
New Communities	<ul style="list-style-type: none"> • Design new communities that promote walking and have affordable facilities • New communities must be fit for a workforce but also fit for older people • Changes in planning systems • Co-location of services 	Blue Red Orange Purple
Transport and travel	<ul style="list-style-type: none"> • Ensure transport links facilitate people getting out and about • Transport routes in Fenland are poor 	Blue
Employment and education	<ul style="list-style-type: none"> • Investment in education, to improve economic prosperity • Aspirations, skills and educational attainment, in order to improve outcomes longer term the cycle of poor attainment and low aspirations must be addressed 	Yellow Green
The role of the HWB Board	<ul style="list-style-type: none"> • ? Focus only where the JSNA indicates greatest need • ? stretching the focus of the HWB Board too thinly • Co-ordinating, influencing and communicating • Political role – assuring fair investment for Cambridgeshire • Negotiating power ie. influencing ONS to change baseline to local housing projections • Explore options for combining HWB Boards and Strategies across Cambridgeshire and Peterborough 	Red Yellow Green

Activity 2 - What are the priorities we should focus on and how?		
Key Theme	Specific Elements Discussed	Groups discussing this theme
Prevention and behavioural factors	<ul style="list-style-type: none"> • Focus on prevention in relation to mental health and young people • Preventative focus to support communities with vulnerabilities • Encourage populations to take responsibility for their own health • Focus on behavioural and lifestyle issues • Focus on prevention for those aged 40-60 years • Watch obesity and alcohol agenda 	Blue Red Orange Green Yellow Orange
Poverty, deprivation and inequalities	<ul style="list-style-type: none"> • Focus on tackling inequalities in Fenland 	Orange
Mental Health and Wellbeing	<ul style="list-style-type: none"> • Focus on prevention in relation to mental health and young people • Watch mental health, as there is an existing mental health board • Focus on mental health and wellbeing across the ages • Watch mental health for children and young people • Focus on improving health and wellbeing by reducing social isolation 	Blue Red Orange Purple Green
Early Years	<ul style="list-style-type: none"> • Focus on disadvantaged children, particularly in relation to gap in development 	Yellow
Aging Well	<ul style="list-style-type: none"> • Focus on older people, particularly reducing social isolation 	Purple
Physical Activity and Leisure	<ul style="list-style-type: none"> • Support improvements in physical activity levels, by supporting District Councils to deliver on existing sport and leisure strategies 	Green
Housing and the environment	<ul style="list-style-type: none"> • Focus on housing 	Yellow
New Communities	<ul style="list-style-type: none"> • Focus on new communities and planning – we need a strategy • Sustainable communities 	Blue Purple Orange
Employment and education	<ul style="list-style-type: none"> • Focus on employment • Support the work of other agencies to improve educational achievement • Focus on improving attainment, education, skills and aspirations 	Green Yellow

The role of the HWB Board	<ul style="list-style-type: none"> • Learn from what has gone well and what hasn't • Raise awareness of wider health determinants • Developing a wider skills set across the combined authority • Focus on existing strategy Priority 6 – working together effectively • Ensuring that different boards are thinking about health • Influencing and working together – advocacy • Coordinating funds • Hub of expertise on health • Who is the network – signposting to key stakeholders • On the ground “principle to unblock” 	Blue Orange Yellow Purple
Activity 3 - What should we discuss at the next boards		
Key Theme	Specific Elements Discussed	Groups discussing this theme
Prevention and behavioural factors	<ul style="list-style-type: none"> • Prevention in relation to Early Years • Prevention in relation to homelessness 	Yellow Purple
Poverty, deprivation and inequalities	<ul style="list-style-type: none"> • A 'Health and Inequality' strategy • Local initiatives for local areas 	Blue
Mental Health and Wellbeing	<ul style="list-style-type: none"> • Mental health 	Yellow
New Communities	<ul style="list-style-type: none"> • Developing a set of principles which can be applied to the development of new communities • Agree a set of criteria for a health community • Agree how to involve planners in the process 	Blue Purple
The role of the HWB Board	<ul style="list-style-type: none"> • Although the HWB Board is a statutory requirement, is the Board confident that there would be any impact if it ceased to function? • Consider just having one main focus per year • Communication and co-ordination • Priority 6 should be the key role of the Board • Taking an asset based approach • Allowing local communities to shape action • Ensuring that the actions under priority areas are measurable • Ensuring that all community voices are heard 	Green Yellow Blue

Appendix 1

	Title	First Name	Surname	Title	Organisation	Group / Table
1		Aly	Anderson	Chief Executive	Mind in Cambridgeshire	PURPLE GROUP
2		Richard	Astle		Athene Communications	RED GROUP
3		Jessica	Bawden	Member of the Health and Wellbeing Board	Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)	PURPLE GROUP
4		Sue	Beecroft	Sub-Regional Housing Co-ordinator	Cambridge City Council	BLUE GROUP
5		Ann	Bunting		Hunts Forum of Vol Orgs	BLUE GROUP
6		Richard	Cassidy	Corporate Director	Fenland District Council	RED GROUP
7		Adrian	Chapman	Service Director: Community and Safety Services, Peterborough and Cambridgeshire	Peterborough City Council	GREEN GROUP
8	CLlr	Mike	Cornwell	Health and Wellbeing Board	Fenland District Council	GREEN GROUP
9		Andrew	Cozens	FACILITATOR		
10		heather	Davison		Healthwatch Cambridgeshire and Peterborough	RED GROUP
11	CLlr	Angie	Dickinson	Health and Wellbeing Board	Huntingdonshire District Council	PURPLE GROUP
12		Arden	Diekervik		CCG	BLUE GROUP
13		Simon	Fairhall	Chief Executive	Living Sport	RED GROUP
14		Michael	Firek		Living Sport	BLUE GROUP
15	Dr	Dorothy	Gregson	Chief Executive	Office of the Cambridgeshire Police & Crime Commissioner	GREEN GROUP
16		Carol	Gronow	Service Manager Childrens Innovation and Development Service	Cambridgeshire County Council	PURPLE GROUP
17	Dr	Fiona	Head	Consultant PH Medicine Improving Outcomes	Cambridgeshire and Peterborough Health & Care System Transformation Programme	RED GROUP
18		Geoff	Hinkins	BCF	Cambridgeshire County Council	RED GROUP - FACILITATOR
19		Carrie	Holbrook	Sports Development Officer - Arts + Recreation Department	Cambridge City Council	RED GROUP
20		Beth	Issacs	Senior Transformation Advisor Transformation Team	Cambridgeshire County Council	BLUE GROUP - FACILITATOR
21		Sandra	James	Public Health	Cambridgeshire County Council	GREEN GROUP - FACILITATOR
22		Liz	Knox	Environmental Services Manager	East Cambridgeshire District Council	YELLOW GROUP
23	Prof	Catherine	Meads	Professor of Health - Faculty of Health, Social Care and Education	Anglia Ruskin University	BLUE GROUP
24		Liz	Megson	Health and Wellbeing Network Support Officer	Health and Wellbeing Network	PURPLE GROUP

25		Catherine	Mitchell		CCG	ORANGE GROUP
26		Jon	Moore	Public Health	Cambridgeshire County Council	GREEN GROUP
27		Val	Moore	Chair	Cambridgeshire and Peterborough Healthwatch	PURPLE GROUP
28		Gemma	Neal	BCF	Cambridgeshire County Council	ORANGE GROUP - FACILITATOR
29		Yvonne	O'Donnell	Environmental Health Manager	Cambridge City Council	BLUE GROUP
30		Chris	Parker		Cambridgeshire Fire & Rescue Service	ORANGE GROUP
31		Kate	Parker		HWSG	PURPLE GROUP - FACILITATOR
32		John	Peberdy	Service Director - Children and Young People's Health Services	Cambridgeshire Community Services NHS Trust (CCS)	GREEN GROUP
33		Morgan	Price		YMCA	GREEN GROUP
34		Keith	Reynolds	Peterborough Hospital		ORANGE GROUP
35	Dr	Liz	Robin	Director of Public Health	Cambridgeshire County Council	YELLOW GROUP
36		Graham	Saint	LHP	Cambridge City Council	PURPLE GROUP
37		Edward	Saunders		Athene Communications	GREEN GROUP
38		Rachel	Talbot	Chief Executive	Cambridge and District Citizens Advice Bureau	RED GROUP
39		Val	Thomas	Consultant in Public Health	Cambridgeshire County Council	ORANGE GROUP
40		Dan	Thorp	Programme Manager	Combined Authority	PURPLE GROUP
41	Cllr	Peter	Topping	Chair - Health and Wellbeing Board	Cambridgeshire County Council	
42	Cllr	Susan	Van de Ven	Health and Wellbeing Board	Cambridgeshire County Council	YELLOW GROUP
43		Ian	Walker	Health and Wellbeing Board	Addenbrookes	YELLOW GROUP
44		Jonathan	Wells	Director	Cambridgeshire and Peterborough Healthwatch	ORANGE GROUP
45		Martin	Whiteley		Combined Authority	YELLOW GROUP
46		Melanie	Wicklen	Chief Operating Officer	Age UK Cambridgeshire	YELLOW GROUP
47		Austin	Willett	Chief Executive	Headway Cambridgeshire	RED GROUP
48		Lou	Williams	Service Director: Children & Safeguarding, Peterborough and Cambridgeshire	Cambridgeshire County Council	YELLOW GROUP
49		Susie	Willis	Chief Officer	Care Network Cambridgeshire	ORANGE GROUP
50		Jayne	Wisely	Head of Health and Leisure	Huntingdonshire District Council	ORANGE GROUP
51		Beverley	Young	Communications and Campaigns Manager	Age UK Cambridgeshire	BLUE GROUP

BETTER CARE FUND UPDATE

To: **Health and Wellbeing Board**

Meeting Date: **23 November 2017**

From: **Cath Mitchell, Director of Transformation and Delivery:
Community Services and Integration**

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

- a) note and comment on the report and appendices.**

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Tel:	01223 699679	Tel:	01223 706398

1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a joint budget to help health and social care services to work more closely together in each Health & Wellbeing Board Area. The BCF came into effect in April 2015. The 2017/19 plan is the third Cambridgeshire BCF Plan. Following previous discussions with the Health and Wellbeing Board, a joint plan has been developed between Cambridgeshire and Peterborough for 2017-19; however, two separate pooled budgets are to be maintained in line with statutory requirements.
- 1.2 This report and its appendices provide updates on a number of issues related to the Better Care Fund, including:
- An update on Cambridgeshire and Peterborough's joint BCF submission and approval status
 - A six-month update on health data following a request from the Health and Wellbeing Board at its meeting in March 2017
 - Progress in delivering the Cambridgeshire and Peterborough BCF Plan for 2017-19, including updates on delivery planning
 - Information on Care Quality Commission (CQC) system reviews proposed for 2018; it is possible that Cambridgeshire will undergo a review.

2.0 BCF PLAN UPDATE

- 2.1 Cambridgeshire and Peterborough submitted their joint Better Care Fund plan on 11 September 2017. On 25 October, following the national assurance and moderation process, Cambridgeshire and Peterborough's plan was assessed as 'Approved with conditions'. The decision letter noted that the joint plan met the principal conditions of approval and the majority of planning requirements; and the plan is described as 'strong'. Partners were granted permission to enter into a formal Section 75 agreement and begin transferring funding. However, partners were also asked to provide some additional information by Thursday 2 November to graduate to 'approved' status, namely to ensure:
- The BCF risk log adequately reflects risks associated with major reorganisations happening across the health and care system in Cambridgeshire and Peterborough;
 - Ensure that every risk in the plan has attached mitigating actions; and
 - Provide an explanation for the amount of funding included within the 'risk share' in the plan.
- 2.2 This information has been submitted and formal notification of approval is awaited at the time of publication; a verbal update will be provided at the meeting. Work is continuing on delivery of the initiatives contained within the BCF Plan, overseen by the Integrated Commissioning Board (ICB) for Cambridgeshire and Peterborough. Progress updates are provided in Appendix 1, the Delivery Plan summary reported to the ICB on 20 November 2017, highlighting progress in each of the BCF project areas.

3.0 SUPPLEMENTARY REPORT ON HEALTH DATA

3.1 At the request of the Health and Wellbeing Board in March 2017, Appendix 2 provides an overview of the latest health data from 2015/16 to 2017/18 (year to date to August 2017).

- Emergency department attendance for 2015-16 remained relatively flat with some seasonable variance and although attendance started to increase in peaks and troughs it began to drop off again in August 2017. The recent change to the Joint Emergency Team (JET) criteria focussing on admissions avoidance has shown, via independent GP audits of JET activity, an increase in the genuine and verified admission avoidance rate from 28% to 42%.
 - From the data available to August 2017, admission volumes across the patch for non-elective admissions are increasing with slight provider trend variation. Cambridgeshire and Peterborough local authorities are currently on plan for activity. The CCG's Care Home Support Team (CHST) has been working with a range of care homes across the Cambridgeshire and Peterborough area. There has been a clear reduction in non-elective admissions from those care homes receiving the input from the CHST. We have seen a reduction across all providers of coded Mental Health non-elective admissions since the Mental Health Crisis Assessment service went live in September 2016.
 - Delayed transfers of care - where a patient was medically fit for discharge, but their discharge was delayed because the required health or social care support systems were not in place - remained an area of challenge.

4.0 DELAYED TRANSFERS OF CARE UPDATE

4.1 Delayed Transfers of Care (DTOC) have remained a significant challenge in Cambridgeshire and Peterborough throughout the first two quarters of 2017/18 and into the third. Through the Better Care Fund, partners invested in a number of immediate initiatives to support delivery of the ambitious national DTOC target of 3.5% of bed days by November. Initiatives include:

4.2 Dedicated Social Worker to support Self-Funding Service Users at Addenbrooke's

Whilst the number of delayed transfers of care for self-funders at Addenbrooke's is relatively low, the length of each delay is significant. A large proportion of delays relate to self-funders with more complex needs who may require assessment for ongoing support or placement following discharge from hospital. This often requires completion of further statutory assessments placing increasing pressure on existing resource. In order to reduce delays within this area, Cambridgeshire County Council (CCC) are recruiting a dedicated Social Worker to support self-funding service users with more complex needs through the discharge process. Recruitment to this post has commenced.

4.3 Transfer of Care

To support a coordinated, system wide approach to managing transfer of care, CCC will be recruiting 2 full-time equivalent Social Worker Strategic Discharge Leads aligned to Addenbrooke's and Hinchingbrooke to support discharge pathways into the community, helping to embed the new Discharge to Assess model. CCC is aiming to recruit to these posts by November 2017.

4.4 Admission Avoidance within Locality Teams

An increase in demand and the need to ensure all packages of care are based on a Care Act compliant assessment which takes longer than a standard review has led to a significant level of outstanding reviews across Locality Teams. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. CCC are therefore recruiting additional resource to ensure a focused effort on reducing this backlog is undertaken in order to reduce the impact this could have on DTOC and increased spend due to increases in care need over the winter period. Recruitment of additional posts has commenced.

4.5 Domiciliary Care Provision

A new Home and Community Support Contract commenced from 1 November 2017. The new contract has enabled CCC to take a consistent approach to commissioning domiciliary care provision across all service areas including Older People and Physical Disabilities, Mental Health, Learning Disabilities, Continuing Healthcare and Children's Community Services. The tender exercise has been successful in increasing the number of providers delivering homecare services on behalf of CCC, and is therefore expected to support an incremental increase in capacity from November. The approach is also being supported by a centralised homecare brokerage service which commenced from 6 November 2017. It is envisaged this service will allow for greater oversight and management of capacity across the County.

4.6 Homecare and Discharge Cars

CCC will continue to commission a Discharge and Transition Car service, as part of the Home and Community Support Contract. This service will prioritise hospital discharge in providing interim domiciliary care provision where there is lack of capacity in the mainstream domiciliary care contract. This service will be provided for up to six weeks to support management of DTOC, and will be managed by the centralised Homecare Brokerage Team to ensure available provision is maximised.

4.7 Reablement Provision

A specialist recruiter is being commissioned to work with Peterborough City Council (PCC) and CCC to support increasing reablement capacity by 20% from Monday 9 October. This will include dedicated recruitment to additional Reablement Support Worker and Social Worker posts. 100% of recruitment is planned for the end of December 2017.

4.8 Short Term Reablement Beds

To support ongoing management of winter pressures, CCC will continue to commission existing short term reablement beds at Doddington Court. In addition to this, a number of other reablement beds will be commissioned for 6 months to ensure the reablement team have capacity to enable early intervention to reduce the demand for higher cost placements across the service and support hospital discharge flow across the county throughout this winter. CCC are currently at the final stages of agreeing a service level agreement with the provider of additional bed capacity.

4.9 Discharge to Assess (D2A) Pathway

CCC is working with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the wider system to support implementation of the D2A STP business case. A trial Single Point of Contact (SPOC) for discharges continues this week, operating across all three Cambridgeshire and Peterborough acute trusts. The long term design of the model and SPOC is ongoing and will build on good examples of practice across the system.

4.10 Continuing Health Care (CHC) 4Q Hospital Discharge Pathway

Agreement to progress implementation of a three month CHC 4Q pilot for hospital discharges has been agreed. The aim of the pilot is to implement a hospital pre-screening tool (4Q test) to prevent assessment related discharge delays. An implementation workshop and staff training has been held. Further staff training is planned this week to share learning from the Peterborough City Hospital Go Live. The pilot went live in Hinchingbrooke and Addenbrooke's on 1 November 2017.

4.11 Community Equipment & Assistive Living Technology

Community Equipment and Assistive Living Technology Services will continue to prioritise hospital discharge in deploying equipment to support high risk support packages to both community and residential settings to manage risks and reduce the likelihood of readmission and manage DTOC pressures. In addition to activities funded through the Improved Better Care Fund (IBCF), the CCC Assistive Technology Team will also be piloting Telecare Enabled Discharge. This pilot will aim to engage individuals in using assistive living technology to meet their support needs and maximise their independence as early as possible on discharge from hospital. This should ultimately enable each individual to achieve a sustainable recovery, reducing future readmissions and preventing an increase in the cost of care.

5.0 CARE QUALITY COMMISSION (CQC) AREA REVIEW

- 5.1 Following the additional funding for adult social care through the 'Improved Better Care Fund', the CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focussed on the interface of health and social care. Reviews will look at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. This will be a system-wide review, not just social care.

- 5.2 The reviews will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. They will make an assessment of the governance in place for the management of resources and scrutiny of local authorities plans for use of better care fund money.
- 5.3 20 “challenged” areas in total will be reviewed by the CQC. These reviews will predominantly focus on areas that have been deemed to be underperforming by Government based upon published Local Authority Performance Metrics which are weighted in order to make Delayed Transfers of Care the main focus.
- 5.4 The first tranche of reviews (Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, Bracknell Forest, Manchester, Halton, Trafford, Stoke-on-Trent), are expected to be completed by December 2017. The remaining eight areas, which have yet to be announced, are scheduled to be completed by April 2018. The first review (of Halton, North West England) has been published and is available online at:
http://www.cqc.org.uk/sites/default/files/20171012_local_system_review_halton.pdf
- 5.5 The reviews will be used to inform decisions about future Government social care grants to councils and how to plan for handling winter pressures. Poor performance will be highlighted and findings will be reported to the Health and Wellbeing board. “Support” for improvement will be provided where needed along with possible financial sanctions for authorities which do not improve.
- 5.6 Cambridgeshire may be inspected between January and April, although the list of areas to be inspected over this period has not yet been confirmed. In order to prepare for a potential inspection, a county steering group (Peterborough and Cambridgeshire) has been set up which would meet monthly to cover key preparations to include the local system overview information request, relational audit (survey), data, self-assessment / position statement, supporting evidence documentation, case studies, case auditing etc. In the event of an inspection the group would look to host a preparation workshop towards the end of the year, involving key staff from the local authority, partner organisations and patient forum groups.
- 5.7 It is likely that if a review is conducted of Cambridgeshire, Members of the Health and Wellbeing Board will be interviewed and involved in workshops and focus groups. The Board may wish to consider what briefing would be helpful for the Board in the event of a review.

6.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- Note and comment on the report and appendices

7.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

This work is relevant to priority 6 of the Health and Wellbeing Strategy: Work together effectively.

Source Documents	Location
None	

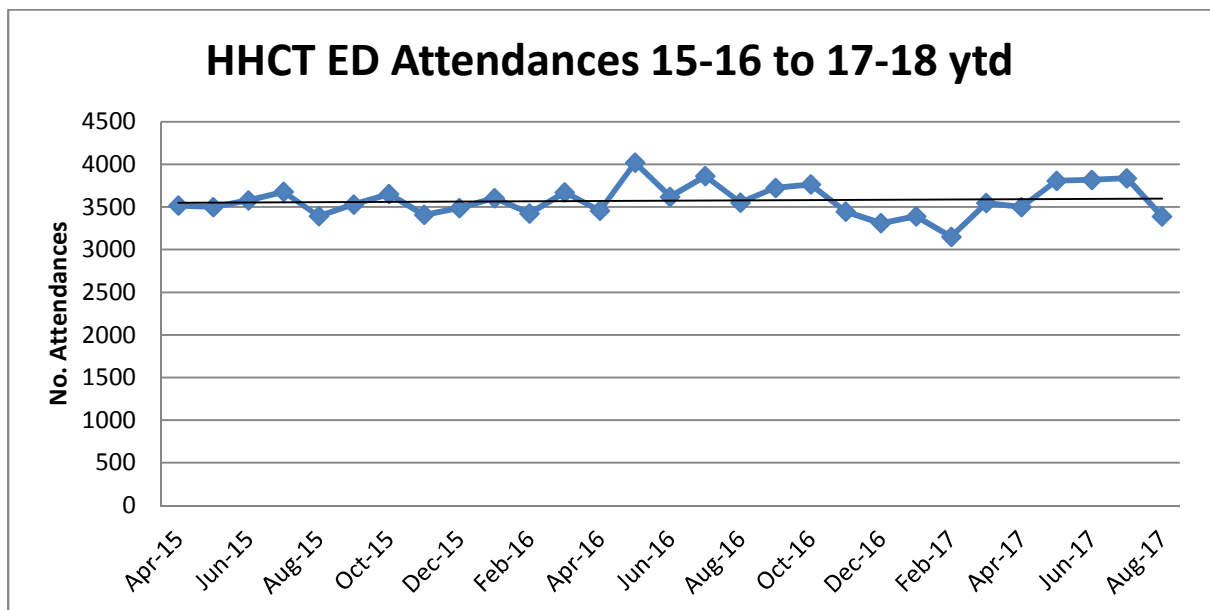
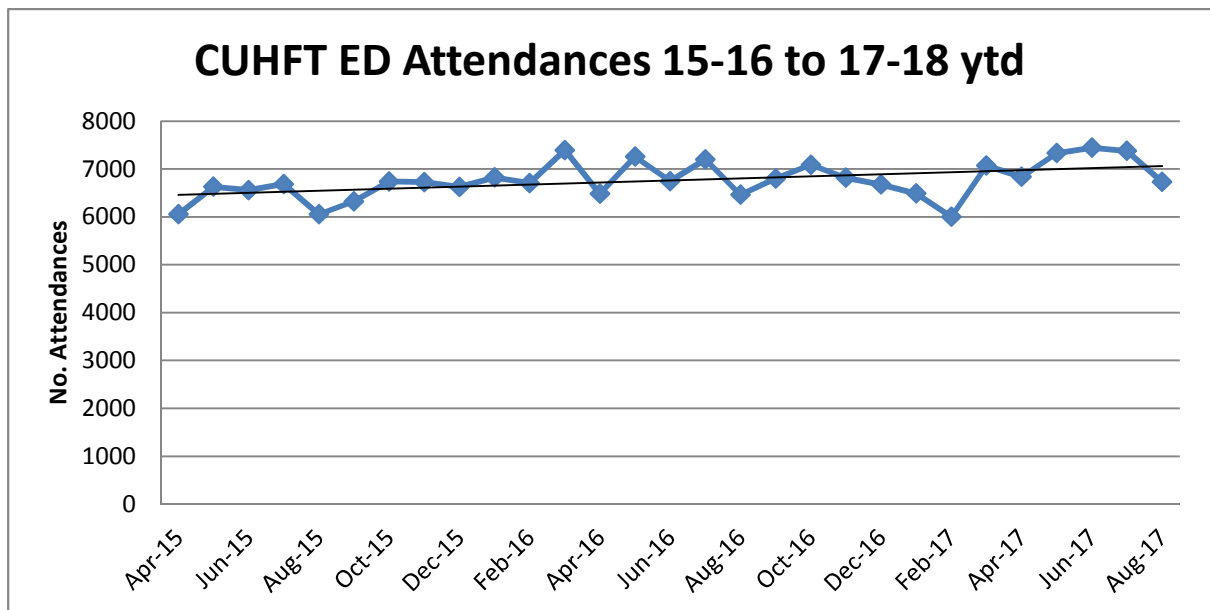
Focus Area	Key Area	Description	Governance & Delivery			Project Status		Timescale	Progress update	key Risks / Issues		last updated									
			Primary Governance	Accountable Officer (SRO) & Agency	Operational Leads	Current Project Stage	RAG Status														
Prevention & Early intervention	Community Equipment, DFG, Assistive Tech	Integrating AT with neighbourhood teams - Integrating AT with Primary Care - Deploy monitoring equipment - Enhanced response service - Review network of call centres / monitoring hubs - Increasing reach of AT - Integrating AT geographically and across user groups	Integrated Commissioning Board	Cath Mitchell, CCG	Operational Lead: Diana Mackay	DEVELOP	Pending	Approach fully scoped and implementation plan developed - December 2017 Implementation of new approaches: March 2018													
	Ageing Well: Falls Prevention	- Develop and implement a falls prevention mass media campaign - Enhance and expand CPFT strength and balance exercise rehabilitation - Enhance/establish specialist falls prevention health trainer service in Cambridgeshire and Peterborough - Strengthen falls prevention delivery and integration in the community - Develop, and implement Fracture Liaison Services (FLS) across Cambridgeshire and Peterborough acute trusts - Public health falls prevention coordinator to lead, co-ordinate, monitor and evaluate the implementation of the programme and facilitate system-wide integration	STP-PCIN Delivery Group	Katie Johnson, Public Health	Project Lead: Helen Tunster Clinical Lead: Jackie Riglin HR Lead: Sarah Dunlevy / Tara Sutton Comms Lead: Mark Cole Finance Lead: Tracy Shepherd / Clare Andrews	DEPLOY	On Track	1. Falls primary prevention campaign: 01/01/18 - 27/8/18 2. Enhancement and expansion of strength and balance training provision: 01/10/17 - 8/1/18 3a. Enhancement of Falls Prevention Health Trainer Service - Peterborough: 19/06/17 - 8/1/18 3b. Enhancement of Falls Prevention Health Trainer Service - Cambridgeshire: 19/6/17 - 8/1/18 4. Strengthening falls prevention delivery and integration in the community: 1/4/17 – 7/11/17 5. Development and implementation of Fracture Liaison Service: 1/9/17 – 1/4/18	<table><tr><th>Top 3 Achievements</th><th>Areas of focus</th></tr><tr><td>1. One band 7 started on 1/10/17 and start dates of the three others have been agreed (7/11/17 and 21/11/17) 2. Band 4 therapy assistants posts advertised and shortlisting taken place 3. Everyman Health Falls Prevention Health Trainer service contract variation issued.</td><td><ul style="list-style-type: none">Develop falls communicationsConsider and plan mechanisms for increasing pace of implementationComplete FLS scoping reportContinue contract negotiations for Peterborough falls prevention health trainer servicesFinalise KPI trajectory</td></tr></table>	Top 3 Achievements	Areas of focus	1. One band 7 started on 1/10/17 and start dates of the three others have been agreed (7/11/17 and 21/11/17) 2. Band 4 therapy assistants posts advertised and shortlisting taken place 3. Everyman Health Falls Prevention Health Trainer service contract variation issued.	<ul style="list-style-type: none">Develop falls communicationsConsider and plan mechanisms for increasing pace of implementationComplete FLS scoping reportContinue contract negotiations for Peterborough falls prevention health trainer servicesFinalise KPI trajectory	<table><tr><th>Risk</th><th>Score</th></tr><tr><td>Delay in falls assessments completed by nurses in Huntingdonshire and data collection due to issues accessing IT template when agile working</td><td>9</td></tr><tr><td>Contract negotiations with Solutions4Health in regards to the Falls Prevention Health Trainer service may take longer than planned</td><td>12</td></tr></table>	Risk	Score	Delay in falls assessments completed by nurses in Huntingdonshire and data collection due to issues accessing IT template when agile working	9	Contract negotiations with Solutions4Health in regards to the Falls Prevention Health Trainer service may take longer than planned	12	Sep-17
	Top 3 Achievements	Areas of focus																			
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Contract negotiations with Solutions4Health in regards to the Falls Prevention Health Trainer service may take longer than planned	12																				
Ageing Well: Stroke prevention / Atrial Fibrillation	Develop and deliver programme for patients on the AF register not currently receiving anticoagulation. Targeted opportunistic case finding	STP-PCIN Delivery Group	Sue Watkinson, CCG	Project Lead: Jackie Brisbane Clinical Lead: Amrit Takhar Comms Lead: Helen McPherson Finance Lead: Neil Williamson	DELIVER	On Track	Scoping/Design: 06/03/17 – 17/04/17 Delivery Lead-Time: April to end June 2017 Works/Installation/Commissioning: April to end of June 2017 Practical Completion/"Go Live"3: End of June 2017 Post-Project Evaluation: January 2018	Top 3 Achievements 1. SLA signed by 22 practices 2. Training event well attended and online training available for practise for GRASP-AF installation 3. Templates ready for flu clinics Areas of Focus • Equipment testing for ECG's to be finalised for roll out in flu clinics • Templates need to be confirmed as ready for identifying the patients. • Follow up with smaller practises that haven't signed up to see what support can be offered and whether they have gone with GPN offer.	No significant risks	Sep-17											
VCS Joint commissioning	Mapping existing provision and identify opportunities for joint commissioning Develop strategic plan with partners to roll out joint commissioning	Integrated Commissioning Board	Cath Mitchell, CCG	CCG: Gill Kelly PCC/CCC: Oliver Hayward	DEVELOP	Slippage	1st phase Joint Commissioning Plan to include: March 2018 1. Process for co-production agreed and people identified 2. Set up VCS reference group 3. commissioners' total VCS & community resilience building spend, activity & contracts mapped 4. joint outcomes framework developed & agreed 5. return on investment assessment tool / process developed 6. develop costed plans to achieve outcomes - building on H&WB Strategies and informed by Wellbeing Summit outputs 7. incorporation into other plans system wide plans as relevant e.g. BCF, Council, STP 8. Agree governance to oversee plan implementation 9. Identify further investment opportunities Single Wellbeing Network commenced: December 2017	opportunities are being identified through the Joint commissioning board													
Community services & MDT	MDT Case Management	Stratified Patient List: Developing effective interventions to support frail older people and adults with long term conditions/disability is establishing a robust mechanism to identify these patients who are at risk (case finding). Joint Care Plan:co-produce a shared care plan, which will quickly inform professionals of agreed care plans Integrated System Pathway to admission and discharge: Ensure an integrated pathway from early identification of need, through intermediate care provision to long term care support and supported early discharge Patient Based Information Sharing: MDT working systems to share patient data and appropriate information governance will be developed to ensure seamless care and reducing the need for the patient to tell their story more than once	STP-PCIN Delivery Group	John Martin, CPFT	Project Lead: Laura Searle Clinical Lead: Rhiannon Nally / Ben Underwood HR Lead: Cathy Mayes Comms Lead: Andrea Grosbois Finance Lead: Tracy Shepherd	DEPLOY	On Track	Phased roll out of case management to non-Trailblazer sites: to commence April//May 17. Pseudonymised tool for case finding rolled out: to commence August 2017. Joint Care Plan developed: January 2018. Frailty tool training implemented: to commence September 2017. Patient held record/information sharing approach implemented: March 2018.	Top 3 Achievements 1. Business case supported by HCE 2. Checks and references completed for B6 & 7 appointments. Final offers sent, start dates being confirmed. Areas of Focus 1. Training and on-boarding for new staff 2. HCA and Admin recruitment 3. Engagement and integration system-wide via STP cardiology network (group to be established) and via Peterborough respiratory & cardiology services vertical integration initiative	Staff unable to travel for training. Staff training only available in Cams - Score 9 Financial risk to CPFT if notrecurrently funded by CCG - Score 9	Sep-17										

Focus Area	Key Area	Description	Governance & Delivery			Project Status		Timescale	Progress update	key Risks / Issues	last updated
			Primary Governance	Accountable Officer (SRO) & Agency	Operational Leads	Current Project Stage	RAG Status				
DTOC / HIC	8 HIC Model	Delivery of the 8 HIC to manage discharges, supporting the system to deliver the 3.5% DTOC target. Including: - Early discharge planning (Elective & Emergency) - Systems to monitor patient flow - Multi-disciplinary / Multi-Agency Discharge - Home First / Discharge to Assess - Seven Day Service - Trusted Assessor - Focus on Choice - Enhancing Health in Care Homes	A&E Delivery Boards (NWAFT & CUH)	Refer to DTOC Plans	Refer to DTOC Plans	DEPLOY	On Track	Refer to DTOC Plans	<p>Reablement : 20% increase in capacity - recruitment trajectory on track for PCC and CCC. Specialist recruiter in place to support. PCC: 12 additional step-down beds are being purchased from Clayburn Court to provide additional capacity over the coming months. Mobilisation is planned in a phased way over the next 6 weeks. CCC: continued commissioning of existing short term reablement beds at Doddington Court. In addition to this, a number of other reablement beds will be commissioned for 6 months and CCC are currently at the final stages of agreeing a service level agreement with the provider of additional bed capacity.</p> <p>Equipment and AT PCC: Moving and Handling Coordinator Occupational Therapist is now in post and is based within the Transfer of Care Team (TOCT). 7 Day Lifting Response service being implemented by Cross Key Homes, to commence 6/11. CCC: Community Equipment and Assistive Living Technology Services continue to prioritise hospital discharge in deploying equipment to support high risk support packages to both community and residential settings to manage risks and reduce the likelihood of readmission and manage DTOC pressures.</p> <p>VCS Provision: PCC: British Red Cross will be based in the Emergency Department to provide low level support and avoid unnecessary admissions. Go live implemented on the 16/10.</p> <p>Discharge to Assess (D2A) Pathway D2A Steering Group & Operational group established with full system commitment. High level operating model for SPOC and D2A agreed with D2A steering group. Phase 1 SPOC go live 19th September during DTOC week</p> <p>Continuing Health Care (CHC) 4Q Hospital Discharge Pathway Agreement to progress implementation of a 3 month CHC 4Q pilot for hospital discharges has been agreed. An implementation workshop and staff training has been held. Implementation commenced 6/11.</p> <p>Trusted Assessor PCC: joint Care Home pilot with South Lincolnshire County Council and LINCA to roll out in PCH from beginning December 2017.</p>	<p>Risk of recruitment to large number of ICW and reablement support worker posts across the system</p> <p>Capacity at end of d2a pathway needs to be in placed, or will impact on patient flow.</p>	Oct-17
Information, Communication and Advice	Information, Communication & Advice	Deliver a trusted source of 'one version of the truth', enabling information and advice provided to customers to be consistent, accurate and comprehensive; regardless of the point of access.	Integrated Commissioning Board	Charlotte Black, PCC/CCC	CCG: Nigel Gausden PCC: Tina Hornsby CCC: Ed Strangeways CVS: Louise Porter	DEVELOP	On Track	<p>1 Stage 1 - LGA Funded Demonstrator / Proof of Concept Develop MIDOS test environment: 08/09/2017 Test MIDOS: 15/09/2017 Produce Stage 1 evaluation - proof of concept report: November 2017</p> <p>2 LIP Search Platform Development - Go Live Go Live: March 2018</p> <p>3 Directory of Services Development March 2018</p> <p>4 Front End Search Functionality March 2018</p>	<p>The persona development and lead researchers report has been finalised. The Data Standards have been developed. The working group has now been reformed as the Information and Data Standards Quality Group with a remit of the ongoing monitoring and embedding of compliance with standards across the partnership. LGA funded MIDOS test demo has been developed and tested. Evaluation report and toolkit being drafted. Next steps: develop approach and plan for moving to a live system wide solution.</p>	If the cost of IT solution that meets the requirements of the specification is overly prohibitive, then this will impact on the ability to deliver a system wide solution. - Score 9	Oct-17
iBCF Housing	Investing in Housing for vulnerable groups	1. commit funds to enable acquisition of property. 2. property purchase. 3. accommodation available. 4. clients move in. 5. care plans review. 6. Savings available	Integrated Commissioning Board	Oliver Hayward, PCC/CCC	CCG: Richard O'Driscoll PCC: Nigel Harvey Whitten CCG: Cath Mitchell	DEVELOP	On Track	<p>1. Agree principles / prepare Business Case Mid August 2017 2. Start to source property (to meet time-line) August 2017 onwards 3. Property (accommodation) available Mid February 2018 4. Clients move in and benefits start to be realised. Mid March 2018</p>	<p>Progress is being made to establish the commercial arrangements and selection criteria to support delivery of the project and ensure maximum impact is achieved,</p>	None to report.	Oct-17

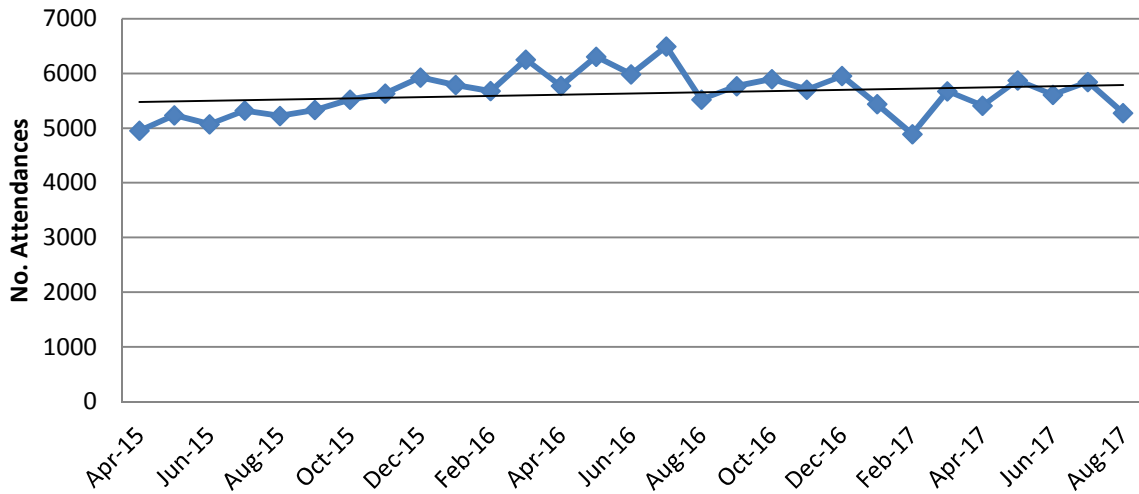
Better Care Fund (BCF) Supplementary Report on Health Data to H&WB Board
2015/16 – 2017/18 YTD (August)

1. Emergency department (ED) Attends

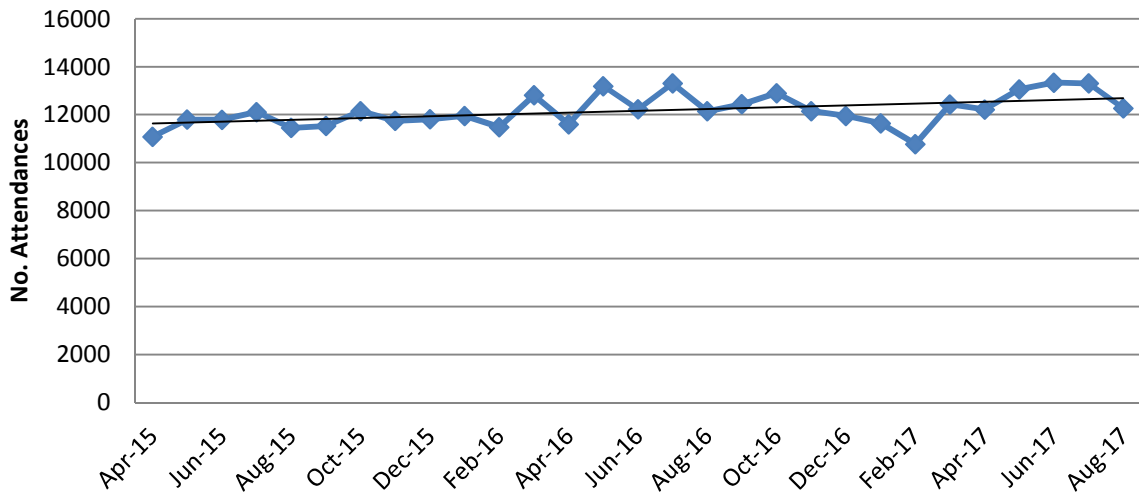
a. Charts – Main Providers & Local Authority



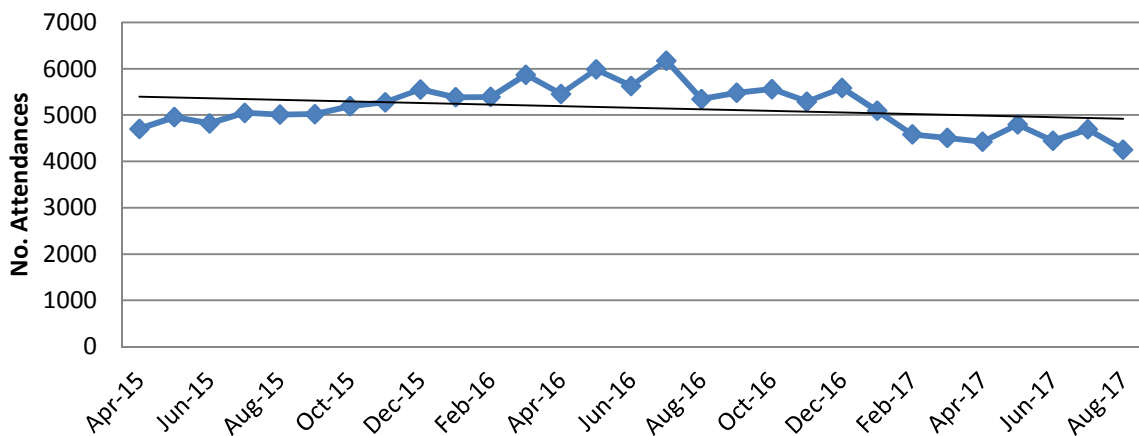
PSHFT ED Attendances 15-16 to 17-18 ytd

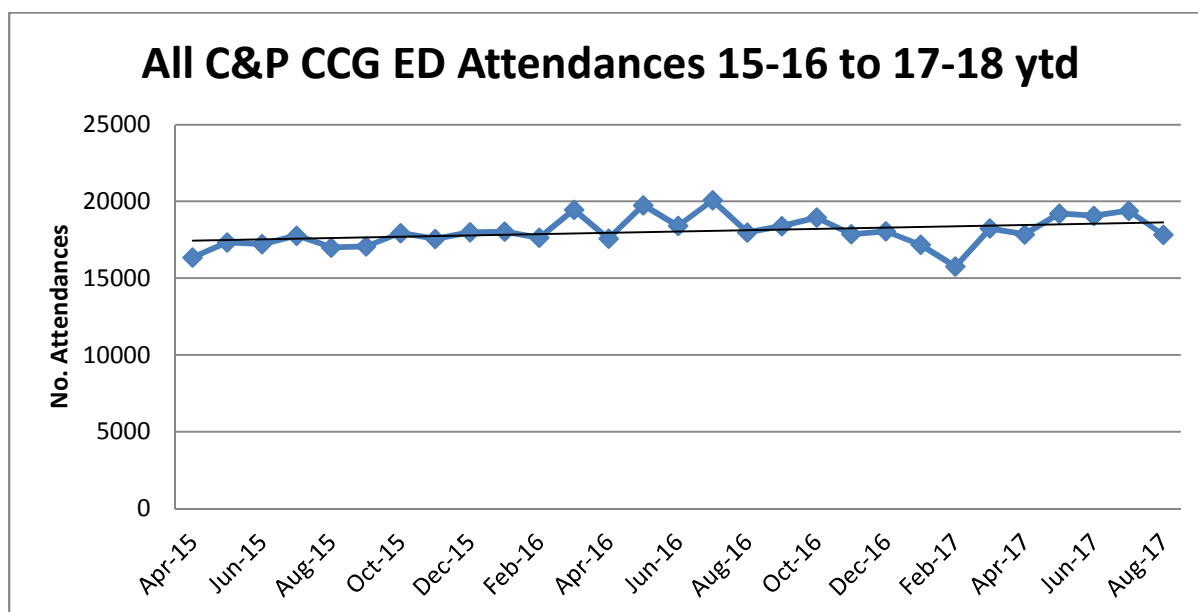


Cambs LA ED Attendances 15-16 to 17-18 ytd



Peterborough LA ED Attendances 15-16 to 17-18 ytd





All graphs show identical trend patterns. 15-16 activity remains relatively flat albeit with monthly and seasonal variation. Attendances then start to increase in peaks and troughs before starting to drop off again in August 2017. Services that have had impacts are as follows:

JET:

Began operating in April 2016 but was seeing a lot of primary care activity to begin with, mainly through GP referrals, as opposed to providing admission avoidance treatment to the right patient cohorts.

The criteria for JET has been refined to now focus on admissions avoidance. Since the adoption of this new criteria, independent GP audits of JET activity have demonstrated an increase in the genuine and verified admission avoidance rate from 28% to 42%. At the same time a robust communications and engagement plan with GPs and other referrers has led to an improved referral and utilisation rate for the JET service. Both admission avoidance and utilisation rates are currently rising.

The JET service recruitment process has been ongoing and so far has been on track to achieve the target for numbers of new staff recruited to deliver the new expanded service. The first phase of including an Intermediate Care Worker service within JET began from the beginning of October

Mental Health Crisis Assessment and First Response:

FRS provides a comprehensive crisis assessment pathway, covering all ages, and providing a genuine alternative to A&E. From its inception the service has demonstrated that it can reduce A&E attendance and therefore provide savings for the urgent and emergency care system, as well as improve patient care and safety. The service has demonstrated an immediate decline in the use of ED for MH with a 20% reduction in attendance despite the local context of many years of rapidly increasing figures.

NHS 111 / IUC:

There is provision in the IUC contract for a GP to be in the IUC call center to review ED dispositions and green ambulance with a view to downgrading the disposition to a more clinically appropriate pathway and thus avoiding unnecessary conveyances/ED attendances.

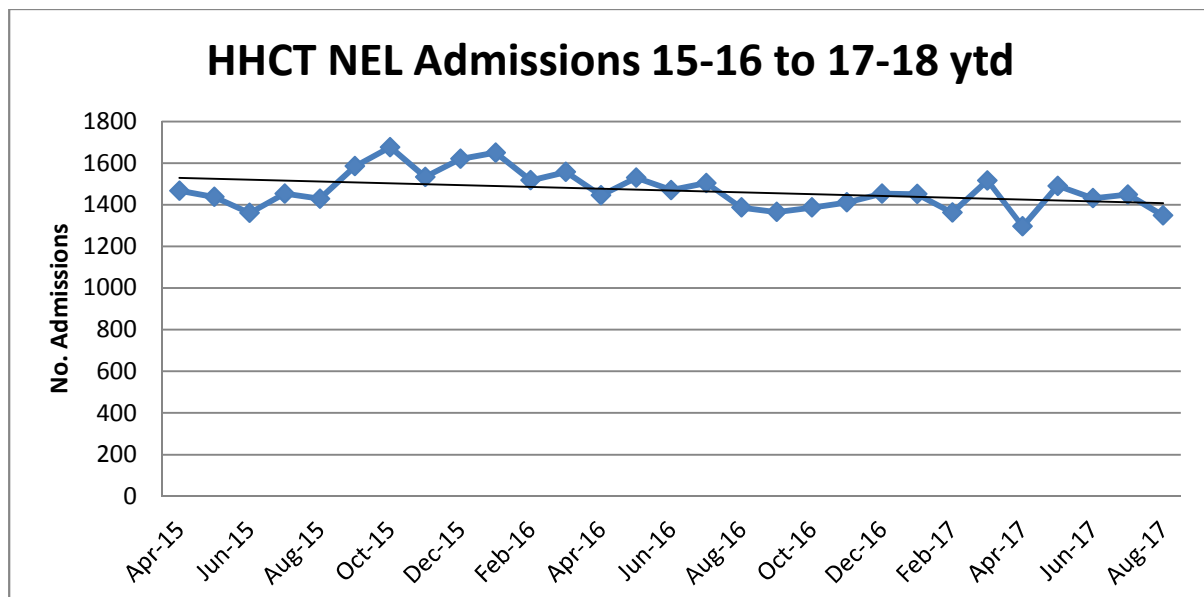
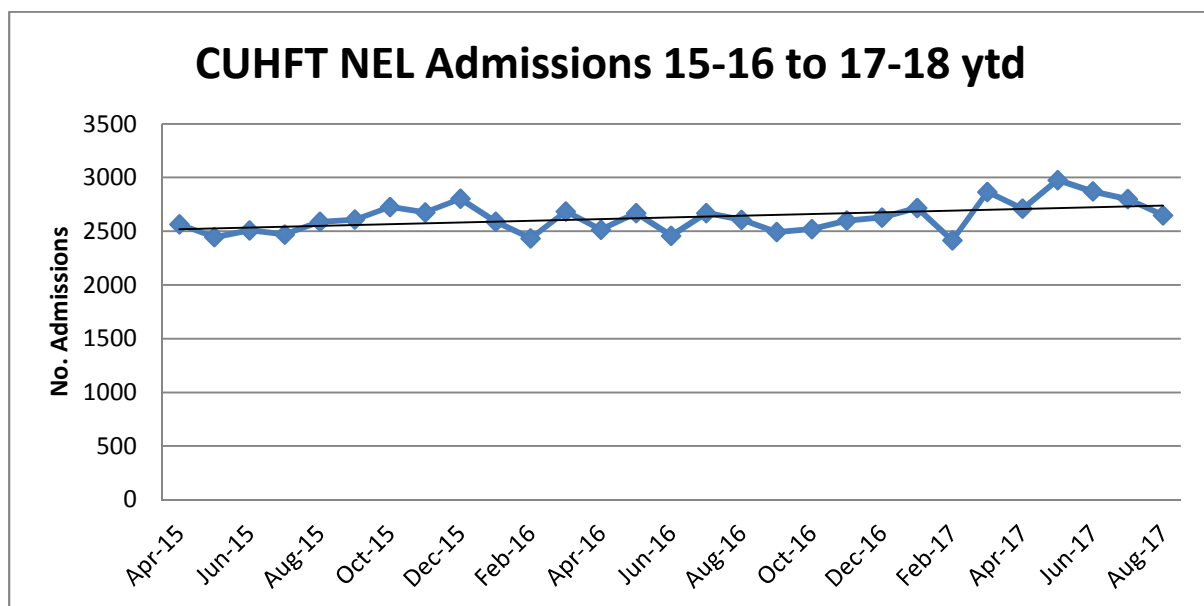
In addition, at peak OOH times there are pharmacist and dental nurse capacity to enable patients calling NHS 111 to be directed (warm transferred) to a clinician to get advice and

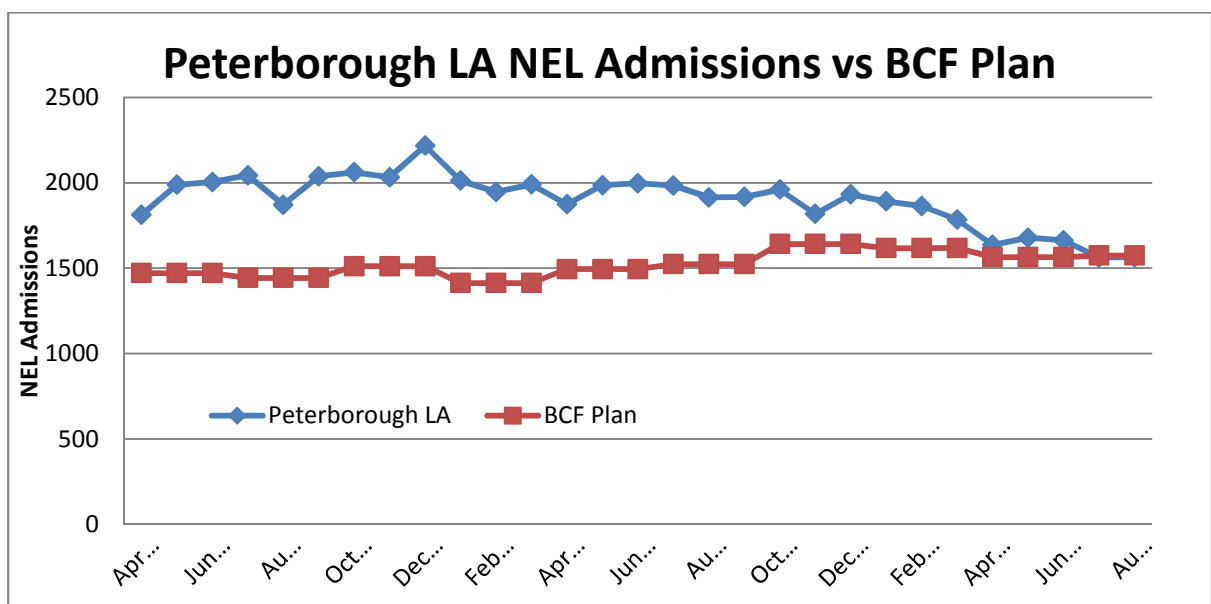
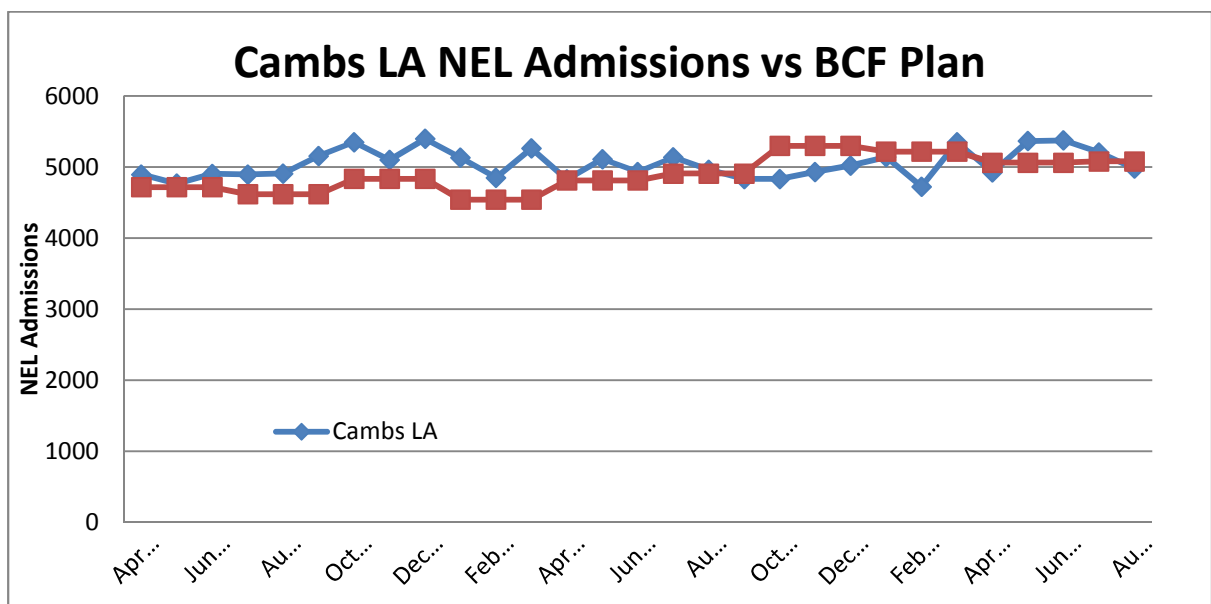
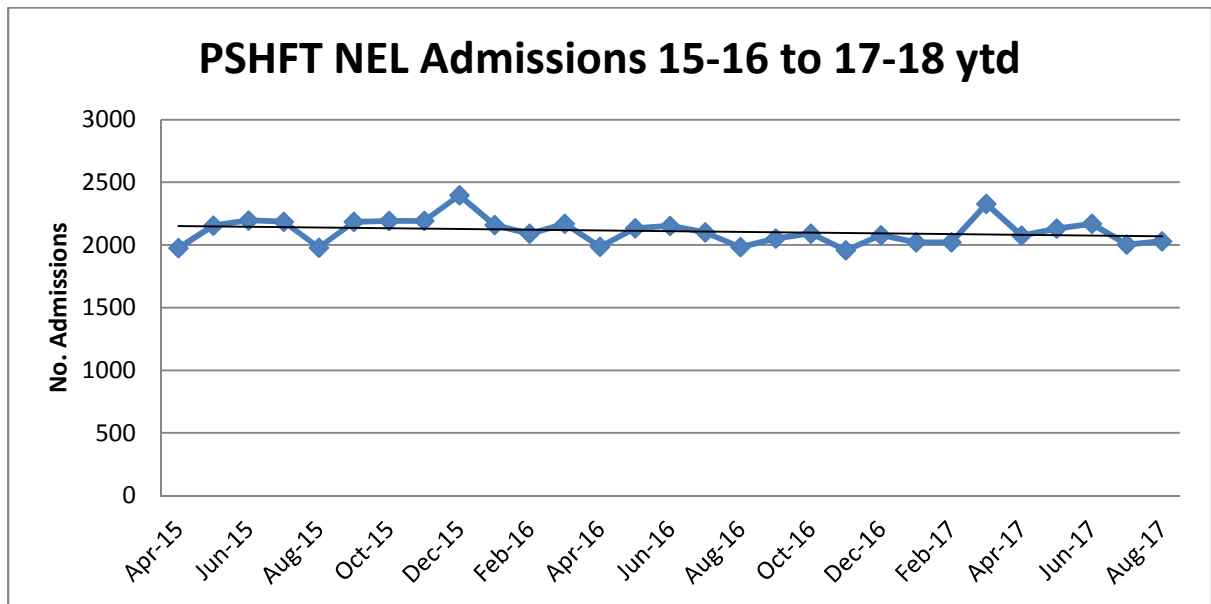
guidance and in the case of emergency dental needs, get access to the Dental Access Service appointments.

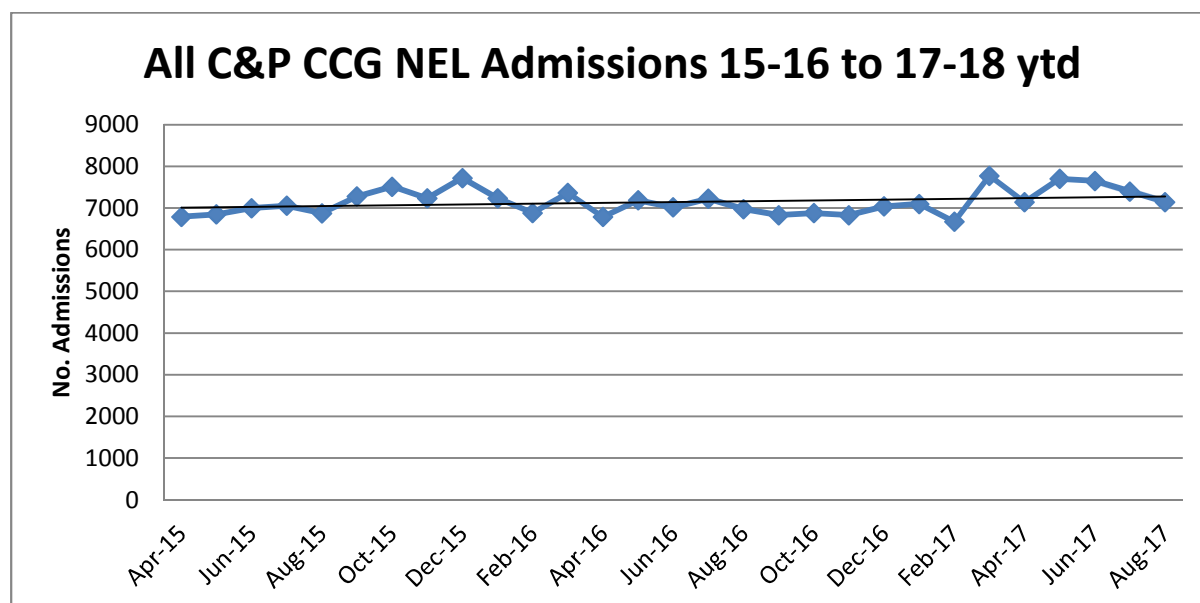
The use of IUC telephony via Interactive Voice Recognition (IVR) plays a big part in helping patients experiencing a mental health crisis to get the right help, by the right people. “Press Option 2” allow callers to gain immediate access to a mental health practitioner as part of the award winning Mental Health First Response Service (FRS).

2. Non Elective Admissions (NEL)

a. Charts – main providers and Local Authority







Figures are from SUS data, which is different to the monthly activity reports (MAR) which the BCF Quarterly reports are based upon. Admission volumes across the patch are reducing with slight provider trend variation. Cambridgeshire and Peterborough LA's are currently on plan for activity. The services detailed below have had the following impacts on NEL admission activity this year:

JET:

Began operating in April 2016 but was seeing a lot of primary care activity to begin with, mainly through GP referrals, as opposed to providing admission avoidance treatment to the right patient cohorts.

Improved access, referral numbers and treatment volumes for admission avoidance activity since September 2016 are still rising, suggesting that JET is a key driver behind the reduction in NEL admission numbers, especially in Huntingdon where this is reflected in HHCT's consistent downward trend since August 16. JET isn't so well utilised in the Cambridge system, but utilisation within the Cambridge system has been increasing since focusing the JET communications/engagement plan on the Cambridge system GP practices

Care Homes:

The CCG's Care Home Support Team (CHST) has been working with a range of care homes across the C&P region. There has been a clear reduction in NEL admissions from those care homes receiving the input from the CHST, especially at PSHFT where the team has been concentrated for the longest, and this is shown in the overall reduction in admissions.

In addition the team work with homes and Hospital Trusts to improve the quality of discharges, and have recently introduced the widely reconsidered red bag scheme as well as running cross sector discharge workshops.

Mental Health Crisis Assessment and First Response:

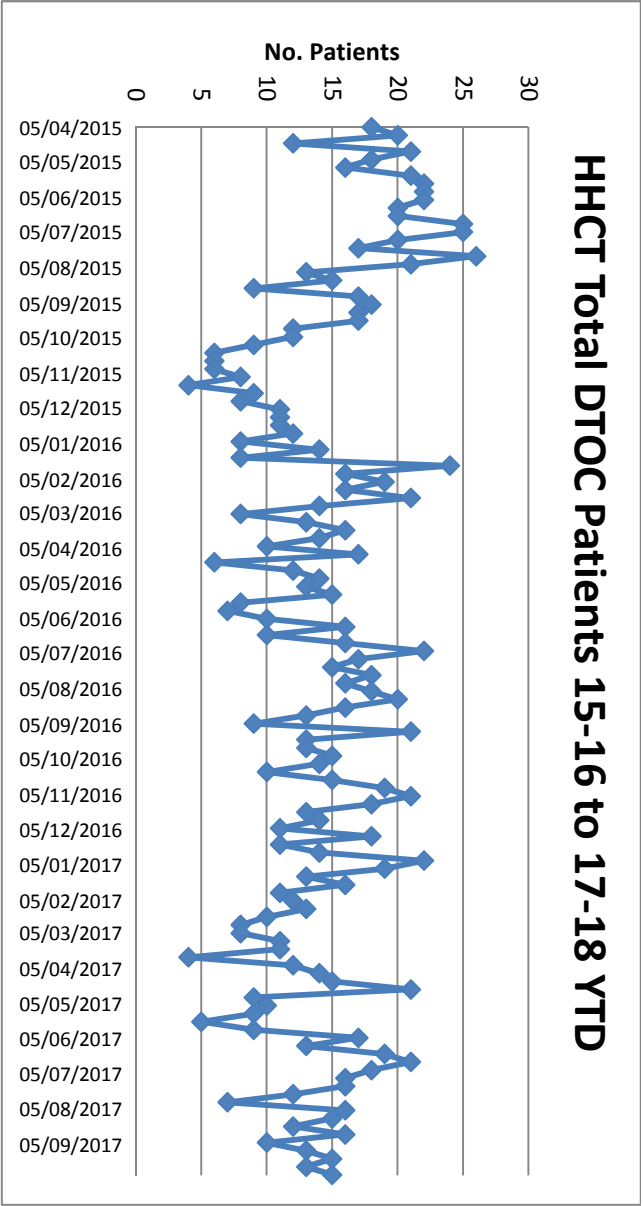
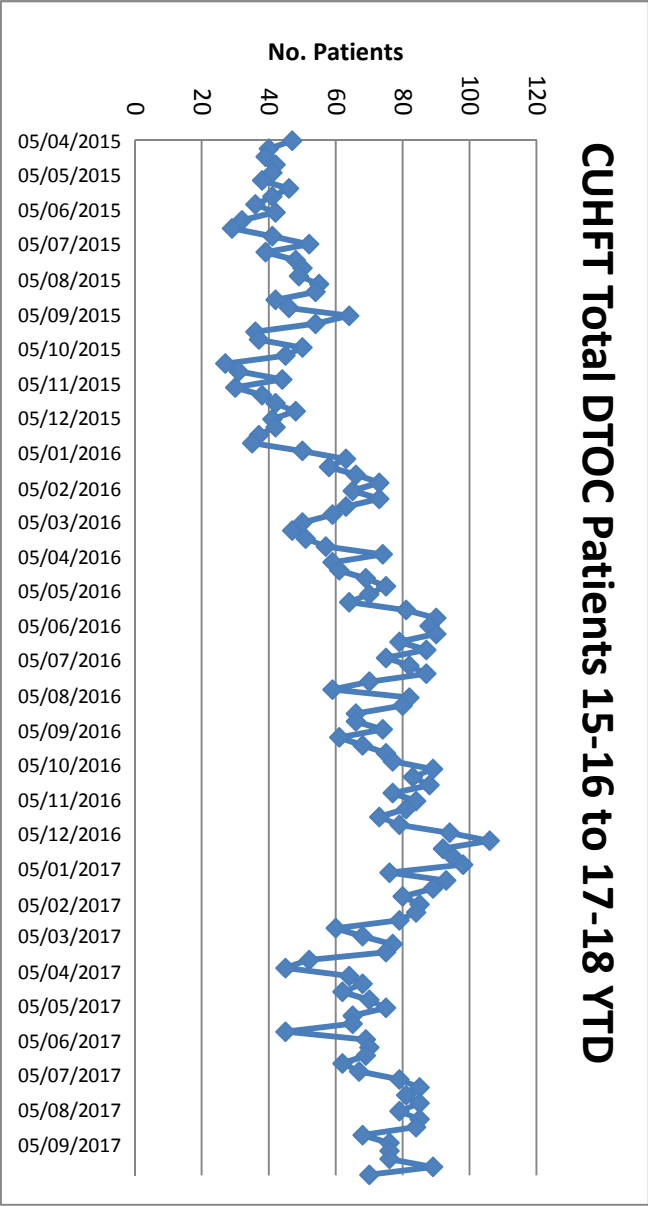
We have seen a reduction across all providers of coded Mental Health NEL admissions since service went live in September 2016. Analysis is currently underway to measure the reduction in numbers of MH patients admitted to Acute Hospitals from ED.

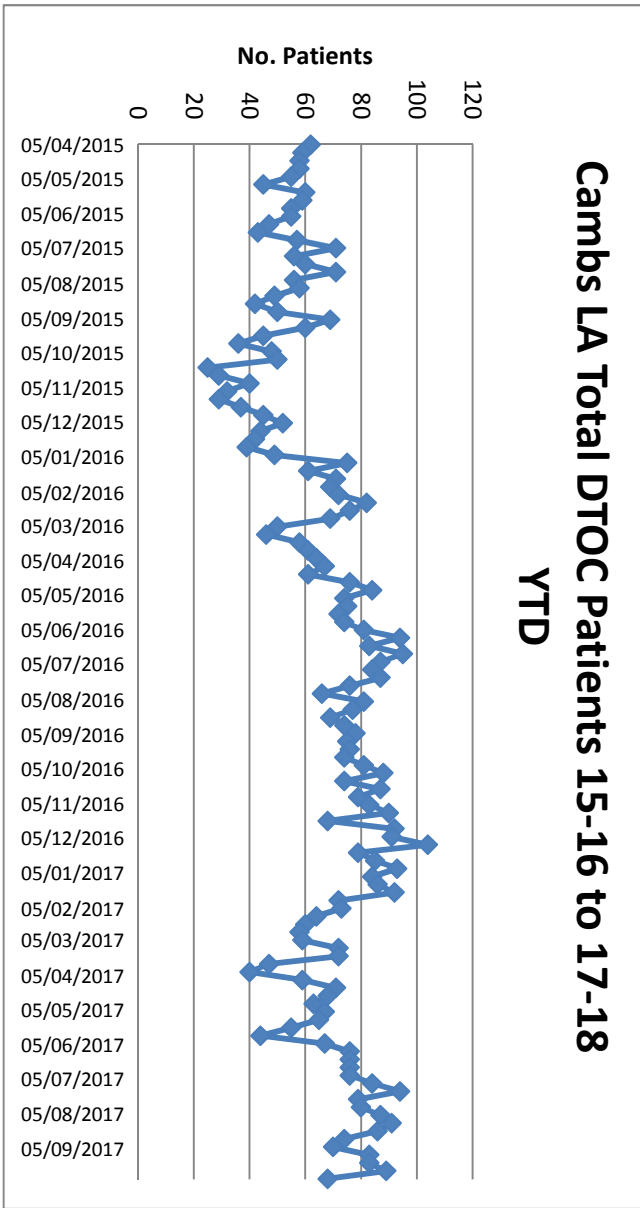
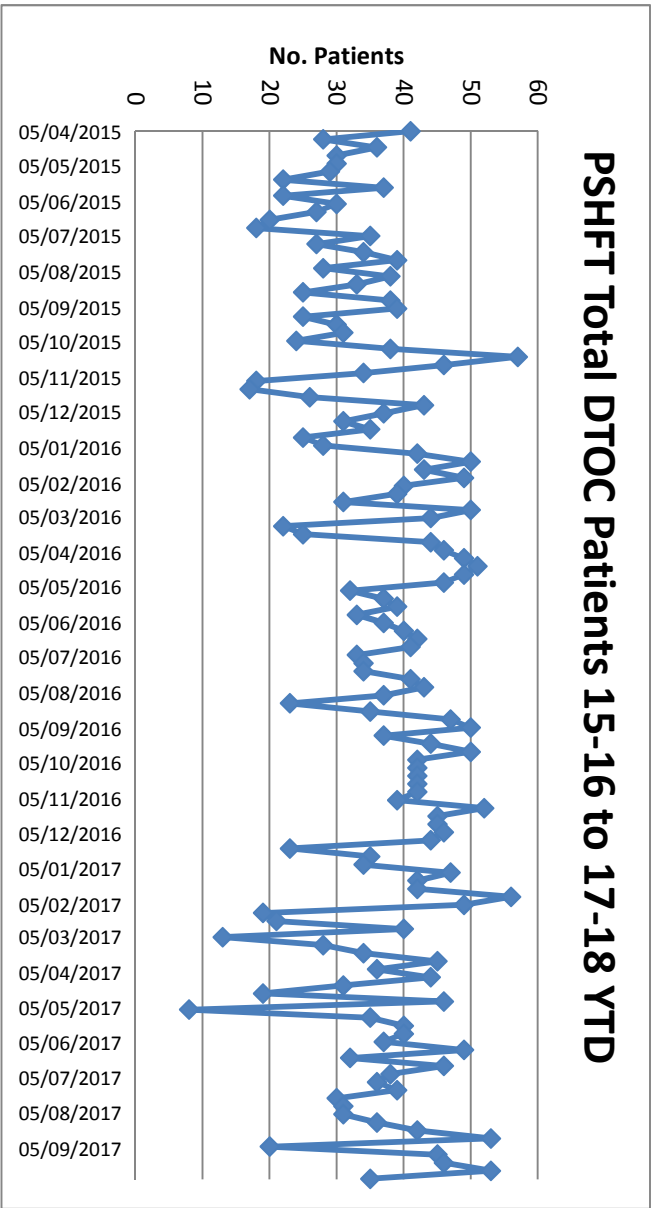
Ambulatory Care:

All three main providers currently have an ambulatory care service, streaming patients from ED to avoid potential avoidable admission. This service is more developed at PSHFT, but

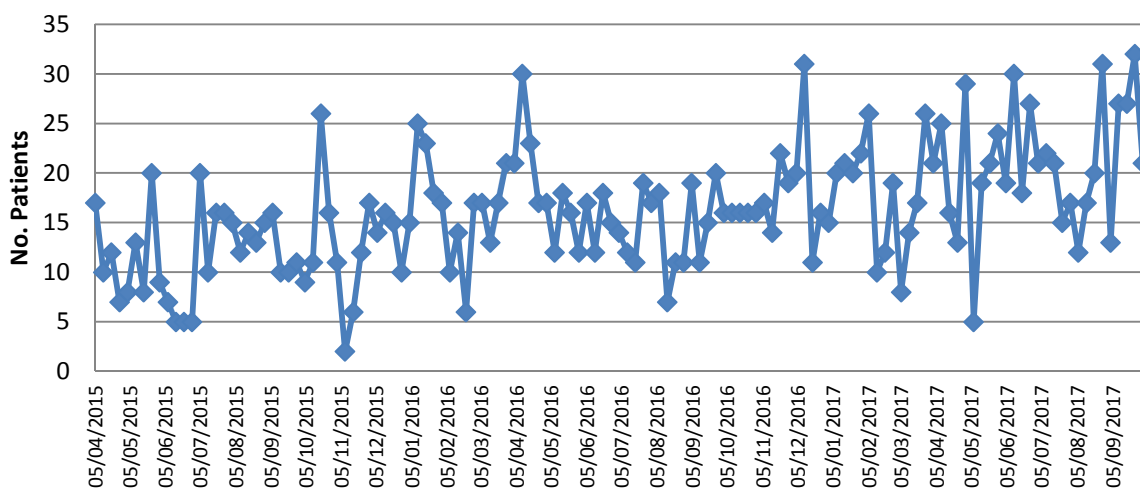
we are working closely with all local providers to improve the utilisation of Ambulatory Care services and to increase the range of patients and disease cohorts that can be managed through Ambulatory Care.

3. Emergency department (ED) Attends
a. Charts – Main Providers and Local Authority

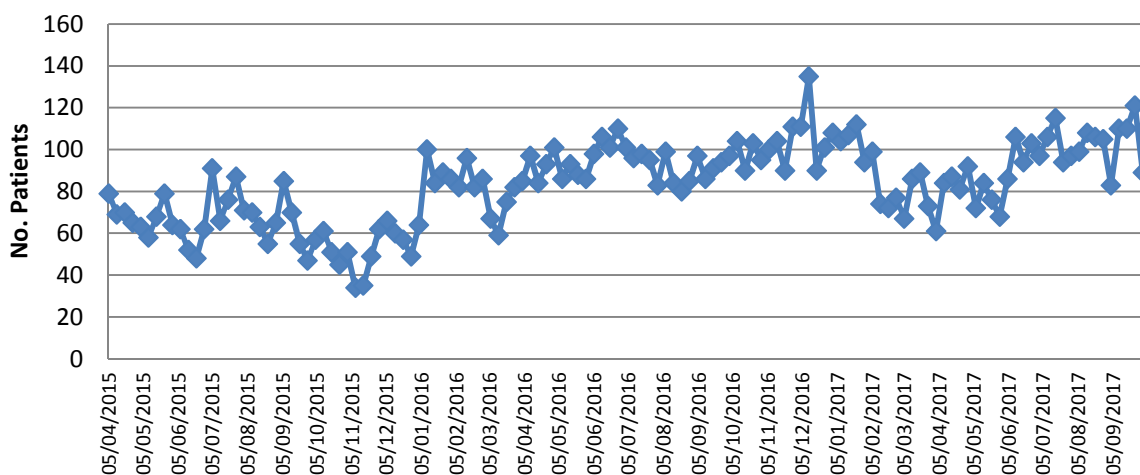




Peterborough LA Total DTOC Patients 15-16 to 17-18 YTD



C&P CCG Total DTOC Patients 15-16 to 17-18 YTD



Overall:

DTOCs have been and continue to be a real issue within the C&P system. Cambridgeshire LA DTOC patient numbers at acute providers have continued to rise since November 2015.

CUHFT and PSHFT have had visits from the NHSE to discuss issues and develop action plans to reduce DTOC numbers including support with implementation of “discharge to assess” home based assessment models. This will be followed up by a progress review and support to access best practice to focus on agreeing ways to rapidly reduce DTOCs with partner organisations.

The system has now developed a multi-partner Gold Command to manage the process for the discharge of complex patients and to address issues that may delay these discharges. This is live and is expected to have a significant positive effect on the management of

DTOCs and for people who are Medically Fit and Ready for Discharge (MFFD)

CUHFT:

In CUHFT a diagnostic programme of work started on Monday 27 March to include:

- Mapping of existing discharge planning processes including for out of county patients
- Development of streamlined process with clarity about planning, KPIs for key stages, triggers for escalation, clarity of responsibilities
- Identify issues preventing optimal utilisation of out of hospital capacity and causing backlogs into the acute sector

In addition daily escalation is still necessary to review CUH DTOCs, assess progress, troubleshoot and escalate to CEOs as required. The additional support from the national team, alongside our own working with the providers around Discharge to Assess (D2A), and daily attention to the detail have contributed to a positive impact over the past few weeks. However, the numbers of DTOCs at CUHFT are still above the recovery trajectory.

Hinchingbrooke Hospital:

has seen a steady levelling out March 2017. Actions taken to reduce the delays include an additional two additional interim beds, increased health at home packages (through Beaumont Healthcare) from 35 to 50, daily DTOC review meetings between all providers to identify most suitable pathway for patient early in the planning, daily escalation calls between senior managers, introduction of Discharge to assess (D2A) supported by using continuing health care block purchase of beds and hospital at home packages.

PSHFT:

DTOS have risen over the last year, in part due to the Care Act which has led to an increase in the number of patients being continuing healthcare (CHC) 'checklisted' resulting in a 'positive checklist' whereby a patient is then required to undergo a full CHC process before they can leave hospital. The lack of available care provision across certain parts of the County in particular has driven up the number of patients waiting for discharge, or unable to be discharged from reablement causing blockages in the system and to patient flow. Improved counting and coding of DTOCs to give a truer reflection of the position has meant more DTOCs counted.

Gill Kelly

Gill.kelly4@nhs.net

Interim Head of Communities and Integration

C&P CCG

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

MEETING DATE	ITEM	REPORT AUTHOR	
23 November 2017 10.00am, Council Chamber, South Cambs DC, Cambourne	Health and Wellbeing Board		
	Election of Vice Chairman/ Vice Chairwoman		Reports to Richenda Greenhill by Friday 10 November 2017
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 21 September 2017	Richenda Greenhill	
	Action Log	Richenda Greenhill	
	Person's Story	Winter Comfort	
	Health and Wellbeing Strategy: Stakeholder Event	Liz Robin	
	Better Care Fund Update	Geoff Hinkins	
	Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Update	Aidan Fallon	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		
1 February 2018 10.00am, Council Chamber, Cambridge City Council, Cambridge	Health and Wellbeing Board		

MEETING DATE	ITEM	REPORT AUTHOR	
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 19 January 2017
	Minutes of the Meeting on 23 November 2017	Richenda Greenhill	
	Action Log Update	Richenda Greenhill	
	Person's Story		
	Feedback on Joint Development Session with Peterborough Health and Wellbeing Board	Liz Robin/ Kate Parker	
	Draft Health and Wellbeing Strategy Update	Liz Robin	
	Better Care Fund: Update	Geoff Hinkins	
	Draft 'Living Well' Partnership Concordat	Mike Hill	
	Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Update	Aidan Fallon	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		
22 March 2018 10.00am, Fenland District Council, March	Health and Wellbeing Board		
	Apologies and Declarations of Interest	Oral	Reports to Richenda Greenhill by Friday 9 March 2018
	Minutes of the Meeting on 1 February 2018	Richenda Greenhill	
	Action Log Update	Richenda Greenhill	
	Person's Story		
	Better Care Fund: Update	Geoff Hinkins	
	Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Update	Aidan Fallon	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		

MEETING DATE	ITEM	REPORT AUTHOR	
31 May 2018 10.00am, Kreis Viersen Room, Shire Hall, Cambridge	Health and Wellbeing Board		
	Notification of the Chairman/ Chairwoman	Oral	Reports to Richenda Greenhill by Friday 18 May 2018
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 22 March 2018	Richenda Greenhill	
	Action Log Update	Richenda Greenhill	
	Person's Story		
	Better Care Fund: Update	Geoff Hinkins	
	Safeguarding Adults Board Annual Report 2017/18	Russell Wate	
	Cambridgeshire and Peterborough Health and Care System Sustainability and Transformation Programme: Update	Scott Haldane	
	Forward Agenda Plan	Richenda Greenhill	
	Date of Next Meeting		

Updated: 15 November 2017

