

**CAMBRIDGESHIRE AND
PETERBOROUGH HEALTH AND
WELLBEING BOARD CORE
JOINT SUB-COMMITTEE**



Friday, 11 September 2020

Democratic and Members' Services
Fiona McMillan
Monitoring Officer

09:00

Shire Hall
Castle Hill
Cambridge
CB3 0AP

COVID-19

During the Covid-19 pandemic Council and Committee meetings will be held virtually for Committee members and for members of the public who wish to participate. These meetings will held via Zoom and Microsoft Teams (for confidential or exempt items). For more information please contact the clerk for the meeting (details provided below).

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

- 1. Notification of the Chairman/woman (oral item)**
- 2. Election of the Vice-Chairman/woman (oral item)**
- 3. Changes in Membership (oral item)**

4. **Apologies for absence and declarations of interest**
Guidance on declaring interests is available at <http://tinyurl.com/ccc-conduct-code>
5. **Minutes - 7 November 2019 and Action Log** **3 - 8**

OTHER DECISIONS

6. **Integrated Commissioning Board Priorities Update** **9 - 22**
7. **Care Home Support Plan** **23 - 38**
8. **Forward Agenda Plan** **39 - 48**

The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee comprises the following members:

Councillor Roger Hickford (Chairman) Dr Gary Howsam (Vice-Chairman)

Charlotte Black (Appointee) Councillor John Holdich (Appointee) Louis Kamfer (Appointee)
Louise Mitchell (Appointee) Val Moore (Appointee) Wendi Ogle-Welbourn (Appointee) Liz
Robin (Appointee) Jan Thomas (Appointee)

For more information about this meeting, including access arrangements please contact

Clerk Name: Michelle Rowe

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Clerk Email: Michelle.Rowe@cambridgeshire.gov.uk

CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND WELLBEING BOARD
CORE JOINT SUB-COMMITTEE: MINUTES

Date: 7th November 2019

Time: 11.50a.m. – 12.30p.m.

Venue: Room 7, March Community Centre, 34 Station Road, March, PE15 8LE

Present: Cambridgeshire County Council (CCC) & Peterborough City Council (PCC)
Councillor Roger Hickford – Chair CCC Health and Wellbeing Board
(Chairman)
Liz Robin - Director of Public Health
Michelle Rowe – CCC Democratic Services Manager
Wendi Ogle-Welbourn - Executive Director: People and Communities

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jessica Bawden - Director of Corporate Affairs
Jan Thomas - Accountable Officer

Healthwatch

Val Moore – Chair of Healthwatch Cambridgeshire

Apologies:

Councillor John Holdich – Chair PCC Health and Wellbeing Board
Gary Howsam – CCG Clinical Chair (Vice-Chairman)
Louis Kamfer - CCG Chief Finance Officer

12. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies for absence were noted as recorded above and there were no declarations of interest.

13. MINUTES – 24TH SEPTEMBER 2019 AND ACTION LOG

The minutes of the meeting held on 24th September 2019 were agreed as a correct record and signed by the Chairman. The following updates were noted in relation to the action log:

Better Care Fund 2019-20

- the CCG Accountable Officer reported that she would provide the exact figures reflecting the growth in non-elective admissions at Addenbrooke's and Peterborough City Hospital to the Clerk to circulate to the Sub-Committee. **Action required.**
- the BCF Timetable 2020/21 was not yet available. It was scheduled to be discussed at meetings on 8th and 21st November 2019. The CCG Accountable Officer reminded the Sub-Committee of the need to follow NHS Guidance, which had not yet been published and was not always published in advance of the commencement of the process. The Chairman asked officers to provide a good guesstimate, which could then be adjusted, following the Integrated Commissioning Board (ICB) meeting on 21st November 2019. **Action required.**

- the ICB would be considering different commissioning priorities over the next 12 to 18 months with a timetable of key dates to be presented to the Sub-Committee. The Chairman highlighted the need to look beyond the next year. **Action required.**

14. JOINT COMMISSIONING AND INTEGRATION WORKSTREAM

As set out in Section 4.2 Access to Information Rules of the Council's Constitution, the Chairman agreed that although the report had not been open to inspection by members of the public for five clear days before the meeting, it could be considered at as it was just for noting. The Chairman was of the view that the delay had been acceptable to enable the report to be reviewed by the ICB which had met on 17th October 2019 and then to enact further amendments and approvals.

The Sub-Committee was reminded that it had requested an overview of jointly commissioned local authority and CCG contracts to inform the joint commissioning and integration work stream. Section 75 and Section 256 agreements were the two formal types of agreement to facilitate joint commissioned arrangements between health and social care that were utilised across Cambridgeshire and Peterborough. Attention was drawn to the specific Section 75 and 256 agreements.

The Chairman acknowledged the importance of the local authorities and the CCG working together. However, he queried who took responsibility for each agreement and who measured its effectiveness. It was noted that each service had a legal agreement setting out who was responsible for each function. It was also noted that the success of the commissioning process was measured against the outcomes achieved by statistical neighbours. Commissioners also looked at best practice before commissioning.

The Sub-Committee was reminded of the role of the ICB, which was now working in a more challenging way in relation to these agreements. The Chairwoman of the ICB (Val Moore) explained that the Board would be looking at what had worked well or not so well as part of the BCF. However, it was noted that in order to do this there needed to be a common understanding of the issues. She highlighted the importance of data sets to measure and audit success, and explained that this work would be part of an overarching BCF matrix to evidence if the commissioning process had improved. The Sub-Committee was informed that a considerable amount of work was taking place to link up data across the partners including community data, which would help identify priorities, residual needs, and to deliver a more proactive approach. Success would be measured by outcomes, and the more of effective use of budgets to deliver value for money.

The Chairman requested a progress report. It was noted that the Sub-Committee was responsible for considering the work of the ICB. It was therefore requested that a report detailing what the ICB was currently focussing on should be presented to a future meeting of the Sub-Committee. **Action required.** The Chairwoman of the ICB highlighted the importance of contributions from the CCG and the local authorities. However, it was sometimes difficult to maintain regular attendance at meetings. The Chairman stressed the importance of the ICB working the way the independent Chairwoman wanted it to.

It was resolved unanimously to note the content of the report.

15. BEST START IN LIFE (BSiL) STRATEGY UPDATE

The Sub-Committee considered a report detailing the Best Start in Life (BSiL) Strategy. The key purpose of the strategy was to ensure that there was co-ordinated integrated multi-agency agreement on the delivery of pre-birth to 5 services that were tailored appropriate to local need. It was a good example of partnership working based on knowledge of local need and what the evidence indicated worked in improving outcomes for all children, including disadvantaged children. It had been prepared against the background of a Peer Review and the process would be used again for other areas such as adolescents. Members received a brief introduction on the areas covered by the strategy and the key outcomes.

The Sub-Committee acknowledged that the strategy was an impressive document. The Chairman asked officers to prepare a short summary to engage the public and parents. **Action required.**

It was noted that the next phase of the strategy would involve moving to a place base model; the Sub-Committee would receive a report at a future meeting. The Sub-Committee was informed that the County Council had accumulated some good data around greatest need when reconfiguring its Children's Centres. It was important to address duplication and upskill the workforce in childcare settings to support parents. It was noted that discussions were also taking place with the CCG and Cambridgeshire Community Services regarding efficiencies around having one provider.

One Member queried the relationship between the strategy and fostering and adoption. It was noted that the strategy was universal document for pre-birth to 5 services. Areas such as fostering and adoption would be targeted separately. It was suggested that this should be reflected in the Strategy. **Action required.**

It was resolved unanimously to endorse the Best Start in Life Strategy 2019-2024.

16. SERVICE TRANSFORMATION AND BUSINESS PLANNING WORKSTREAM

The Chairman with the agreement of the Sub-Committee withdrew this item, as it would be dealt with at a workshop.

17. OUTCOMES FOR RESIDENTS WORKSTREAM – NEW KEY POLICY DRIVERS WHICH AFFECT THE WORK OF THE SUB-COMMITTEE

The Sub-Committee was informed of the prevention green paper – Advancing our health prevention in the 2020s. It was noted that the County Council's Health Committee had responded to the consultation.

18. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Sub-Committee noted its Forward Agenda Plan, and agreed to hold a workshop before each meeting.

19. DATE OF NEXT MEETING

January 2020 at a venue in Ely.

Chairman

CAMBRIDGESHIRE AND PETERBOROUGH HEALTH & WELLBEING BOARD CORE JOINT SUB-COMMITTEE ACTION LOG

Updated: 8/11/2019

<u>Meeting date: 7 November 2019</u>					
13.	MINUTES – 24TH SEPTEMBER 2019 AND ACTION LOG	Jan Thomas	The CCG Accountable Officer reported that she would provide the exact figures reflecting the growth in non-elective admissions at Addenbrooke's and Peterborough City Hospital to the Clerk to circulate to the Sub-Committee.		
		Caroline Townsend	The BCF Timetable 2020/21 was not yet available. It was scheduled to be discussed at meetings on 8th and 21st November 2019. The CCG Accountable Officer reminded the Sub-Committee of the need to follow NHS Guidance, which had not yet been published and was not always published in advance of the commencement of the process. The Chairman asked officers to provide a good guesstimate, which could be adjusted, following the Integrated Commissioning Board (IBC) meeting on 21st November 2019.	ICB/BCF Briefing Note circulated to Sub-Committee on 11 th February 2020.	Complete

		Val Moore/ Caroline Townsend	The ICB would be considering different commissioning priorities over the next 12 to 18 months. An ICB timetable of key dates would then be presented to the Sub-Committee. The Chairman highlighted the need to look beyond the next year.	ICB/BCF Briefing Note circulated to Sub-Committee on 11 th February 2020.	Complete
14.	JOINT COMMISSIONING AND INTEGRATION WORKSTREAM	Val Moore/ Caroline Townsend	The Sub-Committee to receive a report detailing what the ICB was currently focussing on.	ICB/BCF Briefing Note circulated to Sub-Committee on 11 th February 2020.	Complete
15.	BEST START IN LIFE (BSiL) STRATEGY UPDATE	Liz Robin Wendi Ogle- Welbourn	The Chairman asked officers to prepare a short summary to engage the public and parents.		
		Liz Robin Wendi Ogle- Welbourn	The need to make clear that the BSiL Strategy related to universal provision and areas such as fostering or adoption would be targeted separately.		

INTEGRATED COMMISSIONING BOARD PRIORITIES UPDATE

To: Cambridgeshire & Peterborough Health & Wellbeing Board
Core Joint Sub-Committee

Meeting Date: 11 September 2020

From: Val Moore, Chair of Integrated Commissioning Board

Purpose: The purpose of this report is to provide an update on the work of the Integrated Commissioning Board and outline the current identified priorities.

Recommendation: The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee is recommended to note and comment on the contents of this report.

Officer contact:

Name: Caroline Townsend
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Member contacts:

Names: Councillor Roger Hickford
Post: Chair of the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee
Email: Roger.Hickford@cambridgeshire.gov.uk
Tel: 01223 706398

1. Background

- 1.1 The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee requested an update on priorities and progress of the Integrated Commissioning Board to inform the joint commissioning and integration workstream
- 1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee to consider under its Terms of Reference.

2. Main Issues

- 2.1 During the initial period of the COVID pandemic, the Integrated Commissioning Board suspending meetings to enable system capacity to focus on the immediate priorities of responding to the pandemic. However, as the system has turned its attention to future recovery and resilience planning, this has presented a real opportunity for the Integrated Commissioning Board to review joint commissioning priorities.
- 2.2 The Integrated Commissioning Board resumed meetings on the 14th May 2020 and has continued to meet monthly since that date. The meeting in May was focused on reviewing the impact of COVID and understanding the role and priorities of the Integrated Commissioning Board to support and inform the joint commissioning opportunities to support ongoing recovery and resilience.
- 2.3 It was recognised that the impact of COVID has been significant on the joint commissioning landscape. Whilst some of the pre-COVID work had been placed on hold, as the health and care system was now considering recovery plans there was an opportunity to shape and contribute to this via the work of the Integrated Commissioning Board.
- 2.4 Some of the key changes highlighted were:
 - The response to COVID involved rapid implementation of capacity and provision across the system. There was a strong joint commissioning response and this provides us with the opportunity to build on learning to date.
 - Brought additional capacity for residential and nursing home provision and Learning Disability (LD) accommodation jointly with Clinical Commissioning Group (CCG), with local authority taken lead commissioner role and this has been positive.
 - Instigated a joint approach to brokerage and particularly hospital discharge which aligns discharge to assess (D2A) with the new model.
 - National requirements from Government have changed and a pooled budget has been established to facilitate an appropriate response to COVID.
- 2.5 It was agreed that the Integrated Commissioning Board could best support the system in joint commissioning over the coming months as summarised below.

ICB recommend continue:

- Focus on alliances with Local Authority, Health, Housing and Voluntary sector partners
- Maintain commissioned capacity at right level in the market and respond to local data as we see a larger percentage of deaths in care homes and less in acute settings. Here and now is a priority.

- Message what jointly commissioned services remain, and where crisis priorities will change things
- Ensure community care offer is resilient and strong in infection control and support for workforce. Involve all sectors including healthcare providers and housing providers.

ICB to do now:

- Shared understanding of business intelligence and modelling
- Commissioners be assured of sharing information of people we are worried about, who info is shared with and how (some of this being done through Community Resilience Hubs)
- ICB to review/ approve the relaxation of obligations/work to be left on side-lines
- Promote virtual multidisciplinary team (MDT) capability through integrated digital strategy
- Prioritise prevention and admission avoidance in the community.

ICB Agenda phase 2-3:

- Review previous priorities for joint commissioning against current needs e.g. Technology Enabled Care (TEC)
- Assure needs of rough sleepers followed through
- New look at commissioning of day centres learning disability support
- Support understanding and change in the commissioning architecture, to increase effectiveness to support place based integration.

2.6 In order to support this agenda, deep dive sessions have been held on the following topics and example opportunities that have emerged:

- Technology enabled care: there was a strong opportunity identified to develop and strengthen the TEC offer on the back of digital resilience work that has developed at pace over the last few months. Specifically identified an opportunity to link with the south alliance work to strengthen the embedding of 'TEC first' within primary care and medicines management services.
- An update on the re-commencing of the Alliances and Integrated Neighbourhoods work. The opportunity is to strengthen joint commissioning at a local level and embed the local authority Think Communities approach.
- Homelessness support and exploring opportunities through new models of working, to strengthen links with health provision. This is particularly in light of learning and building on the successful homelessness work in response to COVID.

2.7 In addition, the following sessions are planned for the coming months:

- Mobilisation and reshaping of Day Opportunities
- Research on Digital Access Review
- Better Care Fund update and evaluation
- North and South Alliances – deep dive on priorities, to focus on crosscutting commissioning opportunities relevant to Cambridgeshire and Peterborough.

Better Care Fund

2.8 Better Care Fund reporting has been suspended since March 2020 due to COVID. We received confirmation on 19 August 2020 from our NHS England that Quarter 4 reporting for last financial year (2019/20) has been reinstated and is due for submission on the 4 September 2020. Due to the suspension of reporting and the changing environment due to COVID, only the following sections of the report are mandatory.

1. Tab3: National Conditions
2. Tab6: Integration Highlights
3. Tab8: Income and Expenditure
4. Tab9: Year End Feedback, Part 1

2.9 The full reports are contained in Appendices 1 and 2. However a summary of performance against national metrics is outlined below.

	Peterborough City Council	Cambridgeshire County Council
Metric	Performance against target	Performance against target
Total number of specific acute (replaces General & Acute) non-elective spells (NEA) per 100,000 population	<p>Actual Quarter 4 non-elective admissions were at 4,910 (well under the target of 5,224).</p> <p>During the latter part of Quarter 4, the whole Health and Care system has been significantly affected by the COVID-19 pandemic. This has had a significant effect on non elective admissions.</p>	<p>During the latter part of Quarter 4, the whole Health and Care system was significantly affected by the COVID-19 pandemic. This has had a significant effect on non-elective admissions.</p> <p>Actual Quarter 4 non-elective admissions were at 15,195 (well under the target of 16,278).</p>
Rate of permanent admissions to residential care per 100,000 population (65+)	Residential admissions have remained low. The 2019/20 rate of permanent admissions was 403 per 100,000. Therefore we successfully delivered our target of 424 per 100,000.	The rate of permanent residential admissions for 2019/20 was 519.9 per 100,000 against a target of 473 per 100,000.
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	<p>80.24% against a target of 82.9%</p> <p>Generally good performance although we did see a reduction in referrals in the latter part of Quarter 4 due to COVID and the implementation of new discharge to assess pathways in line with national guidance.</p>	<p>In 2019/20 77.5% (317 of 409 discharges) remained at home after 91 days. This was against a target of 82%.</p> <p>COVID impacted in the latter part of quarter 4 in terms of a reduction of referrals being received into the reablement service. This was partially due to changes in the discharge to assess pathway which was implemented in line with the March national guidance.</p>
Average Number of People	Data unavailable for March 2020 but significantly lower than was average prior to March 2020	Data unavailable for March 2020 due to national suspension of DTOC reporting.

	Peterborough City Council	Cambridgeshire County Council
Delayed in a Transfer of Care (DTOC) per Day (daily delays)	<p>DTOCs due to Covid19 measures to empty hospital wards.</p> <p>Total actual year to date figure at end Feb 2020 was 3674 against year to date target of 5360. The figure was also 41% lower than last year's year to date figure of 6394.</p>	<p>Total actual year to date figure at end Feb 2020 was 25,854 against year to date target of 14,405. Despite at the end of Feb 2020, not being forecast to deliver in line with targets, year to date performance showed a 13% reduction on the same period in 2018/19.</p>

- 2.10 As yet, there is no national planning guidance for Better Care Fund planning for 2020-21 and there is no indication currently on timelines for this. Due to the impact of COVID and response priorities, the work to evaluate the Better Care Fund investment areas and inform recommendations was paused and commissioned Better Care Fund spend has continued to support the continuation of existing service provision of the past few months.
- 2.11 Despite the absence of national planning guidance, the Integrated Commissioning Board has agreed the resuming of the evaluation as a priority, with a view to review initial progress and findings at the October 2020 Integrated Commissioning Board meeting.

3. Anticipated Outcomes or Impact

- 3.1 The report provides an overview of the current priorities of the Integrated Commissioning Board. The outcomes associated with this:
- Maximising opportunities for joint commissioning, reducing inefficiencies, duplication and ensuring best value
 - Delivering joined up and consistent provision of person centred services

4. Appendices

- 4.1 Appendix 1 – DRAFT Cambridgeshire Better Care Fund Quarter 4 2019/20 NHS England Return
Appendix 2- DRAFT Peterborough Better Care Fund Quarter 4 2019/20 NHS England Return

5. Source documents

- 5.1 No source documents.

Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Cambridgeshire

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The establishment of pooled budgets and aligned BCF and STP governance has supported the ongoing development of jointly agreed priorities and strong system wide leadership and commitment to joint delivery.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	BCF schemes were implemented as planned. There has been a continued focus on managing DTOCs during the last financial year and IBCF funded initiatives progressed well. In addition winter pressures funding was delivered in line with plans.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	Integration has continued to develop through integrated neighbourhood and PCN development, exploring opportunities for developing greater integration on a place based level. There has also been a strong focus on developing integrated working to support hospital discharge pathways and ensure appropriate MDT discharge processes developed. This has been further developed in the latter part of the year with the implementation of national guidance, with local implementation of the d2a model.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	We delivered in line with NEL targets for 2019/20, though this was partly impacted by a drop in NEL activity due to COVID at the latter part of Q4.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	Whilst we have continued to not meet DTOC targets by the end of Feb 2020 (at which point national reporting was suspended), DTOCs were 13% below the same period in 2018/19, so we have seen a reduction.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Performance was 77.7% against a target of 82%, which was an increase on performance in the previous year. However, referrals to the service were impacted in the latter part of Q4 due to COVID and the implementation of new D2A pathways.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Performance against admissions to residential care for over 65's remains positive, though we were slightly short of target in 2019/20 due to the impact of COVID in the latter part of Q4.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	9. Joint commissioning of health and social care	The Technology Enabled Care (TEC) service in Cambridgeshire is a jointly commissioned service across health and social care and has been very successful in embedding a TEC first approach across Cambridgeshire, as well as driving the development and implementation of new TEC opportunities and trialling new products. See integration highlight - tab 6.
Success 2	Other	Whilst delayed transfers of care (DTOCs) have continued to present a challenge to the system, we have seen a 13% reduction year to date (YTD) at the end of Feb 2020 when compared to the same period in 2018/19. The strong joint focus on managing DTOCs and the Improved Better Care Fund (IBCF) investment in the DTOC plan has been a real positive for the system. This has helped support a coordinated response to evaluating and agreeing areas of key IBCF investment to support this area. There has also been significant improvements in the implementation of more robust multi-disciplinary team (MDT) discharge processes and High Impact Change Management (HICM) conditions. Particular examples of this include the LINCA trusted assessor model which has been implemented with IBCF funding and support for the refinement and embedding of the CHC care needs test to reduce the number of Continuing Health Care assessments being undertaken in hospital settings. In the latter part of Q4 significant changes were made to the d2a model in line with national COVID guidance. Our strong system approach to managing DTOCs enabled us to respond to this challenge quickly, adapting and aligning resources and commissioned capacity to implement the new model rapidly.
9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	<p>Cambridgeshire and Peterborough continues to be one of the most financially challenged health economies nationally with significant financial challenges for both the CCG and local authority. Both the local authority and the CCG receive comparatively less funding than our neighbouring counterparts.</p> <p>The local population is growing significantly, with an increasing older population. Cambridgeshire and Peterborough's population of people aged 18+ is estimated at 690,000. Local forecasts suggest this will increase to approximately 827,000 by 2036, equating to a 20% increase. Forecasts suggest significant and disproportionate growth is expected, with those aged 65-84 expected to increase by around 44% and those aged 85+ expected to grow by nearly 130% by 2036. The majority of adult social care and NHS service users within older people's services are aged 85+, so the expected population growth is likely to lead to a significant increase in demand. And by 2025, it is forecast that there will be a significant increase in falls (37%), dementia (29%) and long term limiting illness (26%).</p> <p>We are seeing financial additional financial pressures, as a result of population growth and increasing costs of care, meaning we have to address increased demand with decreasing budgets. Financial challenges have been further exacerbated by the impacts of COVID and despite additional government funding for both the NHS and the local authority which is welcome, it is still insufficient to address the system financial challenges we are experiencing.</p>

Challenge 2	9. Joint commissioning of health and social care	<p>Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. We already have a number of jointly commissioned services already in place, e.g.; falls prevention, mental health, community occupational therapy, community equipment and technology enabled care and child health. However, to ensure we have financial sustainability for the future, maximise the best use of community and voluntary sector services and effectively manage the provider market, we need to work jointly across health and social care to commission community capacity and capability to meet the needs of local communities in the most cost effective way, supporting people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services.</p> <p>Whilst work has developed to progress local place based delivery and commissioning approaches, there is a need to develop these approaches more rapidly and ensure that we can more effectively understand the collective pound and ensure we get best value for money, as well as support more innovative ways of shifting investment to community provision. This is a key supporting enabler for developing our local place based models of delivery, ensuring that we are commissioning the right services as a system based on local demand needs.</p>
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Footnotes:

- Question 8 and 9 are should be assigned to one of the following categories:
- 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 - 2. Strong, system-wide governance and systems leadership
 - 3. Integrated electronic records and sharing across the system with service users
 - 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 - 5. Integrated workforce: joint approach to training and upskilling of workforce
 - 6. Good quality and sustainable provider market that can meet demand
 - 7. Joined-up regulatory approach
 - 8. Pooled or aligned resources
 - 9. Joint commissioning of health and social care
 - Other

Better Care Fund Template Q4 2019/20

9. Year End Feedback

Selected Health and Wellbeing Board:

Peterborough

Part 1: Delivery of the Better Care Fund

Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	The establishment of pooled budgets and aligned BCF and STP governance has supported the ongoing development of jointly agreed priorities and strong system wide leadership and commitment to joint delivery.
2. Our BCF schemes were implemented as planned in 2019/20	Agree	BCF schemes were implemented as planned. There has been a continued focus on managing DTOCs during the last financial year and IBCF funded initiatives progressed well. In addition winter pressures funding was delivered in line with plans.
3. The delivery of our BCF plan in 2019/20 had a positive impact on the integration of health and social care in our locality	Agree	Integration has continued to develop through integrated neighbourhood and PCN development, exploring opportunities for developing greater integration on a place based level. There has also been a strong focus on developing integrated working to support hospital discharge pathways and ensure appropriate MDT discharge processes developed.
4. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Non-Elective Admissions	Agree	We delivered in line with NEL targets for 2019/20, though this was partly impacted by a drop in NEL activity due to COVID at the latter part of Q4.
5. The delivery of our BCF plan in 2019/20 has contributed positively to managing the levels of Delayed Transfers of Care	Agree	We were on track to meet DTOC targets by the end of Feb 2020 (at which point national reporting was suspended), DTOCs were 41% below the same period in 2018/19, so we have seen a reduction.
6. The delivery of our BCF plan in 2019/20 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Performance was 80.24% against a target of 82%. However, referrals to the service were impacted in the latter part of Q4 due to COVID and the implementation of new D2A pathways.
7. The delivery of our BCF plan in 2019/20 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Performance against admissions to residential care for over 65's remains positive and we delivered over and above the target for 2019/20.

Part 2: Successes and Challenges

Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing.

Please provide a brief description alongside.

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
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Success 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	250 Mandatory DFGs (Disabled Facilities Grants) were completed in 2019/2020. In addition 10 Discretionary Top Up Grants were completed to allow complex ground floor extension cases to complete, the costs of which were exceeding the £30,000 mandatory grant limit. These discretionary grants were paid from the Council's Capital Programme and under the Council's published Renewals Policy, which has enabled a more flexible approach to the use of the DFG locally.
Success 2	Other	Whilst delayed transfers of care (DTOCs) have continued to present a challenge to the system, we have seen a 41% reduction year to date (YTD) at the end of Feb 2020 when compared to the same period in 2018/19 and were on track to deliver our 2019/20 DTOC target at this point. The strong joint focus on managing DTOCs and the Improved Better Care Fund (IBCF) investment in the DTOC plan has been a real positive for the system. This has helped support a coordinated response to evaluating and agreeing areas of key IBCF investment to support this area. There has also been significant improvements in the implementation of more robust Multi-Disciplinary Teams (MDT) discharge processes and High Impact Change Management (HICM) conditions. Particular examples of this include the LINCA trusted assessor model which has been implemented with IBCF funding and support for the refinement and embedding of the Continuing Health Care (CHC) care needs test to reduce the number of CHC assessments being undertaken in hospital settings. In the latter part of Q4 significant changes were made to the discharge to assess (d2a) model in line with national COVID guidance. Our strong system approach to managing DTOCs enabled us to respond to this challenge quickly, adapting and aligning resources and commissioned capacity implement the new model rapidly.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2019/20	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	<p>Cambridgeshire and Peterborough continues to be one of the most financially challenged health economies nationally with significant financial challenges for both the CCG and local authority. Both the local authority and the CCG are receive comparatively less funding than our neighbouring counterparts.</p> <p>The local population is growing significantly, with an increasing older population. Cambridgeshire and Peterborough's population of people aged 18+ is estimated at 690,000. Local forecasts suggest this will increase to approximately 827,000 by 2036, equating to a 20% increase. Forecasts suggest significant and disproportionate growth is expected, with those aged 65-84 expected to increase by around 44% and those aged 85+ expected to grow by nearly 130% by 2036. The majority of adult social care and NHS service users within older people's services are aged 85+, so the expected population growth is likely to lead to a significant increase in demand. And by 2025, it is forecast that there will be a significant increase in falls (37%), dementia (29%) and long term limiting illness (26%).</p> <p>We are seeing financial additional financial pressures, as a result of population growth and increasing costs of care, meaning we have to address increased demand with decreasing budgets. Financial challenges have been further exacerbated by the impacts of COVID and despite additional government funding for both the NHS and the local authority which is welcome, it is still insufficient to address the system financial challenges we are experiencing.</p>

Challenge 2	9. Joint commissioning of health and social care	<p>Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. We already have a number of jointly commissioned services already in place, e.g.; falls prevention, mental health, community occupational therapy, community equipment and technology enabled care and child health. However, to ensure we have financial sustainability for the future, maximise the best use of community and voluntary sector services and effectively manage the provider market, we need to work jointly across health and social care to commission community capacity and capability to meet the needs of local communities in the most cost effective way, supporting people to maintain their independence and wellbeing. In turn, preventing the unnecessary escalation of needs and the provision of more expensive services.</p> <p>Whilst work has developed to progress local place based delivery and commissioning approaches, there is a need to develop these approaches more rapidly and ensure that we can more effectively understand the collective pound and ensure we get best value for money, as well as support more innovative ways of shifting investment to community provision. This is a key supporting enabler for developing our local place based models of delivery, ensuring that we are commissioning the right services as a system based on local demand needs.</p>
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Footnotes:

- Question 8 and 9 are should be assigned to one of the following categories:
- 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 - 2. Strong, system-wide governance and systems leadership
 - 3. Integrated electronic records and sharing across the system with service users
 - 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 - 5. Integrated workforce: joint approach to training and upskilling of workforce
 - 6. Good quality and sustainable provider market that can meet demand
 - 7. Joined-up regulatory approach
 - 8. Pooled or aligned resources
 - 9. Joint commissioning of health and social care
- Other

CARE HOME SUPPORT PLAN

To: Cambridgeshire & Peterborough Health & Wellbeing Board
Core Joint Sub-Committee

Meeting Date: 11 September 2020

From: Will Patten, Director of Commissioning
Charlotte Black, Service Director Adults and Safeguarding

Purpose: This report is reporting progress on our local Care Home Support Plan, which is a national government condition of all local authorities.

Recommendation: The Core Joint Sub-Committee is asked to note and comment on the contents of this report.

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Member contacts:

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1. Background

- 1.1 Following the Minister of State for Care's letter of 14th May 2020 to Council Leaders regarding the need to develop a local plan for Support to Care Homes. Cambridgeshire County Council and Peterborough City Council submitted our local plan on the 29th May 2020, which was developed jointly with NHS colleagues. The plan outlines our health and care system response to support care homes to embed infection prevention and control to minimise the risk of COVID 19 outbreaks in homes and deliver the outcomes associated with the Infection Control Funding from central government. In conjunction with health and care system partners, we have developed a joint action plan to monitor progress on implementation of the plan. Infection Control Funding national allocations equated to £6.147m in Cambridgeshire and £1.751m in Peterborough.

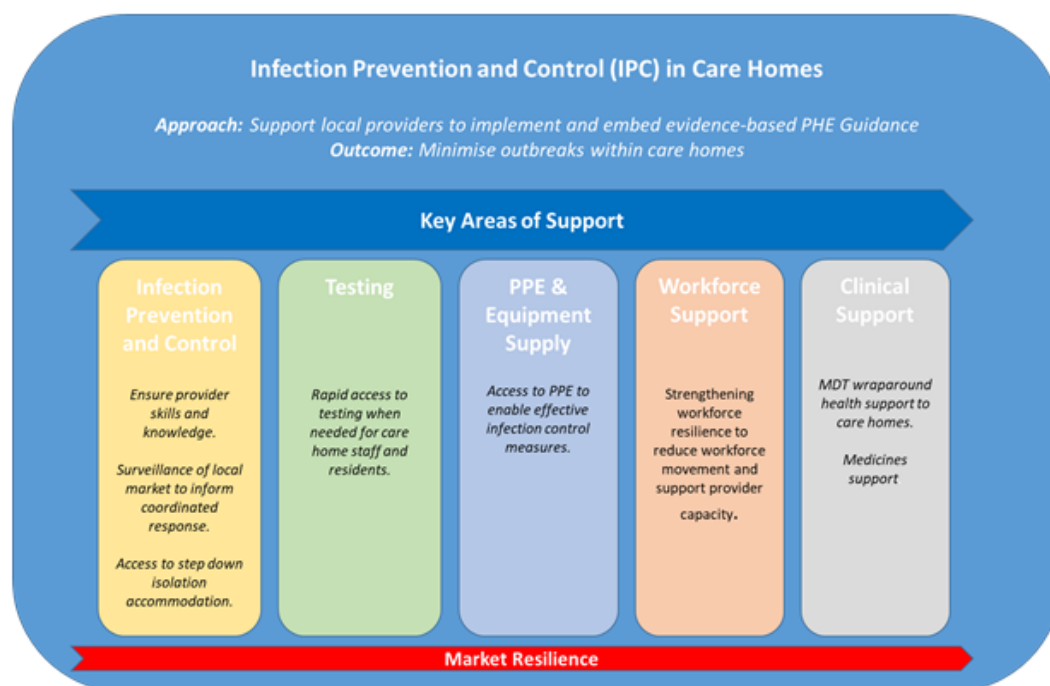
This report provides an overview and update on implementation of our local Care Home Support Plan.

- 1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee to consider under its Terms of Reference.

2. Key Issues

- 2.1 Our local Care Home Support Plan is published on the Council website [here](#).
- 2.2 The local plan builds on the strong partnership foundations we already have in place across our health and care system. The local response to the pandemic and our current plans incorporate the enhanced understanding provided through local data, feedback, demand and support needs we have identified because of COVID. We continue to work collaboratively with the system and provider market through the establishment of a multi-agency governance structure to manage our local response to COVID. All partners are working extremely closely together to ensure we are maximising the capacity in the system, sharing intelligence and targeting our resources jointly. This is to ensure early identification of issues or support needs including COVID outbreaks and infections in care settings and in the community. We have a good relationship with local providers and liaise with them frequently to identify any issues at the earliest opportunity. This includes via regular online and telephone based forums, coordinated communication channels and a regular social care presence in care homes working alongside and supporting them. Continued collaboration with providers has been central to the development and delivery of our local plan, including ensuring that where the Local Authority has discretion about use of infection control funding, that we consult providers to understand what will achieve the greatest benefit in terms of infection control measures.
- 2.3 Fundamental to our approach is making sure that we support our providers to prepare for the possibility of future outbreaks and make sure any measures put in place increase longer-term resilience, minimising the risk of outbreaks as much as possible.
- 2.4 Our care home support plan is an integrated approach across health and social care, to ensure that providers are receiving the right support at the right time to enable them to strengthen infection prevention and control practices, whilst delivering the best outcomes for people. Working collaboratively with the market is fundamental to our approach and ensures that providers can inform how we move forward. We will continue to identify care homes who are most at risk of an outbreak or have high levels of COVID positive or symptomatic residents and/or staff and focus on these as a priority.

- 2.5 In line with the national guidance, our local plan addresses our approach to infection and prevention control measures in care homes across the following five key areas:



- 2.6 To ensure effective implementation of the plan, a detailed action plan has been developed. Delivery and progress of this is overseen by the multi-disciplinary out of hospital cell, which meets on a weekly basis and has senior representation from the local authority, Clinical Commissioning Group (CCG), Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and public health. This meeting is informed by current and recent data about outbreaks in the community and in care homes and uses that data to prioritise support and resources.
- 2.7 Public Health England data shows that from 25/5/20-20/7/20, Cambridgeshire had 6 care homes with suspected or confirmed outbreaks of covid-19. Peterborough also had 6 care homes with suspected or confirmed outbreaks of covid-19. In total, up to 20/7/20, Public Health England data shows that 22 care homes in Peterborough and 73 care homes in Cambridgeshire have reported suspected or confirmed outbreaks of covid-19.
- 2.8 The table overleaf summarises the action plan and progress to date:

Action	Description	Timeline	Lead	Progress
Infection Prevention and Control				
IPC Training	Infection Control Training (train the trainer model) rolled out	29 May 2020	CCG	Access to PPE training was rolled out to all 174 care homes across Cambridgeshire and Peterborough. 17 homes declined training.
	Development of training tools and specialist support - We continue to explore with care homes any other work our enhanced local Infection and Prevention Control (IPC) team can do to increase intensive specialist support to the care sector on an ongoing basis.	Ongoing	CCG	
	<p>Ongoing support - There will be continued support in the following areas to ensure sharing of best practice, guidance and lessons learnt with providers, including:</p> <ul style="list-style-type: none"> • Sharing of lessons learnt including areas of infection control weakness and risk • Weekly provider forums supported by infection control nurse • Daily newsletter including a range of support and advice 	Ongoing	Local Authority and CCG	<p>Regular newsletters are being sent to providers to ensure they are aware of latest guidance.</p> <p>Provider forums continue to meet weekly, with focused presentations/attendances scheduled.</p>
Isolation Accommodation	Implementation of local step down beds - to support safe discharge from hospital for those who cannot return to their care home immediately and require 14 days isolation after		CCG	<p>CCG exploring options and identifying where wrap around care from local primary care team and CPFT will be strongest.</p> <p>Further work is being</p>

	hospital discharge, to reduce risk at the point of transfer into a care home.			undertaken on this to understand step down bed requirements in light of winter pressures and further COVID peaks.
Outbreak Management	<p>Ongoing outbreak management support for care homes</p> <p>To offer continuing support to care homes and wider residential care settings that develop outbreaks.</p> <p>To link in with the local covid-19 health protection board as required.</p>	Ongoing	Local Authority / CCG / Public Health	<p>Continues to be overseen by the local care home cell in line with the standard operating procedure. Providers are risk assessed and support offered dependent on needs. The care home cell has contributed to and is linked to the local covid-19 outbreak plan.</p> <p>The care home cell contributes to the development of the local covid-19 outbreak plan Plan Incident Management Team meetings for homes of concern.</p>
Surveillance	<p>Develop coordinated data set to inform local operational and strategic response -</p> <p>Development of a more proactive approach to ensure alignment of provider reports with other sources of intelligence to enable early identification of potential outbreaks.</p> <p>Alignment and review of data on local trends, feedback from Multi-Disciplinary Teams (MDTs), provider reporting and other sources will be coordinated through the local care home cell to inform a pro-active response and target / prioritise testing</p>		Public Health	<p>Analytical support has been identified and work is already in progress to align data sets and coordinate feedback into care home cell and newly formed system-wide surveillance cell, which will sit under the covid-19 health protection board.</p>

Testing				
National Care Home Portal	<p>Department of Health and Social Care launch of strategy for testing in adult social care.</p> <p>Promoting access to increase uptake by local providers.</p>	June/July 2020	Local Authority / CCG / Public Health	<p>Paused rollout in July 2020 whilst Randox test kits investigated. Reinstated mid-August to reach all homes for older people and people with dementia by 7 September. All other adult care homes will be able to place orders from 31 August.</p> <p>Routine testing of staff weekly and residents every 28 days is provided through this Pillar 2 testing. Advice has been released to care homes about how to manage safe visits to residents and the Director of Adult Social Services (DASS) and Director of Public Health (DPH) have written to all care homes to advise. The Contracts team are working with providers to review and ensure robust policies and risk assessments are in place that comply with this.</p> <p>As we approach the autumn period, we are developing plans to maximise opportunities for social care staff (internal and external) to have the flu vaccination as a mitigation against the scenario of winter flu hitting at the same time as a further COVID 19 outbreak.</p>

Capacity for rapid local testing and results	<p>“Test, Track and Outbreak Management”- roll out locally will prioritise care homes and people being admitted to them.</p> <p>Appropriate and effective testing policies - We are working across the system to ensure appropriate and effective testing policies for diagnosis, outbreak control and surveillance. This approach includes:</p> <ul style="list-style-type: none"> • Working across the system to understand best practice with regards to routine testing for care home residents, care home staff and key members of the wider health and social care community workforce who need to visit homes as part of their role for the purposes of surveillance and early detection of asymptomatic infection; • Swabbing for all hospital discharges into care homes; • Swabbing for care home admissions from community settings; • Rapid access swabbing and results for homes where there is a suspected/confirmed case of COVID 19 		<p>Public Health / CCG</p> <p>CPFT</p>	<p>As part of Test, Trace and Outbreak management roll out, work is ongoing to ensure that testing data flows are aligned to inform operational response when outbreaks are identified (particularly through national testing routes).</p> <p>Work is ongoing to understand the impact of Test and Trace on care workers who are identified as contacts of confirmed cases.</p> <p>There has been a recent change to the arrangements for care home testing due to concerns about the Randox / Pillar 2 tests, which have been withdrawn. The CCG continues to prioritise any local testing capacity to care homes according to risk and the new national portal scheme is now being rolled out.</p> <p>Community nurses are able to swab residents in their own home prior to care home admissions</p>
PPE & Equipment Supply				
Emergency PPE Supply	Coordinated access to emergency PPE supplies: centralised access via the LRF supply for providers to access and ensure clear communications to	Established	Local Authority /CCG	Emergency supply was established and access to this was available for providers where an emergency supply is required. Now that PPE costs and supply routes

	<p>providers on how to access.</p> <p>Information and Support to Care Homes</p>	Ongoing	Local Authority/ PPE	<p>have recovered providers are accessing their own PPE and not requiring emergency supplies but are encouraged to contact us if they are struggling.</p> <p>As well as temporary financial support to aid providers with some of the additional costs associated with COVID 19, including PPE, we continue to support providers with information and access to identified verified PPE suppliers. We recognise that there are still care homes who are not confident about PPE supplies and we will continue to do targeted follow up work with providers where this has been identified as an issue</p>
Workforce Support				
Additional Workforce Capacity	<p>Access to volunteers, coordinated through the local COVID county coordination hub, including:</p> <ul style="list-style-type: none"> • Training offer for volunteers to ensure skills and knowledge • Effective recruitment of volunteers via the hub and pathways to ensure effective matching of skills with demand <p>The use of redeployed staff from the Local Authorities and CPFT</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Local Authority</p> <p>Local Authority / CPFT / CCG</p>	<p>Establishment of virtual training was put in place for volunteers, based on the materials provided by Skills for Care. A number of volunteers with relevant previous experience have received face-to-face personal care training and were matched to homes experiencing pressures.</p> <p>CPFT explored whether they can access support for care homes via their bank staff</p> <p>Redeployed capacity was put in place to</p>

	NHS returners to be allocated to care homes		CCG	<p>support providers with significant workforce issues.</p> <p>A process for returning clinical staff to be allocated to care homes was established, working closely with national identification of nurse returners, student nurses, dentists etc.to inform identification of potential resource. However, we have found that both volunteers and returners from all professional groups have been reluctant to work in care homes and deliver personal care. We feel this is due to the homes being seen as 'high risk', and not within their usual experience. We have worked hard to continue to pursue this with individuals but still this has resulted in no NHS returner capacity. The CCG has established training package/practitioner support around returning staff deployed in care homes to help support this.</p>
Small Providers	Targeted review of business continuity plans and support to small providers: We have determined locally that the risks are greater with smaller, single operator settings and identified those providers we need to be particularly vigilant about in terms of	31 May 2020	Local Authority	Detailed review of business continuity plans with small providers (35 across Peterborough and Cambridgeshire) has been undertaken. Most providers have business continuity plans in place and we continue to offer

	need for support.			support to a number where there is an identified need for more robust plans.
Wellbeing	Wellbeing and emotional support for provider workforce	Established	CCG	A significant organisational support offer has been developed for local providers, including individual wellbeing support and more specialist counselling and support for those requiring it. This is available to all social care providers and their staff including care homes, domiciliary care and care staff in other settings.
Clinical Support				
MDT Support to Care Homes	<p>Designated clinical lead for each care home</p> <p>Establishment of Care Home Health Team and weekly MDT meetings</p> <p>Enhanced Primary Care Support Offer in place</p>	<p>29 May 2020</p> <p>29 May 2020</p> <p>29 May 2020</p>	CCG	<p>Confirmed existing clinical practice leads to all care homes week ending 29th May 2020.</p> <p>MDT leads for practices, CPFT, social care and medicines agreed.</p> <p>Subject to sign up of the new enhanced service (deadline was Friday 29th May), weekly check ins began week of 1st June 2020.</p> <p>CCG has worked through all the practice enhanced service responses and sent out letter to care homes week of 1st June.</p>
Technology	Supporting care homes with the technology infrastructure to deliver virtual consultations	July 2020	CCG	A recent survey of local care homes, which received an 80% response rate, identified that around

	and remote diagnostic monitoring.			<p>17% of care homes across Cambridgeshire and Peterborough do not have access to remote working equipment. In addition, there is varied access to diagnostic equipment for remote monitoring of residents' vital signs.</p> <p>CCG has rolled out provision of equipment to care homes to support this.</p>
Mental Health Support to Care Homes	Review of provision: Communication links between primary care and psychiatric services are currently being reviewed and we anticipate these will be enhanced further in the near future and will benefit the way in which we support care homes.		CPFT	
Medication Support	<p>Access to medications</p> <p>Medications Guidance</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>CCG</p> <p>CCG</p>	<p>The CCG have been working closely with GP Practices and community pharmacies to ensure that care home residents receive their medications by managing supplies and reducing the impact of stock shortages, whilst also implementing new processes for online ordering to reduce face-to-face contacts. This has been vital for all patients, but particularly with respect to the availability of palliative care medications.</p> <p>Robust COVID-19 End of Life treatment guidance has been developed including</p>

	Roll out of nhs.mail		CCG	<p>“The Re-Use of Medications in Care Homes SOP” should an urgent need for medication arise and to assist care homes with the administration of medications from original packs, following the withdrawal of Medicines Dosage Systems (MDS) by community pharmacies. Advice from the CCG Ethical Cell has informed this approach, as well as for other resource shortages.</p> <p>Steps are now in place to ensure all care homes have nhs.net email accounts to further support communications.</p>
	Virtual medication reviews	Ongoing	CCG	<p>In addition to this, virtual medication reviews can be carried out to support GPs and care home staff, and guidelines have been released to ensure that the care home residents most in need of a medication review are prioritised.</p>
Infection Control Fund				
Payments to Providers	<p>Infection Control Funding will be passed to local providers to implement appropriate workforce measures to support infection prevention and control.</p> <ul style="list-style-type: none"> 75% of funding will pass direct to Care Quality Commission (CQC) registered care homes on a per bed allocation basis 		Local Authority	<p>The local authority received the first instalment of the national Infection Control Fund in June 2020. In line with the national conditions, 75% of this funding was passported to local residential and nursing care providers. We received contract-monitoring returns on</p>

	<ul style="list-style-type: none"> We are engaging with providers to determine the most effective use of the remaining 25% of funding, with a view that this will be used to support other providers such as Support Living, Extra Care settings, Sheltered Housing and the wider domiciliary care workforce 		<p>the use of funding from providers to inform the first return to the Department of Health and Social Care, which showed us the following IPC measures funding was used for by providers across Cambridgeshire:</p> <ul style="list-style-type: none"> Proportion of funding spent on measures to isolate residents within their own care homes: 9% Proportion of funding spent on measures to restrict staff movement within care homes: 14% Proportion of funding spent on paying staff full wages while isolating following a positive test: 7% Proportion of funding spent on other areas: 70%. <p>The local authority received the second instalment of funding at the end of July and payments have been made to providers. However, release of the second instalment is conditional on providers complying with the relevant national standards.</p> <p>In relation to the 25% element of the Infection Control Fund, the local authority had discretion to use this to fund IPC amongst wider domiciliary care</p>
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Description	Current % reporting measure is in place	Previous % reported
Ability to isolate residents	90%	79%
Actions to restrict staff movement between care homes	88%	73%
Paying staff full wages while isolating following a positive test	71%	38%
Registration on the government's testing portal	82%	58%
Access to COVID 19 test kits for all residents and asymptomatic staff	76%	31%
Testing of all residents discharged from hospital to care homes	90%	73%
Access to sufficient PPE to meet needs	98%	86%
Access to medical equipment needed for Covid19	89%	82%
Access to training in the use of PPE from clinical or Public Health teams	96%	81%
Access to training on use of key medical equipment needed for COVID19	81%	69%
Access to additional capacity including from locally coordinated returning healthcare professionals or volunteers	69%	50%
Named Clinical Lead in place for support and guidance	83%	53%
Access to mutual aid offer (primary and community health support)	94%	84%

3. Consultation

- 3.1 The development of our local care home support plan is a local system plan and was developed in partnership with NHS partners across the system, via the Sustainability and Transformation (STP) Recovery and Oversight Group.

4. Anticipated Outcomes or Impact

- 4.1 The potential and predicted outcomes are:
- Ensure the sustainability of adult social care during the COVID-19 outbreak
 - Ensure that vulnerable adults and older people are supported during the pandemic
 - Protect and support workforce in line with national guidelines whilst maintaining critical services and allowing effective emergency planning
 - Ensure that the financial impact of COVID is managed effectively

5. Implications

Financial Implications

- 5.1 Compliance with national conditions associated with national government Infection Control Funding.

Legal Implications

5.2 Not applicable.

Equalities Implications

5.3 Not applicable.

6. Source documents guidance

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

6.1 Source documents and location

Cambridgeshire and Peterborough Care Home Support Plan

[Peterborough and Cambridgeshire Care Home Support Plan](#)

Infection Control Fund

[Adult Social Care Infection Control Fund](#)

Public Health England Outbreaks in Care Homes

[Covid-19 Number of outbreaks in care homes management information](#)

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

Agenda Item No: 8

Updated 23.08.2020

MEETING DATE	ITEM	REPORT AUTHOR	ORGANISATION
9-10am – 11th September 2020	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Notification of the Chairman/Chairwoman.	Oral	
	Election of the Vice-Chairman/woman.	Oral	
	Changes in Membership.	Oral	
	Apologies for absence and declarations of interest.	Oral	
	Minutes of the Meeting on 7 th November 2019	Oral	
	Action Log	Michelle Rowe	
	Update from Integrated Commissioning Board – Priorities	Caroline Townsend	
	Care Home Support Plan	Caroline Townsend	
	Agenda Plan	Michelle Rowe	
10-11am – 11th September 2020	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Chair	
	Minutes of the meeting on 7 th August 2020	Oral	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

10-11am – 5th October 2020 (Provisional Date)	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 11 th September 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	
11am-12noon – 5th October 2020	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 11 th September 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

	Communication Plan		
	Public Questions		

10-11am – 6th November 2020	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 5 th October 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	
11am-12noon – 6th November 2020	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 5 th October 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

10am – 26 th November 2020	<u>Cambridgeshire Health and Wellbeing Board</u>		CCC - Democratic Services
	Notification of Chairman/Chairwoman	Oral	
	Election of a Vice-Chairman/Chairwoman	Oral	
	Changes in membership	Oral	
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 30 th January 2020	Oral	
	Action Log	Oral	
<i>Due to Covid-19, need to confirm whether this could still be taken.</i>	Implementing the findings of the PNA	Liz Robin/Iain Green	
	Agenda Plan	Oral	

10-11am – 4 th December 2020 (Provisional Date)	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 6 th November 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	
11am-12noon – 4th December 2020	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 6 th November 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

January 2020 Date TBC	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 4 th December 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

January 2020 Date TBC	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 4 th December 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

February 2020 Date	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on X January 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

February 2020 Date	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on X January 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

10-11am – 2 nd March 2020.	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on X February 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

11am-12noon – 2 nd March 2020.	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on X February 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

10-11am – 6 th April 2020.	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 2 nd March 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

11am-12noon – 6 th April 2020.	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 2 nd March 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

10-11am – 11 th May 2020	<u>Health and Wellbeing Board Core Joint Sub-Committee</u>		CCC - Democratic Services
	Apologies for absence and declarations of interest	Oral	
	Minutes of the Meeting on 6 th April 2020	Oral	
	Action Log	Michelle Rowe	
	Joint Commissioning and Integration Workstream		
	Service Transformation and Business Workstream		
	Outcomes for Residents Workstream		
	Agenda Plan	Michelle Rowe	

FORWARD AGENDA PLAN - CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD, CORE AND WHOLE SYSTEM JOINT SUB-COMMITTEES AND LOCAL OUTBREAK ENGAGEMENT BOARD

11am-12noon – 11 th May 2020	<u>Cambridgeshire and Peterborough Local Outbreak Engagement Board</u>		
	Apologies for absence and declarations of interest	Oral	
	Minutes of the meeting on 6 th April 2020	Oral	
	Cambridgeshire and Peterborough Health Protection Board Report	Liz Robin	
	Communication Plan		
	Public Questions		

24 th June 2021	<u>Cambridgeshire Health and Wellbeing Board</u>		CCC - Democratic Services
	Notification of Chairman/Chairwoman	Oral	
	Election of a Vice-Chairman/Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 26 th November 2020	Oral	
	Action Log	Oral	
	Person's Story		
	Agenda Plan	Oral	