CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
PETERBOROUGH HEALTH AND WELLBEING BAORD

Thursday 28 March 2019 at 10.00am

Council Chamber
Cambridgeshire County Council
Shire Hall
Cambridge CB3 0AP

AGENDA

Open to Public and Press

1.	**Apologies for absence and declarations of Interest from members of the Cambridgeshire Health and Wellbeing Board**	*Oral item*
2.	**Apologies for absence and declarations of Interest from members of the Peterborough Health and Wellbeing Board**	*Oral item*
3.	**Minutes of the Cambridgeshire Health and Wellbeing Board meeting on 31 January 2019**	*Oral item* *Pages 5-18*
4.	**Cambridgeshire Health and Wellbeing Board Action Log**	*James Veitch* *Pages 19-21*
5.	**Minutes of the Peterborough Health and Wellbeing Board on 10 December 2018**	*Oral item* *Pages 22-31*
6.	**Cambridgeshire & Peterborough Improved Better Care Fund Evaluation 2018-19**	*Will Patten/ Louis Kamfer* *Pages 32-83*

7.	**Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) Core Data Set 2019**	*David Lea* *Pages 84-87*
8.	**Sustainability and Transformation Partnership (STP) Update on Strategic Direction 2018/19**	*Jan Thomas & Catherine Pollard* *Pages 88-99*
9.	**Clinical Commissioning Group (CCG) Planning for 2019/20 and the NHS 10 Year Plan**	*Jan Thomas* *Pages 100-114*
10.	**Think Communities Update**	*Adrian Chapman* *Pages 115-125*
11.	**Public Service Reform: Combined Authority Update**	*Paul Raynes* *Pages 126-128*
12.	**Public Health System Local Government Association (LGA) Peer Review**	Liz Robin *Pages 129-152*
13.	**Developing a New Joint Health and Wellbeing Board Strategy**	Liz Robin *Pages 153-156*
14.	**Health and Social Care System Peer Review Action Plan Update**	*Charlotte Black/ Helen Gregg* *Pages 157-167*
15.	**Cambridgeshire Health and Wellbeing Board Forward Agenda Plan**	*James Veitch* *Pages 168-172*

16.	**Peterborough Health and Wellbeing Board Forward Agenda Plan**	*James Veitch* *Pages 173*

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Roger Hickford (Chairman)

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

The Peterborough Health and Wellbeing Board comprises the following members:

Councillor John Holdich (Chairman)

A Chapman H Daniels S Evans-Evans Councillor W Fitzgerald Dr G Howsam Councillor M Jamil Councillor D Lamb Councillor S Mahmoud V Moore W Ogle-Welbourn Dr L Robin

Co-opted Members: R Wate QPM C Higgins

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

James Veitch, Democratic Services Officer Trainee, Cambridgeshire County Council. James.Veitch@cambridgeshire.gov.uk or 01223 715619

Daniel Kalley, Senior Democratic Services Officer, Peterborough City Council, daniel.kalley@peterborough.gov.uk 01733 296334

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CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 31 January 2019

Time: 10.00-12. 30pm

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor Roger Hickford (Chairman)
Councillor Mark Howell
Councillor Linda Jones
Councillor Susan van de Ven
Wendi Ogle-Welbourn- Executive Director: People and Communities
Dr Liz Robin- Director of Public Health
Tom Kelly- Head of Finance
Kate Parker- Head of Programmes Team, Public Health

City and District Councils
Councillor Mike Cornwell- Fenland District Council

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jan Thomas- Accountable Officer (Vice-Chair)
Dr Sripat Pai- GP member

Healthwatch
Val Moore

NHS Providers
Tracy Dowling- Chief Executive of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
Keith Reynolds- North West Anglian Foundation Trust (NWAFT) (substituting for Caroline Walker)
Ian Walker- Cambridge University Hospitals NHS Foundation Trust
Matthew Winn- Chief Executive at Cambridgeshire Community Services NHS Trust

Hunts Forum
Julie Farrow- Chief Executive of the Hunts Forum of Voluntary Organisations

Also Present:
Councillor Lynda Harford

Apologies:
Jessica Bawden- CCG, Director of Corporate Affairs
Councillor Samantha Hoy- Cambridgeshire County Council
Chris Malyon- Section 151 Officer, Cambridgeshire County Council
Councillor Nicky Massey- Cambridge City Council
Caroline Walker- North West Anglia Foundation Trust (NWAFT)

114. NOTIFICATION OF THE CHAIRMAN

The Board noted that Cambridgeshire County Council had appointed Councillor Roger Hickford as Chairman for the rest of the municipal year 2018/19.

115. CHANGES IN MEMBERSHIP OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board noted the following changes in membership: Caroline Walker had succeeded Stephen Graves as the Chief Executive of the North West Anglian Foundation Trust; Julie Farrow, Chief Executive of the Hunts Forum of Voluntary Organisations had been appointed a full member of Board; and Councillor Mark Howell had succeeded Councillor David Wells as a Cambridgeshire County Council representative.

116. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

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

117. MINUTES - 22ND NOVEMBER 2018

The minutes of the meeting on 22nd November 2018 were agreed as an accurate record and signed by the Chairman.

118. MINUTES ACTION LOG

The Action Log was reviewed and the following update was noted:

Minute 86: Better Care Fund Update - The Vice-Chair (The Accountable Officer for the CCG) reported that she would ask her Director of Corporate Affairs to progress this issue. It was noted that it would be considered at a future workshop on planning and growth. It would also be considered by the Integrated Commissioning Board as part of the work stream on housing. The Chairman reported that this action should now be marked as complete.

119. A PERSON'S STORY

Susie Willis from Care Network Cambridgeshire introduced herself and thanked members of the Board for allowing her the opportunity to share the stories of two residents in Cambridgeshire experiencing chronic loneliness.

The first experience shared with the Board was about a man named Barry; he was 89 years old and lived in a small village. He had lived in his home for 42 years; all his four children lived all round the world and the closest being a five-hour drive away. Sarah, his wife had died two years ago, she had experienced dementia and Barry had cared for her in their home for 10 years. Last year Barry had a stroke. It was noted that Barry had never thought about being lonely until Sarah was diagnosed with dementia. Barry had felt like he was the only person who could support her and vowed to keep her at home. Their four children had tried to support Barry and Sarah however, Barry always told them everything was fine, but did not say how hard it was to look after his wife as he felt his children had their own lives to manage. It was noted that this was Barry's first experience of loneliness, Barry and his wife's relationship started to change, Sarah would often question who Barry was and where

she was. Barry did not know whom to turn to for help, he felt like people would see him as weak, or as a failure if he spoke out. Barry carried these feelings for several months until he could not hide the truth anymore. He spoke to his children about his daily struggles, the emptiness of the house, his feeling of isolation, as they could no longer leave the house. With their support, Barry enrolled in the services of a care team and made sure that the company he chose would always send the same carers to the house. Once this new routine had started, Barry felt more comfortable leaving the house so he could recharge or complete some chores. The carers became friends, Barry no longer carried feelings of guilt, and he did not feel so lonely.

However, after Sarah's death the house felt empty again. Neither Sarah nor the carers were there. The grief of losing his wife consumed Barry, but he was determined to rebuild his life. He started meeting people and doing some hobbies, he previously had enjoyed. He could get into his car and drive anywhere he pleased. He was alone at times, but not so lonely. Then Barry had a stroke, it took a lot time and professional support to regain his strength in his arm and leg. He was in the house on his own, but this time he was not able to leave the house and get in his car. A care team would visit the house twice a day but did not stay for long and he rarely saw the same person twice. Again, Barry felt afraid to speak out and tell someone he was struggling and that he was lonely. It was noted that Barry felt it was more difficult for men to admit that they were feeling lonely, as they were not supposed to show weakness. He did not think that there was an answer for loneliness as we were all different, but he does feel it was important to recognise and express those emotions that men, particularly of a certain generation, are afraid to share.

The second experience Susie Willis shared with the Board was a woman called Sue. Sue was 91 years old had two children but had lived alone since separating from her husband two years ago. Following the breakdown of her marriage, she had moved into a new area, a town centre so she could travel and enjoy her life. Not long after this move, she had a fall, which knocked her confidence and reduced her mobility. Her family thought she could move into a care home, however, Sue wanted to remain at home after she was discharged from hospital. Sue went home; she did not want to bother her children. Luckily, a friend would drive to visit and take her for coffee, but this stopped after her friend became unwell and could no longer drive. It was noted that Sue did not have many local friends and many others had passed away. Sue stated, with tears in her eyes that thoughts of those around you dying makes you feel alone in your head, those who understood you, bonded with you, experienced life events with you had gone. Who else wants to know, who else wants to bother? Over the next 15months, Sue had two more falls. This resulted in lengthy stays in hospital. Once again, her family had questioned Sue's suitability to return home. Sue did return home and remembered numerous carers or health care professionals visiting her, but none of them would stop and talk to her or really get to know her. Sue had stated that loneliness changes your perspective on everything. Her garden used to be peaceful but now feels more like a prison. She purchased a mobility scooter but did not have the strength to move it. If Sue did go outside she was scared she would fall off as the scooter was unsteady on the uneven pavements. It was noted that Sue felt frustrated, as she believed she was not old inside her head. She would love to have company and someone to talk to her; it would be something to look forward to. Sue commented that old age is a lonely place and she would not mind if she did not make it to her 92nd birthday.

In discussion:

- The CPFT Chief Executive reported that the experiences Susie Willis had shared with the Board were not uncommon. She believed that as individuals got older they did experience feelings of isolation. She acknowledged that it was different for men and women. She was unsure of how to negate the feeling of loneliness and believed that it was partly due to societal values towards the treatment of older people that caused these feelings. She highlighted the link to suicide, which was relatively high for older people. The Chairman agreed and stated that close-knit communities were rare due to the rise in global travel and employment.

- An elected Member noted that a village in their Division had set up a Care Network Community Navigator Scheme and was holding a celebrating age event. However, setting up more groups like this did have a number of challenges such as funding.

- The Voluntary Sector representative stated that the experiences of Barry and Sue had been presented eloquently and asked Susie Willis whether she had seen an uptake in the number of people who identified as lonely. It was noted that it was more important to make individuals who were feeling lonely feel comfortable asking for help. Once this had been achieved then they would see an uptake in individuals identifying as lonely. It was acknowledged that they needed to be changes to societal values regarding the stigma around loneliness.

- An elected Member stated that it was very important to work with neighbourhoods to establish local networks and not just employ professional carers. It was suggested that Public Health could lead on this campaign in order to identify and help individuals who were suffering from loneliness. Attention was drawn to the many informal social networks in cities but not so many in rural communities. It was therefore important that officers were sensitive to the geography of loneliness.

- The Vice-Chair asked the Director of Public Health whether by using previously collected data, the Service could identify where people were at the most risk of experiencing loneliness. She reported that the Joint Strategic Needs Assessment (JNSA) needed to be more pro-active in identifying individuals who were suffering from loneliness. She noted that they had been strong links between loneliness and mental health issues. The Director of Public Health agreed that loneliness had become a common problem. It was noted that this issue would be pick up as part of the next item.

- The Fenland District Council (FDC) representative agreed that understanding the geography of loneliness was very important. He reported that a survey in Fenland had identified lots of informal voluntary work being carried out in villages to try to help negate the feeling of loneliness. He highlighted the importance of offering events and activities to isolated individuals.

- The Assistant Director of Strategy at the NWAFT suggested that the THINK communities initiative was made up of individuals, groups and charities working with people who did feel lonely and isolated. He suggested the Board could join up with this initiative and help identify what resources were there in order for people to take advantage of opportunities in their local communities.

120. CAMPAIGN TO END LONELINESS IN CAMBRIDGESHIRE

The Board received a report providing a brief on the launch of the Cambridgeshire and Peterborough campaign to end loneliness- '#50000reason' and to highlight the impact the campaign had made to date. It was noted that the '#50000reasons' campaign was launched prior to Christmas in order to make the general population more aware of the levels of loneliness amongst the older population at this time. The campaign was given its name as data analysis identified that fifty thousand individuals in Cambridgeshire and Peterborough, over the age of 65 might be at risk of experiencing loneliness. It was noted that there was a stigma surrounding loneliness and that this campaign was trying to not only change the perception of loneliness but also trying to understand how to address it.

The campaign had received £10,000 from the National Campaign to End Loneliness and had been promoted using traditional, social and digital media such as: TV, Radio, Facebook and Twitter. It was noted that the campaign was in its 'first peak' before Christmas and going forward onto the 'second peak' this year. It was proposed to use the momentum to continue to promote the message of the campaign and potentially reach out to cover issues of loneliness and isolation across all age groups. Members noted that 59% of young people between the ages of 16-24 had experienced loneliness. The effects of loneliness had different implications for different age groups. Going forward the campaign would involve the districts. The Board was to consider how it could support the campaign.

In discussion:

- An elected Member expressed concerns around the importance placed on social media as a tool to address loneliness, as it could also be the cause of it. Many people had no access to social media and others could be totally consumed by it. She stated that the report accurately portrayed the benefits and harmfulness of social media on loneliness. The Board was informed that the campaign was not directed at older people but rather at the general population who used social media. It was important to bear in mind that there would be a transition phase as future generations embraced and used technology.

- The Chairman stated that he assumed that most young people would have access to the internet; however, individuals could still feel isolated when using the internet. The Chief Executive of the CPFT followed this by stating that social media tended to show a distorted perception of individual's experiences.

- An elected Member highlighted the need for a clear strategy moving forward. She raised the need to identify what assets were already there in the community, and the Importance therefore of mapping community and organisational intervention in order to understand the scale of the problem. . Overall, she was satisfied with the campaign, as tackling loneliness was an important issue however, the report did not outline a clear strategy moving forward. It was acknowledged that a mapping exercise would be help address barriers.

- The representative from Healthwatch raised the need to understand the barriers for counteracting loneliness within communities. The report needed to take into account the factors that supported individuals in communities. By

doing this, the campaign would gain more momentum, recognition and understanding of loneliness as it progressed.

- The Voluntary Sector representative stated that the campaign did raise awareness of the issue amongst the general population but did not actually aim to reduce levels of loneliness. It was noted that communities in Cambridgeshire were rapidly changing therefore there needed to be a rolling programme.

- The Executive Director, People and Communities stated that the THINK communities initiative linked to the Sustainability and Transformation Partnership (STP) could take this issue forward. She agreed with the voluntary organisation representative that the campaign had to focus on promoting place based initiatives within the community.

- The FDC Member stated that the campaign should not forget about working with Parish Councils as there was work already being done to help negate the effects of loneliness by local people in communities.

- The Vice-Chair reminded the Board that younger people had also been experiencing big issues with loneliness and it was progressively getting worse.

  The Chief Executive of CPFT reported that CPFT had been promoting events where people could attend on their own. It was holding its first ever NHS park run to try to encourage individuals to have the confidence to attend on their own.

It was resolved unanimously to:

a) Note for information the brief on the local campaign to end loneliness- '*#5000reasons'*

b) Comment on the '*#5000reasons'* campaign impact

c) Provide comments to support the development of the send phase of the campaign

121. ADULTS POSITIVE CHALLENGE PROGRAMME

The Board considered a report outlining the conclusions of the recent self-assessment for Adult Social Care in Cambridgeshire. The Head of Integration, Adult and Safeguarding stated that there was a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. The self-assessment also referred to the Adult Positive Challenge Programme, which was underway across Cambridgeshire and Peterborough. Feedback was being sought from the HWB and key partners to assist the development of key goals.

In discussion:

- An elected Member found the report interesting, but raised concerns regarding the overlap of initiatives and the quantity of work that would need to be completed. She asked officers how they would know which initiatives would be effective. In response, it was noted that officers were performing an extensive

evaluation process in order to identify which initiative strands could be delivered with the resources they had.

- The same Elected Member also raised concerns regarding the future vision of the Adult Positive Challenge programme. She wanted to know whether local people would drive Health and Wellbeing in the future and was concerned about the interpretation of this vision going forward. The Head of Integration, Adult and Safeguarding clarified that individual's best recognised their own needs, which could be much cheaper to deliver. From their research, it had been established that individuals wanted independence rather than a home care package. It was noted that officers would make sure that users were given the right messages and conversation regarding prevention methods to minimise dependence on Council funded care and support and the health system.

- The Executive Director, People and Communities reminded the Board that the Council was financially challenged with reducing budgets and increasing demands. It was therefore important to do things differently by building on the assets of a community and working with District colleagues. The Chairman acknowledged the importance of identifying savings but there needed to also be a focus on outcomes.

- An elected Member raised concerns over the clarity of the 'Adult Social Care Outcomes Framework-2017/18' table in the report; it was suggested that this should be discussed outside of the meeting.

- An elected Member raised concerns regarding the impact of Brexit on the 20% of care staff who came from the European Union (EU). She asked whether there had been any changes in current employment rates and what precautions were being taken to help employees stay in the UK. The Board was informed that there had been a successful recruitment campaign in the Council's reablement service and officers were working with providers to help employees from the EU get UK residency. The Executive Director, People and Communities stated that employees from the EU were getting good levels of support and they had not seen an influx of EU workers leaving the care system. She added that she would provide the Board with a briefing from the Commissioning Team. **(Action required- Executive Director: People and Communities)**

- The Vice-Chair stated that given the financial pressures facing the Health Service she would need to evaluate the effectiveness of various fora comprising health representatives. She reported that she was looking at streamlining processes to identify which infrastructures were most effective and which ones could be made more efficient.

- An elected Member drew attention to partnerships detailed on and highlighted the fact that they were not cost free. There was therefore a need to clarify and simplify across the health and social care system. The Chairman, with agreement from the Board, stated that there was much more that could be done to improve the efficiency and productivity of organisations, through joined up working arrangements.

It was resolved unanimously to:

a) Note the findings of the recent self-assessment for Adult Social Care

b) Consider how the Board might engage with and support Adult Social Care in innovations and challenges described

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

The Board considered a report providing a brief update on the progress of the work by all partners on the multi-agency Suicide Prevention Implementation Board. It was also asked to review partner organisations plans towards the zero suicide ambition. The Consultant in Public Health informed the Board that there were two sections within the report. The first part was the work performed on the Suicide Prevention Plan by the multi-agency partnership board, and the second the districts councils' work on suicide prevention. It was noted that the Suicide Prevention Implementation Board had made good progress throughout the last year with a small budget. Attention was drawn to the six priority areas for suicide prevention and the key work assigned to each. There was also an appendix detailing the work of HWB partners who were not members of the Suicide Prevention Implementation Board.

In discussion:

- The representative from FDC asked officers whether voluntary organisations would feed into the real time surveillance portal. The Board was informed that it would require greater data sharing agreements if Public Health wanted to share data with the community sector and voluntary groups. The same Member queried the role of the Samaritans in this process. The Board was informed that officers had visited the Samaritans. However, it was important to note that support from the Samaritans could be provided from anywhere in the country. It was also important to note that the Samaritans did not keep records.

- The representative for the voluntary organisations suggested that officers contact and share data with the voluntary sector and faith networks as they both had big roles in supporting individuals across Cambridgeshire.

- An elected Member raised concerns regarding the access to the MIND Sanctuaries across Cambridgeshire and enquired as to whether the amount of transport to these centres could be increased. The Board was informed that it would be difficult as the Sanctuaries were in rural areas of Cambridgeshire. It was important to note that they were not a 24/7 service. It was noted that a children and young person crisis service was being developed in order to try to help prevent a crisis from happening and the need for individuals to attend the Sanctuaries. The same Member commented that more accessible transport to these MIND Sanctuaries was vital

- The Chief Executive of the CPFT clarified that the Sanctuaries were open until 1.00am. She explained that the NHS long-term plan was proposing a substantive core service be put in place in order to improve these types of suicide prevention services.

- The Director of Public Health stated that since MIND Sanctuaries had been introduced, they had initially seen reduced levels of users in Accident and

Emergency. The Vice-Chair reported that that there had since been a 9% increase in A & E activity relating to suicide.

- The Chief Executive of the CPFT stated that the scheme of dialling 111 to get a mental health assessment over the phone was also effective and that MIND Sanctuaries were not the only option for individuals. She added that the level of support in Cambridgeshire and Peterborough was the best in the country and reminded the Board of further ambitions in the long-term plan.

- The representative from HealthWatch reported that stories from people who had been coming to HealthWatch demonstrated this there was a stretched capacity on the health system. They noted that these individuals were service seekers rather than users. These stories would be shared with the Chief Executive of CPFT and the Vice-Chair outside of the meeting.

- An elected Member thanked officers for presenting the paper and suggested its approach was practical and focused. Regarding the STOP suicide awareness raising campaign in May 2018, the Member was concerned that there were no signs of an evaluation report. Officers clarified that the evaluation process had been completed and would be circulated to the Board (**Action required- Consultant in Public Health (Cambridgeshire County Council)**

- An elected Member raised concerns regarding the report's appendix; Cambridge City was the only district to provide a full response. The Member suggested that there be a significant report from each district regarding their Suicide Prevention Action Plan.

- The Vice-Chair stated that the CCG funding allocations for 2019/20 moved it further away from its funding target. Additional funding did not mean additional staff. She could not guarantee that there would not be cuts to services this year.

- The Chairman with agreement from the Board stated that this funding issue needed to be discussed fully by the Health and Wellbeing Board.

It was resolved unanimously to:

a) Note and comment on the progress of the suicide prevention implementation plan

b) Comment on the commitment of Health and Wellbeing Board member organisations to the zero suicide ambition

c) Continue to support the implementation of the suicide prevention implementation plan through partnership and network links, awareness raising and developing a learning culture

123. GREATER CAMBRIDGE LIVING WELL AREA PARTNERSHIP UPDATE

The Board considered a report providing an update on the Living Well Area Partnership. The report focused on the Greater Cambridge partnership, which included Cambridge City Council and South Cambridgeshire District Council. It was

noted that it was important to get the right people in attendance, and the partnership had a good relationship with GPs.

In discussion:

- The Chairman queried the Partnership's interaction with GPs. It was noted that a representative had been nominated representative from the Cambridgeshire GP Federation who was keen on making the partnership work on a local level. However, it had struggled to get engagement with GPs previously and had no engagement with Secondary Care representatives

- The Vice-Chair raised concerns that there were multiple different organisations trying to develop a more joined up approach between Health and Social Care. She explained that it was difficult to resource all these organisations as they did not have a clear picture of which organisation was carrying out which task. She had serious concerns that the CCG could not support the amount of infrastructure at the present date.

- The Executive Director, People and Communities agreed with the Vice-Chair and stated that these partnership groups needed to be placed based and involve all districts. It was acknowledged that there needed to be locality-based forum, which considered different issues from the North and South Alliance. It was important to bear in mind the need to consider from a public health perspective housing and environmental health.

- The representative from FDC raised his concerns regarding the vast amount of meetings taking place around the county. He suggested that the meetings had lost focus and someone should come back to the HWB with a report regarding how to manage the current infrastructure.

It was resolved unanimously to:

Consider the content of the report and raise any comments

124. HUNTINGDONSHIRE LIVING WELL AREA PARTNERSHIP UPDATE

The Board considered a report providing an update on the Huntingdonshire Living Well Area Partnership. The Head of Leisure and Health, Huntingdonshire District Council, stated that the strength of the LWP originated from the connectivity to the people it supported. She echoed comments raised in the previous item suggesting that the LWP was a complex and confusing landscape at the current date. It was noted that the LWP scheme had many opportunities arising from it but did face challenges. It too had a GP that worked with the partnership but stated that it needed to seek further clarity of the role of the GP representative and their link into the wider Huntingdonshire GP network.

In discussion:

- The Chairman asked the Board how it could review the whole situation. The Executive Director, People and Communities suggested that a report be presented to the HWB.

- The Director of Public Health suggested that the LWPs could bring information back to the Joint HWB workshop in March. **(Action required- Head of Leisure and Health at Huntingdonshire District Council)**

- An Elected Member reported that she would strongly disagree with abandoning the LWP project. She suggested that the HWB would need to re-focus on the processes taking place in hospitals and in the CCG. She suggested that they would need the right level of engagement from senior officers to move the process forward.

It was resolved to:

Consider and comment on the content of the report

125. HEALTH AND WELLBEING STRATEGY - RENEWING THE HEALTH AND WELLBEING STRATEGY

The Board was asked to comment on the development of the next joint Health and Wellbeing Strategy (JHWS) for Cambridgeshire. The Director of Public Health informed the Board that the report was asking them to make the important decision on how they should progress with the Joint HWB strategy for 2019. The previous HWB strategy had been extended to the end of 2019 so it aligned with the ending of Peterborough's HWB strategy. The Director of Public Health stated that having a joint strategy would provide a strategic benefit to the two Boards. There were three options set in the report: Option A, a single Cambridgeshire HWB strategy; Option B, a Cambridgeshire and Peterborough HWB joint strategy; and option C, a mixed strategy where some elements of the strategy were joint and others were separate. She reported that Peterborough had considered this report already and expressed support for Option B, but stated that it should be sensitive to local needs and issues.

In discussion:

- The Vice-Chair stated that she was supportive of Option B as it provided a long-term plan with a larger footprint for the two boards across Cambridgeshire.

- An elected Member stated that she was also supportive of Option B, however the wording in the report should change from 'could' to 'should' regarding Option B and its relevance to local HWB needs (JSNA).

- An elected Member stated that option A was more straightforward and was surprised that this simplicity was not conveyed in the report. They asked officers why the report had not made a stronger case for Option A. The Executive Director, People and Communities clarified that Option B created more opportunities for achievable and effective place based working schemes.

- The Chief Executive from the CPFT supported Option B as it allowed resources to be brought together to produce one joint piece of work.

- The representative from the voluntary sector preferred Option A as Peterborough's HWB did not have a representative from the voluntary sector on its Board. The Chairman asked officers whether the role of the voluntary sector in Peterborough could be addressed if Option B was selected. The Executive

Director, People and Communities confirmed that she would address this issue. **(Action Required- Executive Director: People and Communities)**

- The Director of Public Health suggested to the Board that Option C was more complicated than option A and B. She understood the point's members of the Board had raised, however one joint strategy would increase connectivity and provide the districts with greater participation with the creation of placed based schemes.

- The representative from FDC stated that Fenland were already working closely with Peterborough so he supported Option B.

- The representative from the NWAFT stated he would like to see the Joint HWB strategy aligning with the STP strategy in order to instigate more joint working. The Director of Public Health confirmed that the workshop in March needed to discuss how the STP and HWB strategies would align.

- The representative from Healthwatch stated that integration needed to be a priority, so supported Option B.

- It was decided by the Board to agree on Option B with the understanding that the wording in the report should change from 'could' to 'should' regarding option B and its relevance to local HWB needs (JSNA)

It was resolved unanimously to:

Agree on Option B with the understanding that the wording in section 3.4 in the report should change from 'could' to 'should'.

126. CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES: PROGRESS REPORT

The Board considered a report providing an update on its three agreed priorities for 2018/19. The Director of Public Health stated the report requested a steer from the Board on the policies they would like to explore further. She took the Board through the priorities set out in the report.

The Chairman, with agreement from the Director of Public Health, stated that the Board was being asked to prioritise which health inequalities and priorities they wanted to continue to work with in the future.

In discussion:

- The Vice-Chair stated that the Delayed Transfer of Care (DTOC) was a very relevant topic of discussion at the current date and significant amount of work was being put into that, which was yielding good results.

- An elected Member stated that supporting the healthier food environment was an important area of the HWB's agenda plan and an important area to link with. She reported that health inequality issues were all driven through the Social Value Act. All organisations within the Health and Social Care system should focus on reducing discrimination regarding employment rates amongst individuals with criminal records.

- The representative from the voluntary organisations stated that the Social Value Act had been in operation for a while and organisations were not using it to its full potential. She suggested that it could bring an economic benefit and be the catalyst for creating local support services.

- The representative from FDC reiterated the importance of the Social Value Act and highlighted the responsibilities of the Combined Authority in this area.

- The representative from Health watch stated that when the next set of joint priorities were formulated; they needed to include the access and isolation need in the Health and Social Care system.

- The representative from NWAFT raised concerns regarding how they could improve the vacancy rates in the health and social care system. He suggested that high levels of unemployment in the system did effect service. The Chairman agreed that the Board needed more information on the delivery and costs. He suggested the officers could bring the report back to the HWB as soon as possible and they could allocate more time to the item. **(Action required- Director of Public Health)**

It was resolved unanimously to:

a) Note and comment on progress against the Health and Wellbeing Board priorities for 2018/19 since the performance update provided in November 2018

b) Provide a steer on which policy options to address health inequalities should be priorities for further work by the Public Health Reference Group.

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

The Board received a report detailing the decision made by full Council to establish joint working relationships between the Cambridgeshire and Peterborough Health and Wellbeing Boards (HWB). The Head of Business Programmes Team explained that this report was to formalise the decision made by full Council on the 11th December 2018. The first joint meeting would be held on the 28th March 2019.

It was resolved to:

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

128. HEALTH AND WELLBEING BOARD AGENDA PLAN

The Board reviewed the Forward Agenda Plan and raised the following:

- The Director of Public Health informed the Board that a draft agenda for the Joint Cambridgeshire and Peterborough Health and Wellbeing Board would be circulated to Board members.

- The representative from the voluntary organisations stated that a Person's Story item had been organised for the meeting in March. However, the Director of Public Health stated reviewed in the light of the fact that Peterborough's HWB did not have such an item on its agendas.

- The Head of Business Programmes Team in Public Health informed the Board that provisional calendar invites for a Joint Health and Wellbeing Board Development Session on the 11th March 2019 had been sent. She asked Board members if they could prioritise this invitation, as it had been difficult to organise.

129. DATE OF NEXT MEETING

The Board will meet next on Thursday 28th March 2019 at 10.00am in the Council Chamber, Shire Hall, Cambridge

Chairman

Agenda Item No: 4

HEALTH & WELLBEING BOARD ACTION LOG: March 2019

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

Meeting date: 31 January 2019		
Minute 121 **Adults Positive Challenge Programme**	An elected Member asked whether there had been any changes in current employment rates and what precautions were being taken to help employees stay in the UK. The Executive Director, People and Communities would provide the Board with a briefing from the Commissioning Team. **Update 01.03.19:** Briefing note from the Executive Director: People and Communities circulated to the Board.	**Completed**
Minute 122 **Update on the Progress of the Suicide Prevention Action Plan and Zero Suicide Ambition**	An elected Member was concerned that there were no signs of an evaluation report. Officer clarified that the evaluation process had been completed and would be circulated to the Board. **Action: Katharine Hartley**	
Minute 124 **Huntingdonshire Living Well Area Partnership Update**	Director of Public Health suggested that the LWPs could bring information back to the Joint HWB workshop in March. **Action: Jayne Wisely**	
Minute 125 **Health and Wellbeing Strategy- Renewing the Health and Wellbeing Strategy**	The Chairman asked officer whether the role of the voluntary sector in Peterborough's Health and Wellbeing Board could be addressed if Option B was selected. The Executive Director, People and Communities confirmed that she would address this issue. **Action: Wendi Ogle-Welbourn**	

Minute 126 **Cambridgeshire Health and Wellbeing Priorities: Progress Report**	The representative from NWAFT raised concerns regarding how they could improve the vacancy rates in the health and social care system. The Chairman agreed that the Board needed more information on the delivery and costs. He suggested the officers could bring the report back to the HWB as soon as possible and they could allocate more time to the item. **Action: Liz Robin**	

PETERBOROUGH CITY COUNCIL

Agenda Item No: 5

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD AT 1PM, ON 10 DECEMBER 2018 COUNCIL CHAMBER, PETERBOROUGH

Committee Members Present: Cllr John Holdich (Chairman)
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Susan Mahmoud, Director Cambridgeshire and Peterborough Healthwatch
Hilary Daniels, NHS South Lincolnshire
Russell Wate, Director RJW Associates

Officers Present: Daniel Kalley, Senior Democratic Services Officer

Also Present: Caroline Townsend, Better Care Fund Lead
Tina Hornsby, Head of Integration Peterborough City Council and Cambridgeshire County Council
Keith Reynolds, Assistant Director Planning & Strategy (North West Anglia NHS Foundation Trust (NWAFT))
Jo Porter, Cardiologist NWAFT
David Pratt, Director of Finance NWAFT
Adrian Cannard, Strategy and Planning Assistant Director Cambridgeshire and Peterborough Combined Authority

9. APOLOGIES FOR ABSENCE

Apologies for absence were received from Val Moore and Adrian Chapman. Susan Mahmoud attended as substitute for Val Moore.

10. DECLARATIONS OF INTEREST

There were none.

11. MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD ON 20 SEPTEMBER 2018

The minutes of the meeting held on 20 September 2018 were agreed as a true and accurate record.

12. CARDIOLOGY PCI & COMPLEX PACING

The Health and Wellbeing Board received a report in relation to Cardiology PCI and Complex Pacing.

The purpose of the report was to provide an overview of PCI and Complex Pacing at Papworth Hospital and improving the services for Peterborough residents.

The lead Cardiologist addressed the Committee and informed members that progress had been made with regards to treating patients from Peterborough. Patients were now being assessed at Peterborough Hospital before being redirected to Papworth for serious complications, there were some delays using this pathway and Papworth had missed the target over the past two years. If the procedure was carried out in the hospital to which the patient was admitted this could save a whole day of patients waiting.

A number of consultants currently carrying out this procedure had already been doing so at Papworth Hospital and there was no reason why this couldn't be carried out in Peterborough. The Trust Board approved a business case in 2016 to take this service forward. In addition this service would help recruit nurses and staff to the Hospital. This would also help free up capacity at Papworth Hospital to focus on other specialist services. As part of the STP it was clear that there would be two centres across Cambridgeshire and Peterborough.

Alan Bradshaw spoke to the Board with regards to patient pathways. Members were informed that from start to finish the skill and dexterity by which the doctors performed the procedure was amazing. The nurses backed up the Doctors and were always friendly and reassuring.

The Mayor of Peterborough addressed the Board and spoke of his experiences of care at Peterborough Hospital. This service was far easier to access then having to travel to Papworth in Cambridge. Having as many procedures done at Peterborough was an advantage to the citizens of the City. This would be less stressful for patients and help with recovery time.

Mr Grout explained that he had the procedure at Papworth Hospital, however it was a surprise that it could have been done at Peterborough, which would have been more convenient for the family. The procedure needed to be looked at and made a part of the procedures at Peterborough. The aftercare team in Peterborough were already in place and would only enhance the reputation of the hospital with the introduction of the procedure.

The Director of Finance NWAFT emphasised that the NWAFT Board was fully supportive of the introduction of the service locally ensuring that it benefited the residents of Peterborough.

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

- This was a strategic medical decision, Peterborough Hospital had the capabilities to carry out the procedures. The CCG and clinicians were capable of working through the strategy needed to get this service in place. The business case had been in place for a while and now needed to be implemented.
- It was important that an update was presented to the Board at the next meeting. People's lives were at risk under the current system as demand for this service was growing.
- The CCG were responsible for commissioning services that best met the needs of the whole population, taking into regards health inequalities and ensuring improvement of quality and outcomes but within the financial allocation granted. The case for PCI for Peterborough Hospital was currently being reviewed from a whole systems perspective working closely with colleagues from NWAFT.
- For clarification the CCG did not recognise all the information within the report, but work was underway to agree all the information going forward.NHS England were the majority commissioner for the service and not the CCG. The CCG did not recognise the savings to the commission of £600k, there had been some changes to the business case since this was put together. Work had also been done around the Getting it Right Review (GIRFT), which was an independent external review panel who were assessing the clinical, safety and the outcomes and this would feed back into the whole system and the final review of the business case which was to be presented to the STP Board. The GIRFT review was due to be completed and reported back on in March. It was unlikely that this would be completed before the next Health and Wellbeing Board meeting.
- The report was being presented to the Board due to the length of time it had taken to get this service resolved. This needed to be spearheaded and it was hoped the CCG would take this forward. It was essential that the needs of local residents were taken into account and not just the financial implications.
- It was recognised that if the case was serious and complicated that Papworth was the best place to go for treatment. It was important that the CCG took into account the travelling time for Peterborough residents to the get to Addenbrooke's site.
- South Lincolnshire NHS had sent a letter of support for the service to be made available at Peterborough Hospital.

Fiona Head, Public Health Consultant, addressed the Board and commented that it was important that the GIRFT review was received and taken into consideration once completed. This would look at the wider PCI map for the East of England. Those who were at the most serious risk of heart attack would be sent directly to Papworth Hospital. Papworth over the past few months had recognised the need of getting patients through the pathway quicker and had opened up more lab capacity in order to do this.

RESOLVED:

That the Health and Wellbeing Board:

1. Expressed support to the CCG and NHS England for the local provision of PCI and complex pacing at PCH CCG
2. Requested an update from the CCG on the progress of the business as soon as practicable once the GIRFT review had been completed.

13. PERSONAL SOCIAL SERVICES: ADULT SOCIAL CARE USER SURVEY IN ENGLAND 2017/18

The Health and Wellbeing Board received a report in relation to the Adult Social Care User Survey in England 2017/18.

The purpose of the report was to provide provide an overview of the Adult Social Care User Survey in England for the year 2017/18. The Head of Integration Peterborough City Council and Cambridgeshire County Council informed the Board that the report was produced on an annual basis from February to March each year. This was only presented to the Board at this time due to comparative data with other local authorities only being available in October. A 45% response rate was received from 1448 surveys sent out. A high level summary was provided in the report outlining key indicators were Peterborough had performed better or worse than national average.

The Board were informed that the majority of people who felt unsafe had a fear of falling either at home or outside instead of crime.

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

- Work was being undertaken to tackle people not feeling safe and issues around falls prevention. Under the falls prevention scheme a handyperson service was introduced to help elderly people with small jobs around the home. In addition a service making minor adaptations to homes to prevent falls had, up to September of this year, completed 622 jobs.
- Work had been undertaken with energy advice firm LEAP to help residents with fuel poverty, ensuring people kept their houses warm. 447 referrals had been made and 320 visits carried out.
- Strength and balance training had been provided through the Public Health contract with solutions4health.
- The access to information advice was below the national average. Work had been carried out on the information and advice offer. A new web based directory (Peterborough Information Network) was easy to use and access information that was contained in one place.
- The Council had been working with the Dementia Resource Centre and two guides had been produced, namely a guide to services in Peterborough and helping those manage mental capacity and manage their money.
- Positive challenge programme looked at changing experience overall and determined what people wanted from the services.
- Help was requested from partners on the Board to promote and share the work being carried out especially around the falls prevention campaign.
- It was common across most local authorities that one of the biggest concerns was related to falls.
- Emphasis on fall prevention had been well documented. This was also brought out at the STP Board meeting.

RESOLVED:

That the Peterborough Health and Wellbeing Board note the report.

14. HEALTH AND WELLBEING STRATEGY

The Health and Wellbeing Board received a report in relation to a number of Health and Wellbeing Strategy reports.

a) HEALTH AND WELLBEING STRATEGY PERFORMANCE REPORT

The purpose of the report was to provide Board members with a summary of progress against the Future Plans identified for each of the focus areas outlined in the Health & Wellbeing Strategy 2016-2019.

The Executive Director People and Communities introduced the report. This was presented at all board meetings to show progress made in relation to the HWB Strategy. It was noted that there was still an issue around obesity in ten year olds, however new information showed that improvements had been made and that this was now in line with the national average. However it was stressed that work in this area was still ongoing. There had been issues around recruitment of health visitors, however there had been positive results around the best start in life scheme, which looked at ways of using the workforce more effectively.

Emotional wellbeing was still an issue across all people. A jointly commissioned service with CHUMS were working closely with CPFT's to cover some of the gaps that younger people fell into where there was little or no support. The selective licensing initiative had been improving standards in homes. One of the challenges was around the screening and immunisation programme especially in terms of meeting uptake targets around bowel and breast cancer screenings. The Council had been successful in getting money for the integrated communities strategy and this would support issues around alcohol abuse.

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

- The CHUMS counselling services were well received and had helped both children and their families deal with mental health issues.
- There had been a couple of factors in the obesity levels moving in line with the national average. Recorded results were now better in 2017/18 than in previous years. There was however concern around high deprivation and certain ethnic groups being affected by obesity.
- The road injuries recording system was not confined to just Peterborough. Around air quality there had been a number of research projects carried out showing the benefits to getting out walking and on bicycles compared to any impact from air quality.
- Peterborough was better than some authorities around air quality, however there were still issues of concern across Peterborough.

RESOLVED:

That the Health and Wellbeing Board:

1) considered the content of the report
2) challenged performance against action plans and agree future actions to address

b) PETERBOROUGH HEALTH & WELLBEING STRATEGY ANNUAL REVIEW NOVEMBER 2018

The purpose of the report was to summarise healthcare data collated as part of the 2016-19 Peterborough Health & Wellbeing Strategy in one concise document, with particular reference to stated Strategy goals where observed outcomes across the 2017-18 period have shown notable improving or worsening trends.

The Director Public Health introduced the report and informed members that the report looked at the metrics which tracked and monitored the outcomes from the HWB Strategy. The Board were informed that hospital admissions for alcohol had improved, this had been assisted by the new HALP service for admissions relating to alcohol. Some improvement had been made in the number heart and cardiovascular deaths, which were similar to national average in 2013-15 after many years worse than average, but slightly worse than average again in 2014/16. An initiative run by the CCG in 2013 to improve cardiovascular disease in primary care had probably contributed to the improvement. Other areas that had performed well included more cardiovascular health checks and HIV screenings in comparison to other areas. Peterborough's healthy life expectancy had improved to be similar to national average, when previously it had been worse. Some negatives had come from the report including overall life expectancy which was still below national average. In addition there was still higher than average late HIV diagnosis and teen pregnancies.

Admissions for self harm were still above national average but had come down.

- There was evidence that mass media campaigns worked well for some issues. Both smoking and drink driving campaigns had worked in the past.

RESOLVED:

That the Health and Wellbeing Board Note the findings of this report as a summary of key healthcare indicators of relevance to the health and wellbeing of residents of Peterborough.

ACTION:

1) Director of Public Health to look into previous data on learning disabilities and job opportunities to assess whether current strategies were working to reduce the number of those out of work.

c) HEALTH AND WELLBEING STRATEGY - RENEWING THE HEALTH AND WELLBEING STRATEGY

The purpose of the report was to obtain the Health and Wellbeing Board's views on development on the next Joint Health and Wellbeing Strategy for Peterborough, given that the current three year Health and Wellbeing Strategy, which was approved in July 2016, is due to end in July 2019.

The Director of Public Health stated that the HWB Strategy needed to be renewed. It was suggested that a joint HWB Strategy was developed between Peterborough and Cambridgeshire. This would enable partner organisations to be more actively involved across both local authorities.

- It was sensible to share strategies, especially where there were clearly compatible areas. However it was important to highlight areas that were specific to Peterborough or Cambridgeshire and that sight of this was not lost.
- Important that there was an identification of local needs and that this should be incorporated into any joint strategy. Look at what works across both areas as a whole and then identify where there were issues and then it would allow focus on those areas.

RESOLVED:

That the Health and Wellbeing Board:

1) Reviewed and considered the proposed options in paras 4.6 and 4.7 for developing a new Peterborough Joint Health and Wellbeing Strategy (JHWS), when the current JHWS expires in July 2019: and
2) Agreed to option B developing a new JHWS in 2019 which covers both Peterborough and Cambridgeshire, highlighting the needs of Peterborough and other areas in Cambridgeshire.

d) DELEGATED AUTHORITY - LONG TERM CONDITIONS JOINT STRATEGIC NEEDS ASSESSMENT AND DIVERSE ETHNIC COMMUNITIES JOINT STRATEGIC NEEDS ASSESSMENT SOUTH ASIAN COMMUNITIES SUPPLEMENT

The purpose of this report was to ask the Health and Wellbeing Board to approve a delegation to the Peterborough Living Well Partnership to approve the two Joint Strategic Needs Assessment (JSNA) reports named above. This will allow the findings of the JSNA reports to be used without delay.

The Director of Public Health introduced the report. The report asked the Board to agree delegation to the Peterborough Living Well Partnership to approve the Peterborough Long Term Conditions Joint Strategic Needs Assessment and the Peterborough Diverse Ethnic Communities Joint Strategic Needs Assessment Supplement on behalf of the Health and Wellbeing Board. Issue was simply due to timing and were both close to completion. Once approved they could be fed into bidding processes and planning.

RESOLVED:

That the Peterborough Health and Wellbeing Board delegates authority to the Peterborough Living Well Partnership to approve:

a. The Peterborough Long Term Conditions Joint Strategic Needs Assessment
b. The Peterborough Diverse Ethnic Communities Joint Strategic Needs Assessment Supplement on behalf of the Health and Wellbeing Board.

15. CAMBRIDGESHIRE & PETERBOROUGH HEALTH & SOCIAL CARE PEER REVIEW UPDATE REPORT

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

The purpose of the report was to update HWB members on the delivery of the Local Government Association (LGA) Peterborough & Cambridgeshire Health & Social Care System Peer Review

The Executive Director People and Communities introduced the report and outlined the report gave a brief update on the social care peer review which had been undertaken by the Local Government Association (LGA). The review concluded that the right ingredients were in place, but that there were areas of improvement that would help the review move forward at a faster rate. An action plan had been developed and a final version would be circulated separately. These actions would be monitored at the STP Board and at the Health and Wellbeing Board.

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

- One of the proposals was for the Health and Wellbeing Board to function as a system leaders. There was a proposal to hold a workshop in February/March across both Peterborough and Cambridgeshire Health and Wellbeing Boards.
- There was the possibility of linking with other elements and strategies for example the Better Care Fund. It was a possibility that this could be added to the action plan.

RESOLVED:

That the Peterborough Health and Wellbeing Board:

1) Noted the contents of the report
2) Challenged performance against action plans and agree future actions to address

16. PUBLIC SERVICE REFORM - HEALTH AND SOCIAL CARE PROPOSAL

The Health and Wellbeing Board received a report in relation to the Public service Reform - Health and Social Care System Proposal

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

The Strategy and Planning Assistant Director, Cambridgeshire and Peterborough Combined Authority introduced the report. Members were informed that the Combined Authority were looking at how they could engage with local partners and the Health and Wellbeing Board. A report by Respublica was due shortly outlining potential engagement.

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

- The report was due anytime soon. There was a programme board scheduled for the early new year, following which a wider consultation would take place.
- There was a meeting for all system officers to get together and see the report. Following this meeting there may be recommendations that could be build upon. A special meeting or workshop can be called if needed.
- There were still some significant government papers to be released on social care funding and how models might be funded in the future. Once papers had been released they would need to be scrutinised as they may change the funding landscape.

RESOLVED:

That the Peterborough Health and Wellbeing Board:

1) Noted the reasoning behind and remit for the work led by the Combined Authority.
2) Noted the progress made to date by the partners working together on a draft proposition.
3) Commented on future involvement with the project.

ACTION:

A workshop or meeting to be arranged if any recommendations come out of the Respublica report and government papers.

17. ANNUAL PUBLIC HEALTH REPORT

The Health and Wellbeing Board received a report in relation to the Annual Public Health Report.

The Public Health Director updated the Board on the current Annual Public Health Report. The report had a number of weblinks to regularly updated local and national statistics which were user friendly.

The report focused on particular issues including providing the best start in life. A number of issues were outlined in the report around inequalities - most notably around teen pregnancy, higher rates of smoking in pregnancy, and school readiness around age 4-5 which was quite low for a number of complex reasons. However work was ongoing to address this issue. There were positives around breast feeding rates which had been supported by local children's centres.

The second part of the report focused on the global burden of disease study. This had been running for approximately 20 years and had been used for national policy making. This compared a picture of health across a number of countries. For the first time there were results on this for Peterborough. It highlighted the causes of premature death and years lost to disability. Both of these areas had an impact on the economy. In Peterborough heart disease was the main cause for loss in life expectancy and death. Musculoskeletal and back pain were the most common causes of disability. The study looked at the main causes and risks around premature death, smoking was still an important factor, dietary factors as well as high blood pressure also affected years of life lost.

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

- The report was well written, the data used was underpinned by the same data used for other studies. It was important to keep the recommendations that are suggested and keep these as a focus.
- It was important to stress the importance of children's oral health as this was worse than the national average. It impacted children later in life with confidence and employment opportunities.
- Years of life lived with disabilities mean many residents get to retirement with no further years of good health. It was important to get this message out there to make more people aware.

RESOLVED:

That the Peterborough Health and Wellbeing Board noted the information contained in the Annual Public Health Report.

18. BETTER CARE FUND UPDATE

The Better Care Fund Lead updated the Board on the how this was performing, some details still needed to be worked on with the CCG before coming back to the next joint board in March with final recommendations.

RESOLVED:

That the Peterborough Health and Wellbeing Board note the report.

19. HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN:

It was confirmed that the next joint meeting was due to be held on 28 March 2019.

RESOLVED:

That the Health and Wellbeing Board agreed the Forward Agenda Plan.

Chairman
10am – 11.40am

Agenda Item No: 6

CAMBRIDGESHIRE & PETERBOROUGH IMPROVED BETTER CARE FUND EVALUATION 2018-19

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28 March 2019**
From:	**Will Patten, Director of Commissioning**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to consider the content of the report and raise any questions.**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to consider the content of the report and raise any questions.**

	Officer contact:		
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	Member Contacts		
Name:	Councillor Roger Hickford	Name:	Councillor John Holdich OBE
Role:	Chairman, Cambridgeshire Health and Wellbeing Board	Role:	Chairman, Peterborough Health and Wellbeing Board
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1 PURPOSE

1.1 The purpose of this paper is to provide an update on the evaluation of the Improved Better Care Fund (iBCF) for Cambridgeshire and Peterborough in the period 2018-19.

2 BACKGROUND

2.1 The IBCF was introduced in 2017/18 and comprised new monies. It was nationally mandated that the allocation be pooled into the local Better Care Fund (BCF) pooled budgets and had to be spent on Adult Social Care provision, to support the following:

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

2.2 The BCF plans for Peterborough and Cambridgeshire received full approval from NHS England in December 2017, following Health and Wellbeing Board sign off from both Peterborough and Cambridgeshire Health and Wellbeing Boards in September 2017. Associated Section 75 agreements are in place between both local authorities and the CCG.

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

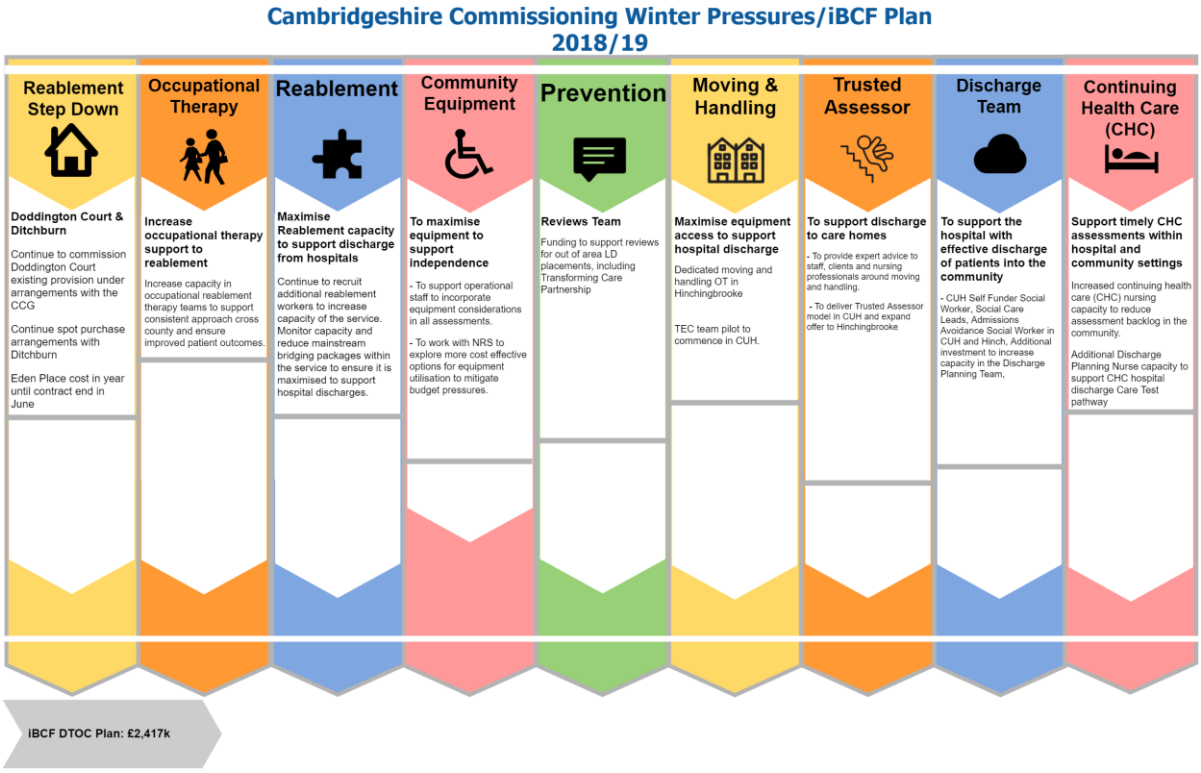
Area of Investment	Cambridgeshire		Peterborough		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	2017/18 Agreed Investment	2018/19 Agreed Investment	
iBCF Spring Budget Monies					
Investment in Adult Social Care & Social Work, including managing adult social care demands	£2,889k	£4,000k	£350k	NIL	Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity Met the national condition to meet adult social care needs generally and stabilising the care market.
Investment into housing options & accommodation projects for vulnerable people	£3,000k	£517k	£2,000k	£1,100k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes. Due to unprecedented financial pressures resulting from increasing costs of care and increasing demands on resources from winter pressures. The 2018/19 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market. N.B. The project deliverables are continuing, with a commitment to seek corporate capital investment as required.

Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	£150k	£150k	Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation. The funding for this project was met from Public Health reserves in Cambridgeshire, enabling the iBCF investment to be invested in line with the national conditions to meet adult social care needs and stabilising the care market.
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	£1,900k	£1,000k	£1,000k	Description: Targeted implementation of identified priority high impact changes. Investment in this area was across a variety of planned and unplanned areas of spend which supported the national condition to reduce pressures on the NHS. The impact of these initiatives varied and a more detailed evaluation of impact in detailed below.
Total of Spring Budget Allocation	**£8,339k**	**£6,567k**	**£3,500k**	**£2,250k**	
iBCF LGA Financial Settlement Monies					
Protection of ASC in line with original intentions of the grant	NIL	£4,091k	£377k	£2,996k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	**£8,339k**	**£10,658k**	**£3,877k**	**£5,246k**	

3. MAIN ISSUES

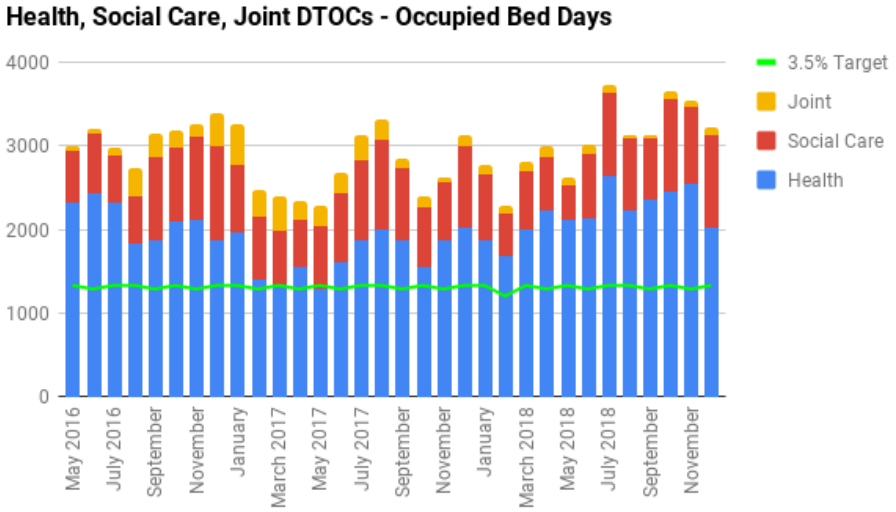
3.1 Cambridgeshire DTOC Plan Impact

Following an evaluation of 2017-18, system wide self-assessment of the High Impact Changes and associated identified areas of priority, Diagram 3.1 below provides an overview of 2018/19 initiatives. All diagrams and graphs in this report are reproduced in a larger format in Appendix II.



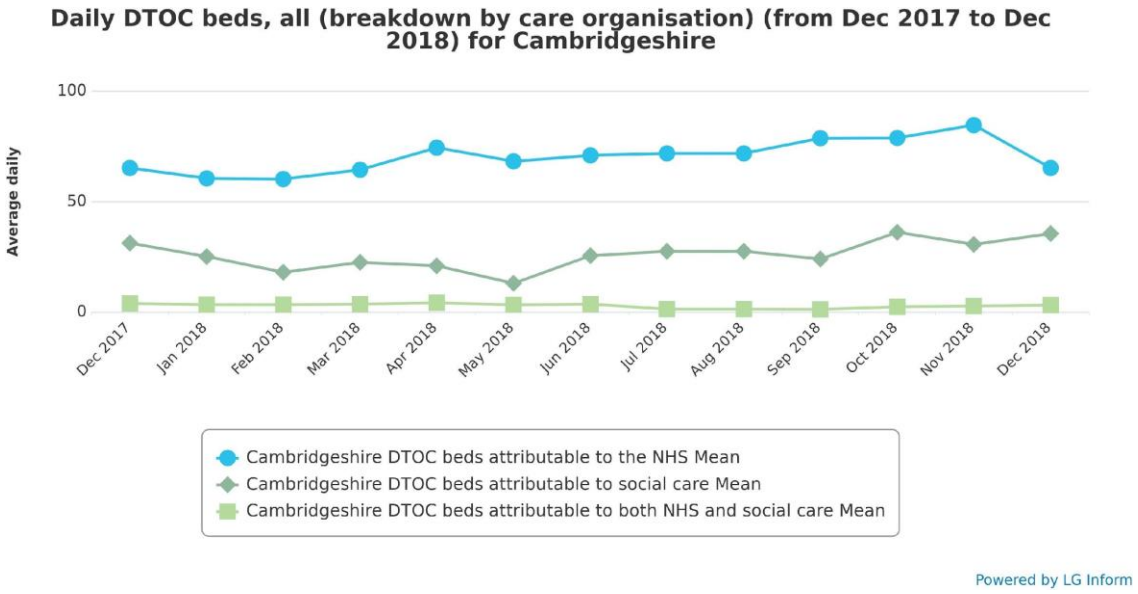
3.2 DTOC Performance in Cambridgeshire

Based on the latest NHS England published DTOC statistics, Graph 3.2.1 below shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.



During the whole of December 2018 there was a total of 3,226 delayed days, of which 2,615 were in acute care. 62.7% of all delayed days were attributable to the NHS, 34.2% were attributable to Social Care and the remaining 3.1% were attributable to both NHS and Social Care. For December 2018 Cambridgeshire, compared to all single tier and county councils in England, is ranked 149 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 148 on the rate of delayed days attributable to the NHS, and 143 on the rate of delayed days attributable to social care.

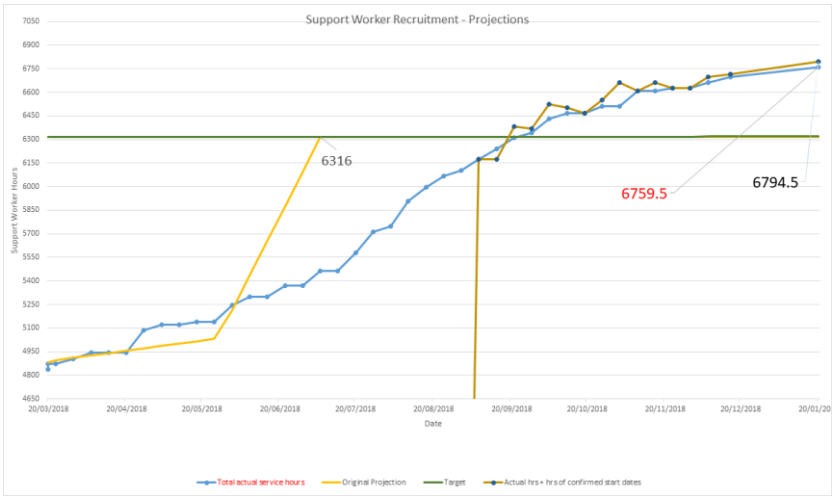
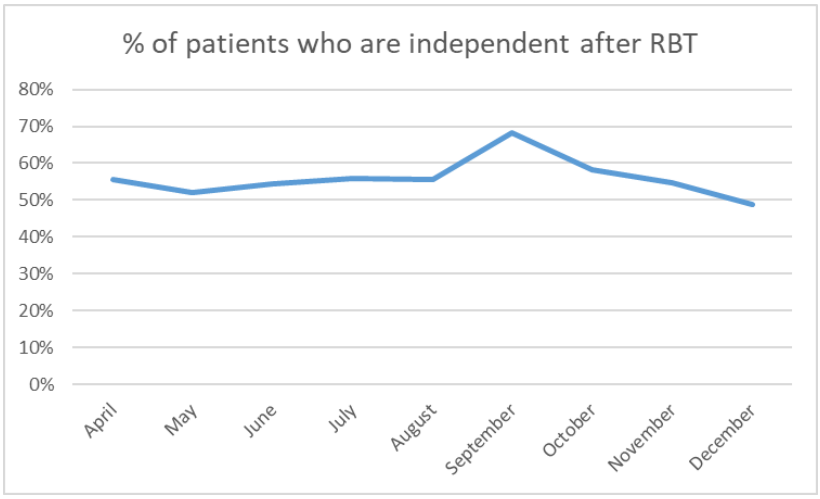
Graph 3.2.2 below shows the trend of DTOCs by attributable organisation.

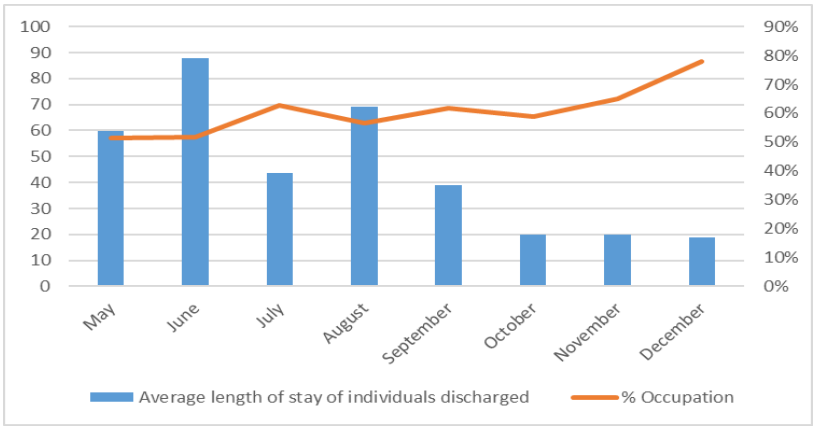
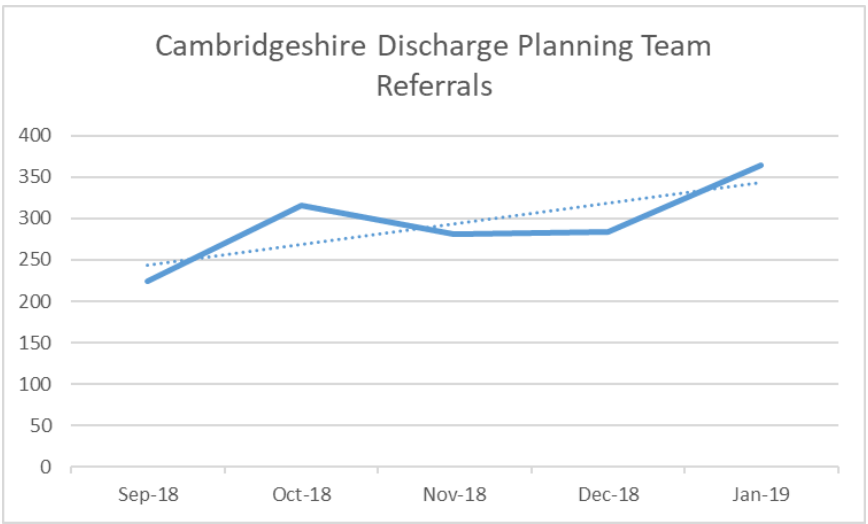


The main reason for delays in December 2018 were awaiting a care package in own home (42%), awaiting a nursing home (24%) and awaiting a residential home (15%).

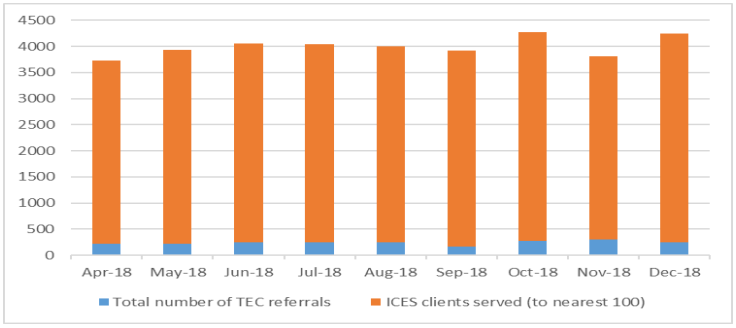
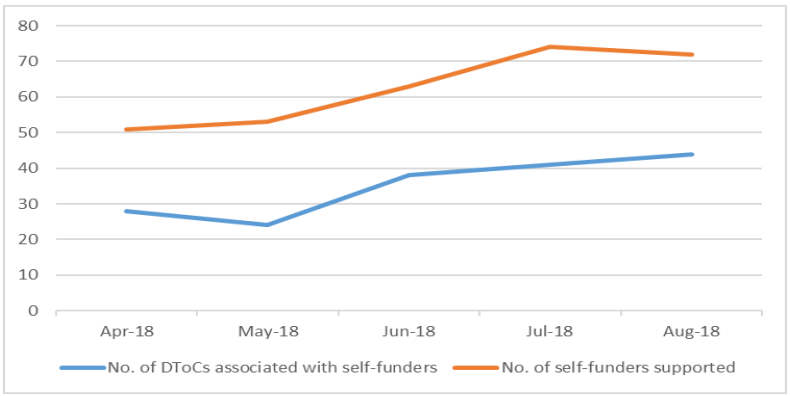
3.3 iBCF Investment areas – Impact in Cambridgeshire

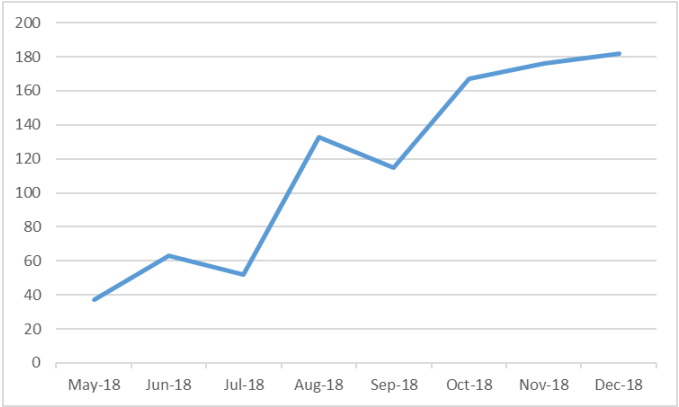
In 2018/19 a total of £2,417k was agreed at ICB following earlier recommendations to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2018/19	Impact
Reablement capacity – general	Additional Reablement Capacity - £1,000,000 Additonal Occuptional Therapist Capacity - £80,500	Purpose: To significant increase capacity within the service, to support a reduction in DTOCS, ensuring speedy access to reablement and also increasing capacity for the service to provide mainstream domiciliary care as the provider of last resort, whilst alternative long term provision is being sourced. Recruitment into the service has been very successful, with the local authority recruitment campaign being nominated for a national award for its innovative approach. Graph 3.3.1 below shows the significant increase in capacity as a result of recruitment, with capacity increasing by c.2,000 hours above baseline.  On average, 27% of service provision continues to support mainstream domiciliary care capacity. However, despite this demand on the service, there is no waiting list to access reablement and there is good flow through the service, with the average length of stay c. 3 weeks. Graph 3.3.2 below shows how many people receiving reablement go on to not require any further support at discharge from the service. 

Reablement capacity (step-down flats)	£286,000	Purpose: When step-down accommodation is required on a temporary basis before patients are independent enough to go back to their own homes, units close to Cambridge have been leased to enable reablement teams to access patients quickly and provide the support they need to become independent again. Doddington: 8 flats are available at Doddington, with percentage occupation at 78% in December 2018. The average length of stay has improved since quarter two to below 20 days and the service is delivering good outcomes, with Individuals who went home after reablement averaging 75% between April and December 2018. See graph 3.3.3 below. 
Additional Discharge Team Capacity	£120,000 for 4Q DSPN capacity £208,000 for additional social worker capacity in Discharge Planning and locality teams £100,000 Social Care Leads in each acute	Purpose: Increased capacity across discharge planning teams to respond to increased referral demand and support the embedding of the Continuing Health Care Hospital pathway which was originally introduced as a 4Q pilot in November 2018. There has been a significant increased demand into services as a result of the increased numbers of hospital referrals. The additional capacity has therefore enabled us to manage demand more effectively, as without it we would have seen greater DTOC pressures in the system. Graph 3.3.4 below shows the total number of referrals into the South and North Discharge Planning teams, which shows a continued upward trend in numbers since September 2018, representing a 63% increase in referral numbers between September 2018 and January 2019[1].  Social Care leads in each acute hospital has also enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. It has enabled close management of DTOCs over the winter period to ensure social care DTOCs remained low, including operational implementation and embedding of the CHC hospital discharge pathway and the Discharge to Assess pathway implementation.

[1] January 2019 forecast, based on actual referral data available on the 17th January 2019.

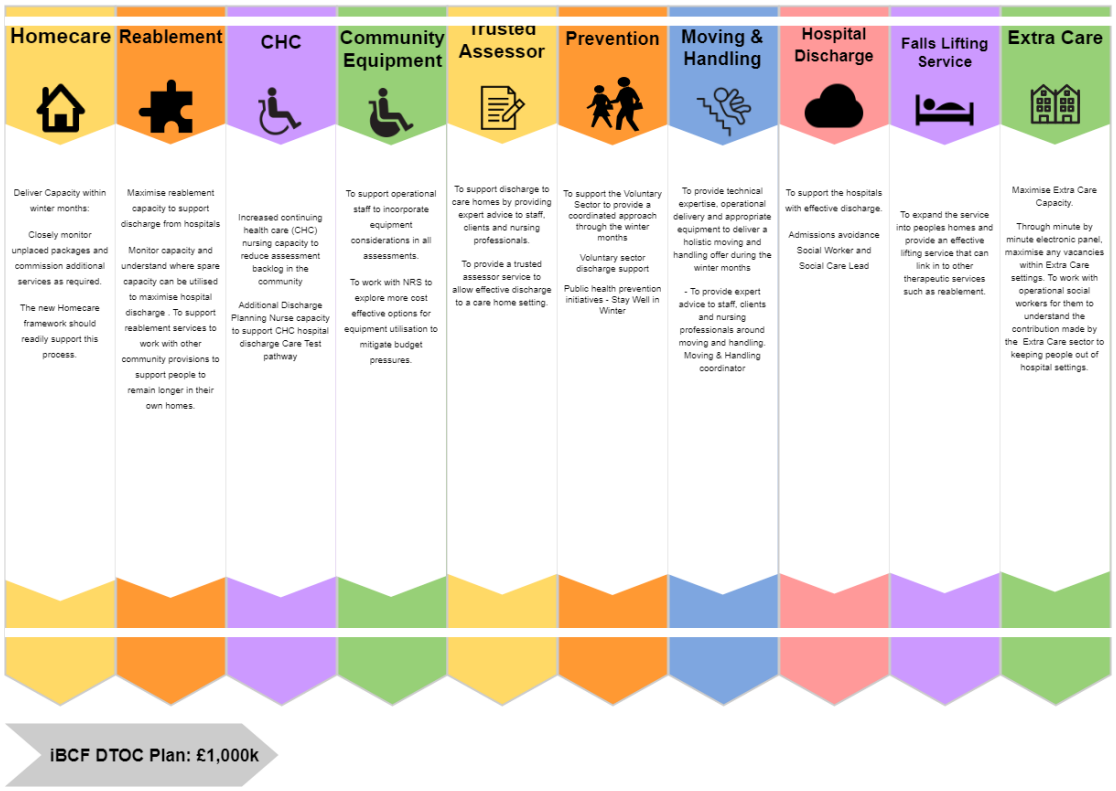
Equipment budget pressures	£70,000	Purpose: Support for provision of community equipment to enable service users to remain independent for longer in their own homes. There has been an overall monthly increase in demand for stock catalogue equipment when compared to last year, but equipment delays causing DTOCs have been close to zero (with 99% of equipment being delivered when needed). The service continues to perform well and respond to changing needs and priorities across health and social care. See graph 3.3.5 below. 
Increased social worker capacity to support self-funders (CUH)	£45,000	Purpose: to reduce DTOCs amongst self-funders by providing discharge support to these complex cases. To meet this extra demand, funding was approved for additional social worker capacity at Addenbrookes to enable self-funder referrals to be dealt with more quickly. In September 2017 there were 65 delays in total, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018. By August 2018, 72 self-funders were supported and the number of DToCs associated with self-funders had fallen to 44 bed day delays, an 89.5% decrease in self-funder DTOCs, See graph 3.3.6 below. 
CHC Nurse resource to address CHC backlog	£250,000	Purpose: to maintain flow of CHC community assessments and reduce the significant backlog. The backlog has been an ongoing issue for the past 2 years, and original plans to clear the backlog by the end of the last financial year proved unrealistic. Significant investment has continued to be made by the CCG and Local Authority to address capacity to reduce this backlog in line with the agreed trajectories with NHS England, but further work, including a structured review trajectory of Fast Track cases and Funded Nursing Care is planned over the next 12 months. At the end of Quarter 2, only 39% of people received their assessment within 28 days, compared to a national average of 71%. Over the past 12 months the backlog has reduced significantly from c.900 to c.200 cases awaiting assessment across Cambridgeshire and Peterborough.
Care Home Trusted Assessor	£75,000	Purpose: Independent assessor based in Addenbrookes able to assess patients' needs on behalf of Care Homes as soon as they are declared medically fit for discharge, thus reducing delays in assessment (and DTOCs) compared to cases where Care Home managers themselves undertake assessments. The Trusted Assessor in Addenbrookes has built solid relationships of trust with over 60 local Care Homes. Bed days saved peaked at 182 in December 2018 (latest data), up from 37 in May 2018. In November there were 3 cases of assessments not completed due to capacity,

		which has since been extended by an additional part-time trusted assessor. In January 2019, the service was extended to include Hinchingbrooke Hospital. The below graph shows the number of bed days saved per month by the Addenbrookes Trusted Assessor service. 
Moving & Handling Coordinator	**£21,000**	a recommendation for implementation in 2018/19, but due to delays in the final approval of recommendations, this service has not yet been implemented.
Out of County LD Review Team	**£114,000**	Purpose: A dedicated team was established to undertake a comprehensive review of all current out of area placements to ensure needs are net in the most appropriate way and to organise care in Cambridgeshire where it in the service users best interests, in line with their wishes and to improve outcomes for service users and their families. n was established in November 2017 and a total of 121 cases were identified for review. 112 cases have been allocated to a worker to date and 76 reviews have been completed. The reviews have offered an opportunity to maximise on value for money and efficiency where possible by negotiating best value on cost as well as recover any cost from out of area health authorities under the national framework continuing health care funding. The original business case forecast a joint health and social care savings target of £290k per annum to the Learning Disability Partnership, which would be achieved due to a reduction in care package costs. £161k of savings were achieved in 2017/18 from reassessment reduction and brokerage renegotiations of 5 out of area cases. Of this £118k has been allocated to 2018/19 as the full year effect. The current forecast for 2018/19 is that savings of £315k will be achieved this financial year.
TOTAL	***£2,417,000***	

3.4 Peterborough DTOC Plan Impact

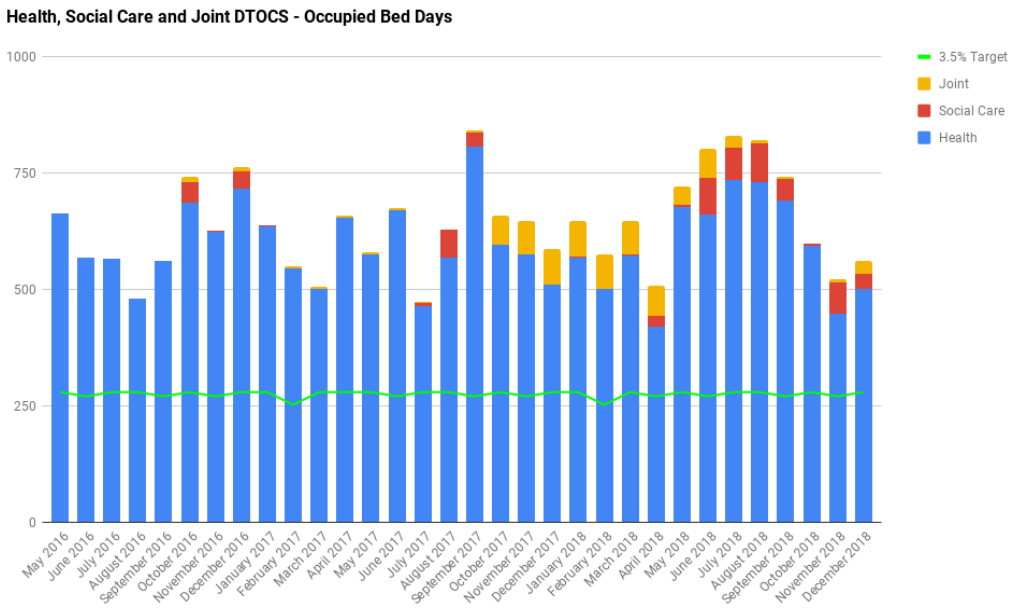
Following an evaluation of 2017-18 impact, system wide self-assessment of the High Impact Changes and associated identified areas of priority, the below diagram provides an overview of 2018/19 initiatives.

<u>Peterborough Commissioning Winter Pressures/iBCF Plan 2018/19</u>



3.5 DTOC Performance in Peterborough

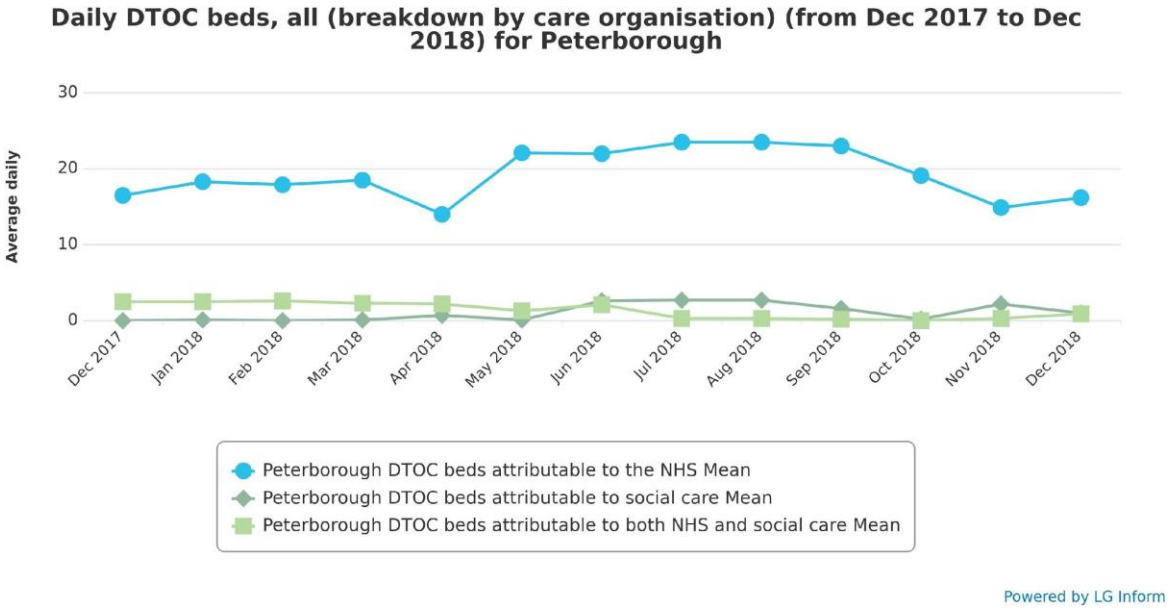
Based on the latest NHS England published DTOC statistics, Graph 3.5.1 below shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



During the whole of December 2018 there was a total of 560 delayed days, of which 543 were in acute care. 89.5% of all delayed days were attributable to the NHS, 5.7% were attributable to Social Care and the remaining 4.8% were attributable to both NHS and Social Care.

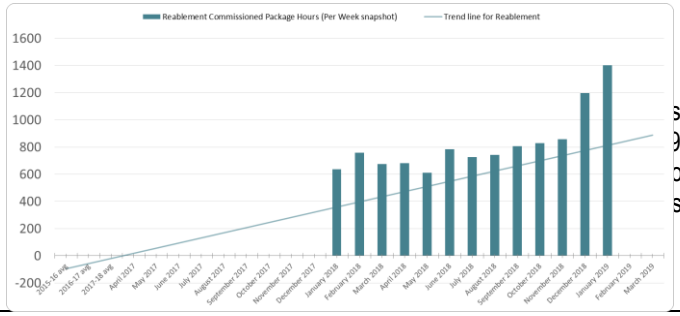
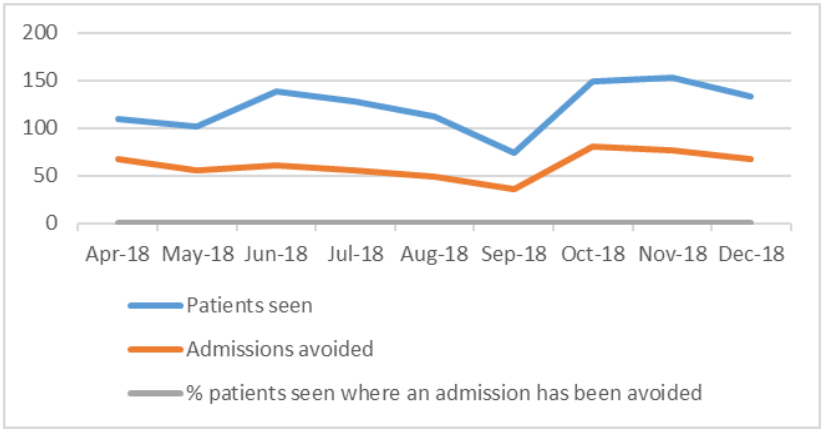
For December 2018 Peterborough, compared to all single tier and county councils in England, is ranked 118 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 144 on the rate of delayed days attributable to the NHS, and 35 on the rate of delayed days attributable to social care.

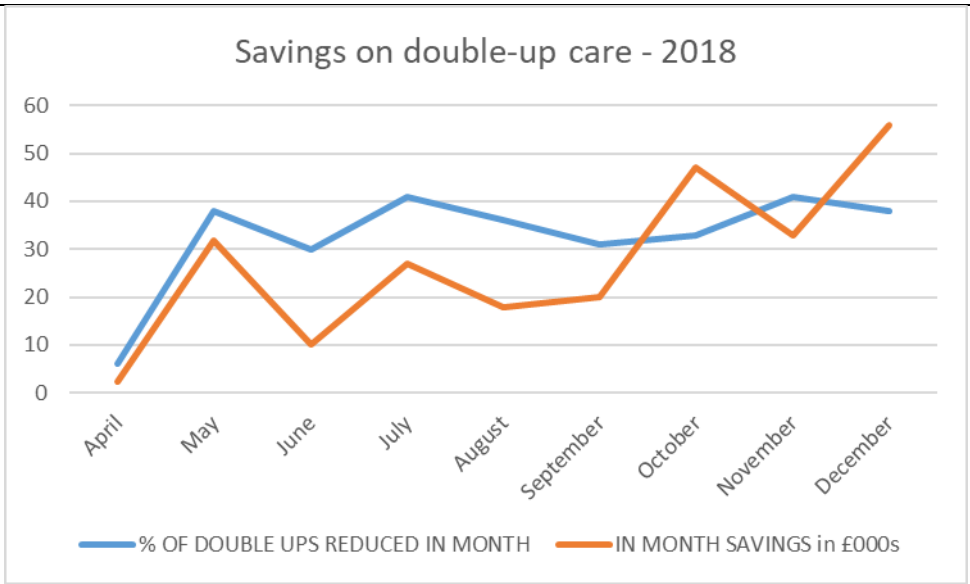
Graph 3.5.2 below shows the trend of DTOCs by attributable organisation.

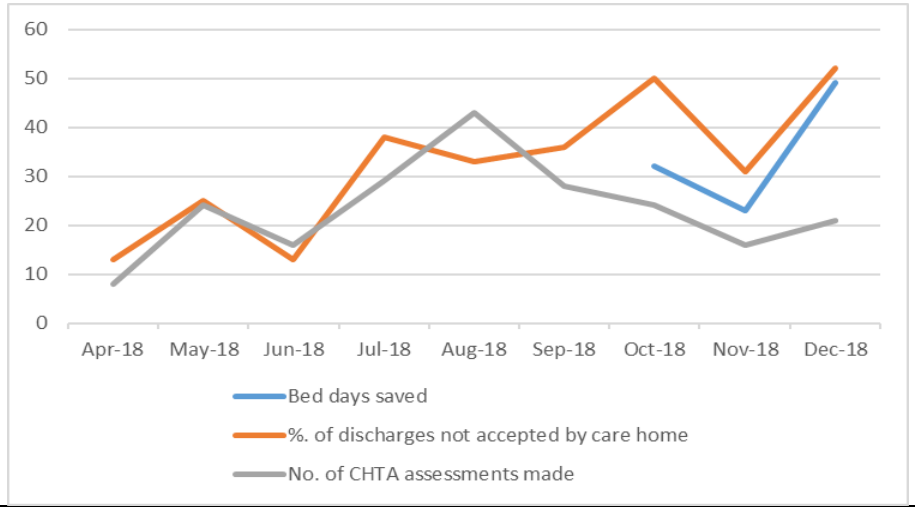


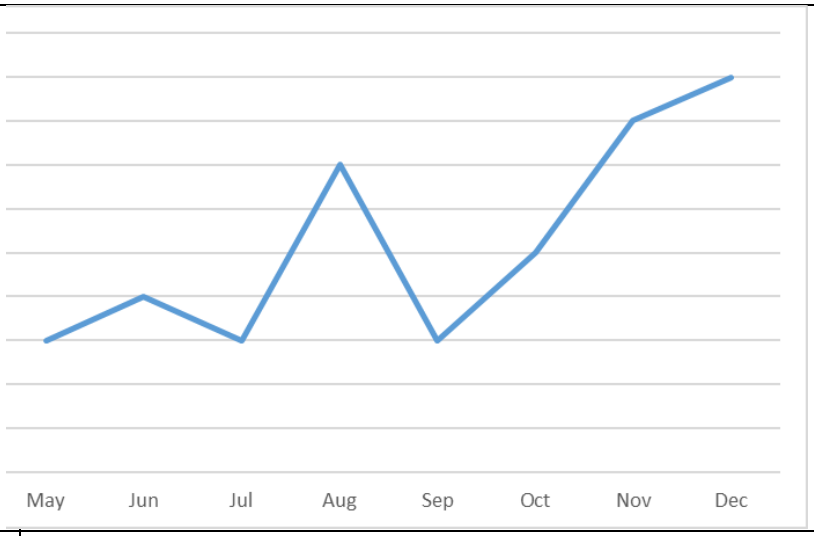
3.6 iBCF Investment areas – Impact in Peterborough

In 2018/19 a total of £1m was agreed at ICB following earlier recommendations to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2017/18	Impact
Reablement	£191,000 – general reablement £100,000 – reablement flats	Purpose: increase and maximise capacity within reablement to enable reablement teams to respond quickly to hospital referrals and maintain low level of DTOCs. Graph 3.6.1 below shows the level of commissioned reablement hours per month, which shows a trend of significantly increased provision.  stream care was 10% of 93 packages within 2018-19 or the service of 2,745 s for individuals with an
Admissions Avoidance Social Worker in ED	£40,000	Purpose: to avoid admission in the emergency department, improve ward staff understanding of community support and liaise with providers to accept patients back rather than attendances resulting in an admission. The social worker is based within a multidisciplinary front door team in Peterborough City Hospital. There is close liaison with care providers, which is proving positive and they are becoming more confident in accepting patients back into their care. The service is reporting an average of 39 hospital admissions avoided per week. Interventions included signposting (74%), restart of care package (0.5%), Red Cross referral (1%), Case note support (15%). See graph 3.6.2 below. 
Moving and Handling Coordinator	£45,000	Purpose: to embed an Occupational Therapist in Peterborough City Hospital to support increased equipment usage to support discharge and identify possible savings on double-up care. An Occupational Therapist is has been based within Peterborough City Hospital since October 2017. The role is working well, with positive feedback received from hospital teams. It has enhanced relations with ward therapists, improving understanding of what is available in the community and is working closely with the Community Occupational Therapist, improving patient follow up in the community. The role has positively contributed to reducing the unnecessary cost of double up packages of care, as shown in graph 3.6.3 below.

		
Increased low level reablement provision from the VCS	£145,000	**Age UK:** Purpose: to provide a community support at home service to support low level needs on discharge. Age UK Community Support at Home Workers provide help with shopping, appointments, mobility and telephone support to combat loneliness and social isolation. Between May and November 2018, number of service users at any one time rose from 17 to 40.
		British Red Cross: Purpose: to provide additional low level reablement support to avoid admissions and aid discharge. This service is well regarded with hospital teams and it supported 163 clients between April and December 2018, with admissions avoided in almost 100% of cases. In the same period, 341 discharges were assisted by British Red Cross.
Social care lead in each acute	£50,000	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low. Social Care assessment delays in the acute in Peterborough continue to average zero delays and this role has assisted in the maintenance of this performance. Led on implementation of CHC 4Q hospital discharge pathway and supported the Discharge to Assess pathway implementation.

Extra Capacity address CHC backlog and 4Q	£150,000 for CHC nurses to address community backlog £50,000 for Social Worker to address community backlog £80,000 discharge planning nurse capacity to support 4Q £40,000 social worker capacity to support 4Q	Purpose: to maintain flow of CHC community assessments and reduce the significant backlog. The backlog has been an ongoing issue for the past 2 years, and original plans to clear the backlog by the end of the last financial year proved unrealistic. Significant investment has continued to be made by the CCG and Local Authority to address capacity to reduce this backlog in line with the agreed trajectories with NHS England, but further work, including a structured review trajectory of Fast Track cases and Funded Nursing Care is planned over the next 12 months. At the end of Quarter 2, only 39% of people received their assessment within 28 days, compared to a national average of 71%. Over the past 12 months the backlog has reduced significantly from c.900 to c.200 cases awaiting assessment across Cambridgeshire and Peterborough.
Trusted Assessor	£50,000	Purpose: Independent assessor based in PCH able to assess needs on behalf of Care Homes as soon as patients are declared medically fit for discharge, thus reducing delays in assessment (and DTOCs) compared to cases where CH managers themselves perform assessment. The Trusted Assessor service, provided by LINCA, went live in December 2017. CHTA assessments made in 2018 peaked in August at 43, with December 2018 showing 49 bed days saved. See graph 3.6.4 below: 
Public Health Initiatives: Stay Well in Winter	£50,000	Purpose: to fund fuel costs and small repairs grants for those deemed at risk of negative health outcomes as a result of fuel poverty or exposure to low temperatures at home. In Peterborough, this fund is administered by the Citizens Advice Bureau and there were 15 referrals between May and Sept 2018. The project runs on a seasonal basis and is due to restart imminently..
Cross Keys Day Lifting Service	£9,000	: to avoid admissions from falls at home and reduce pressure on the ambulance service by allowing a specific cohort of current LifeLine users to receive lifting support from specialised local teams. ice delivers excellent outcomes with 100% of calls responded to within the target 45 minutes. In most months, 100% of calls have prevented an ambulance conveyance. 6.5 below shows number of calls received in 2018.

		
TOTAL	***£1,000,000***	

3.7 Governance

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

Quarterly updates on BCF progress are reported to NHS England. Local monitoring of performance and financial spend is overseen by the Integrated Commissioning Board, which has delegated responsibility for the BCF and iBCF from the Health and Wellbeing Board. The Integrated Commissioning Board meets monthly and has cross system representation from senior management. Initiatives which are jointly funded with the STP are also monitored through the STP North and South Alliance Boards, which have health and social care system wide representation in attendance. An IBCF Steering Group, with cross system representation, was established in November 2018 and meets 6 weekly with the purpose of the ongoing monitoring and oversight of performance of the IBCF investments.

An earlier evaluation of 2017-18 IBCF interventions was previously conducted (see appendix 1) which informed the recommendations for 2018/19. These recommendations were discussed at the Integrated Commissioning Board on 17th September 2018, 15th October 2018 and then received final approval on 21st February 2019. They were also discussed at the Cambridgeshire Health and Wellbeing Board on 22nd November 2018 and the Peterborough Health and Wellbeing Board on the 10th December 2018.

This report builds on that evaluation, looking at the ongoing effectiveness of IBCF interventions throughout 2018/19. The evaluation findings will inform local discussions for investment recommendations for 2019/20. We are anticipating a one year planning cycle for 2019/20 and NHS England National Guidelines are anticipated to be available by the end of March. Submissions to NHS England will be due approximately 6 weeks after receipt of guidelines.

4 CONSULTATION AND ENGAGEMENT

4.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners, including discussion at the A&E Delivery Board and appropriate STP governance boards. The Joint Cambridgeshire and Peterborough Integrated Commissioning Board, which has system wide health and care representation, has overseen the development of the plan In line with national requirements, local system partners have approved and are signatories to the 2017-19 BCF Plan. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

5 IMPLICATIONS

5.1 Financial Implications

Included in the sections above - where amounts are broken down by authority.

5.2 Legal Implications

N/A

5.3 Equalities Implications

N/A

6. APPENDICES

Appendix 1 – Improved Better Care Fund 2017-18 Evaluation and Recommendations

Appendix 2 – Graph Pack

SOURCE DOCUMENTS

Source Documents	Location
National Published NHS Delayed Transfer of Care data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/statistical-work-areas-delayed-transfers-of-care-delayed-transfers-of-care-data-2018-19/
LG Inform Data Tools	https://www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/systems-resilience/data-tools

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

CAMBRIDGESHIRE & PETERBOROUGH

IBCF DTOC 2017/18 EVALUATION &

RECOMMENDATIONS FOR QUARTER 3 AND QUARTER 4 OF 2018/19

Purpose of Report

Following a review of the impact of iBCF DTOC investments, including system wide workshops on the 6th September and 4th October 2018, the following report recommends the following areas for consideration for funding for the remainder of 2018/19.

2018/19 iBCF funding

The iBCF financial contribution for Cambridgeshire and Peterborough comprised new monies in 2017/18, which had to be spent in line with the following national conditions:

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

The following tables provide a breakdown of the agreed iBCF funding as set out in the 2017-19 Better Care Fund Plans for Cambridgeshire and Peterborough. These plans received full approval from NHS England in December 2017, following Health and Wellbeing Board sign off from both Peterborough and Cambridgeshire Health and Wellbeing Boards in September 2017 and associated Section 75 agreements are in place between both local authorities and the CCG.

The refreshed Integration and Better Care Fund Operating Guidance, which was published on 18th July 2018, outlined the requirement that local authority section 151 officers (Chief Finance Officers) will be required to certify that the additional iBCF is being used exclusively on adult social care in 2018-19.

Cambridgeshire 2017-19 BCF Plan Agreed Areas of Investment

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

Area of Investment	Cambridgeshire		Peterborough		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	2017/18 Agreed Investment	2018/19 Agreed Investment	
iBCF Spring Budget Monies					
Investment in Adult Social Care & Social Work, including managing adult social care demands	£2,889k	£4,000k	£350k	NIL	Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity Met the national condition to meet adult social care needs generally and stabilising the care market.

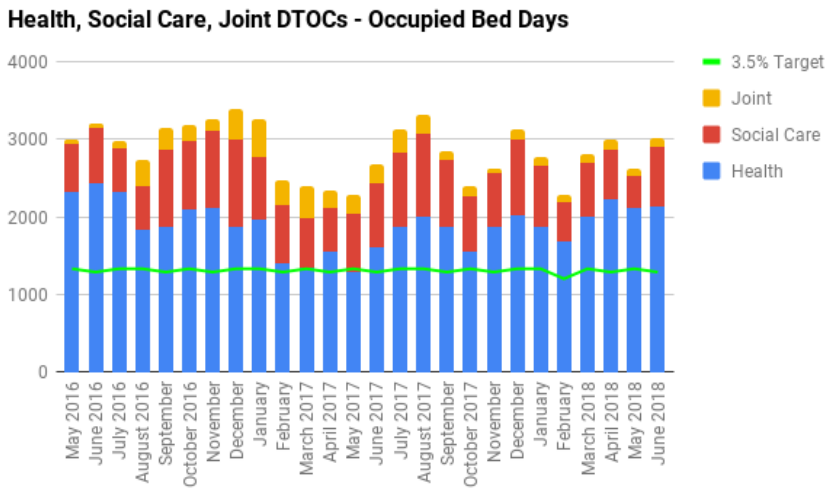
Investment into housing options & accommodation projects for vulnerable people	£3,000k	£517k	£2,000k	£1,100k	Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes. Due to unprecedented financial pressures resulting from increasing costs of care and increasing demands on resources from winter pressures. The 2017/18 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market. N.B. The project deliverables are continuing, with a commitment to seek corporate capital investment as required.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	£150k	£150k	Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation. The funding for this project was met from Public Health reserves, enabling the iBCF investment to be invested in line with the national conditions to meet adult social care needs and stabilising the care market.
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	£1,900k	£1,000k	£1,000k	Description: Targeted implementation of identified priority high impact changes. Investment in this area was across a variety of planned and unplanned areas of spend which supported the national condition to reduce pressures on the NHS. The impact of these initiatives varied and a more detailed evaluation of impact in detailed below.
Total of Spring Budget Allocation	**£8,339k**	**£6,567k**	**£3,500k**	**£2,250k**	
iBCF LGA Financial Settlement Monies					
Protection of ASC in line with original intentions of the grant	NIL	£4,091k	£377k	£2,996k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	**£8,339k**	**£10,658k**	**£3,877k**	**£5,246k**	

Cambridgeshire DTOC Plan Impact

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

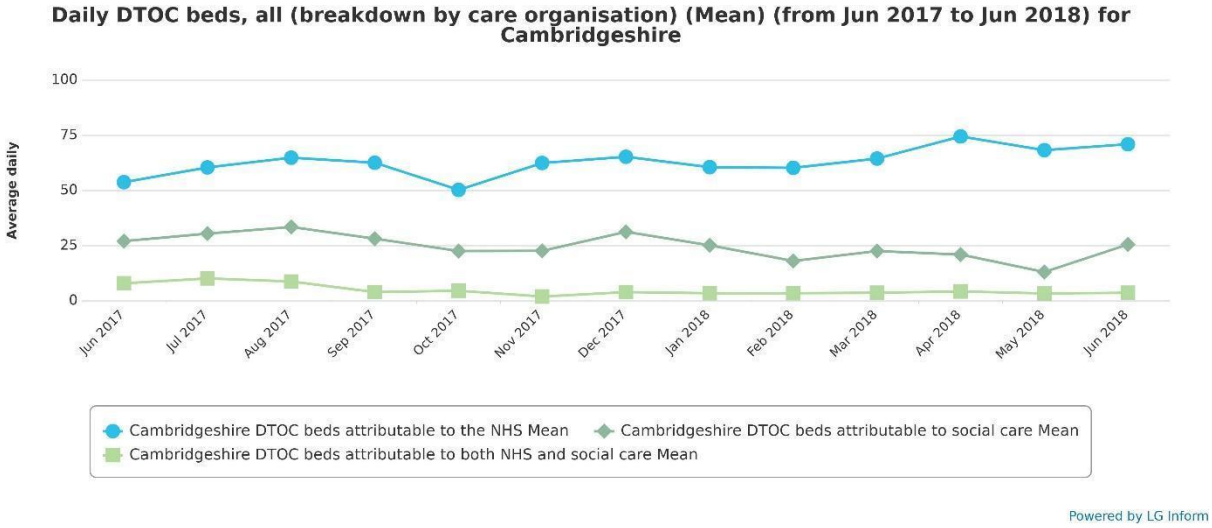
DTOC Performance

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



During June 2018, 81% of delayed days were within acute settings. 70.8% of all delayed days were attributable to the NHS, 25.5% were attributable to Social Care and the remaining 3.7% were attributable to both NHS and Social Care. The below graph shows the trend of DTOCs, by attributable organisation.

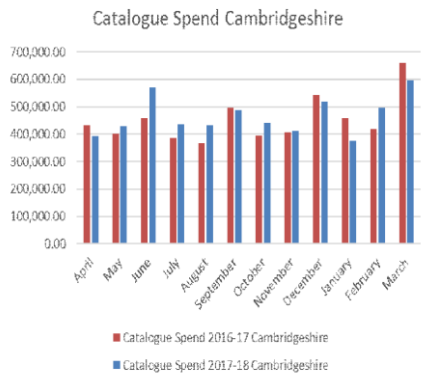
The below graph shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 5% increase in in NHS attributable delays, a 27% decrease in social care attributable delays and a 57% decrease in joint delays.



iBCF Investment areas - Impact

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

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

			Ditchburn: 2 flats are available and 5 patients have been discharged between February 2018 and April 2018. The flats are operating at nearly 100% utilisation and are highly cost effective (spot purchase). The service has been delivering good outcomes for patients.	Investment to continue at existing level
Reablement capacity – Doddington Court	£80,000	£127,800	14 patients have been discharged into Doddington Court between November 2017 and the end of April 2018. Whilst utilisation of these flats was low in November and December 2017 at around 35%, since January 2018 there has been significant improvement with the average utilisation rate falling at just above 80%. Operational colleagues have reported that this resource is highly valued and well used in enabling them to meet individual outcomes, with 79% discharged to their own homes.	Investment to continue at existing level
CHC 4Q Pathway – additional Discharge Planning Nurses resource	£120,000	NIL	The 4Q pilot went live in November 2017. There have been issues recruiting to the additional posts which has caused some capacity issues in implementing the pilot fully. Number of patients having a 4Q (at end of March 2018): 204 Reduction in health assessment related delays: Reduction of 302 delayed bed days in December (10% of all delays) to 191 delayed bed days in March 2018 (7% of all delays)	Investment to continue
Equipment budget pressures	£140,000	£168,000	The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.  	Equipment budget pressures are continuing in 18/19 based on previous year trends. Investment to increase

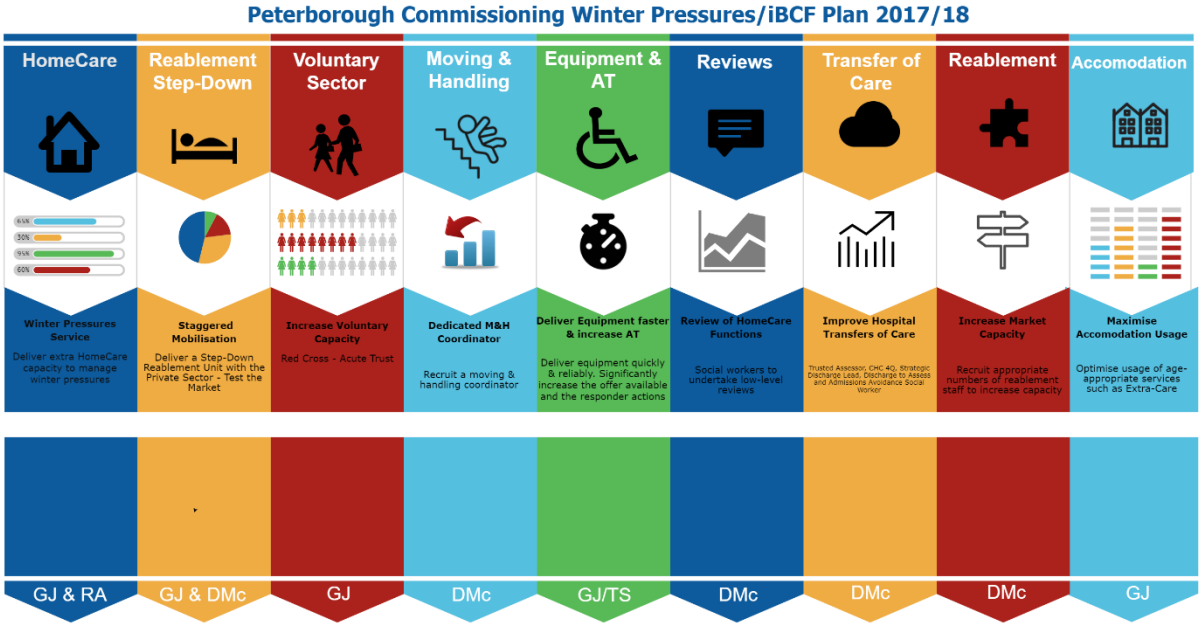
			Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care.	
Discharge Cars Pressure	£140,000	NIL	iBCF investment was not needed in this area, as the pressure was mitigated via the new home care contract and better utilisation of capacity. Although additional investment would have been of benefit, there was no additional capacity in the market to purchase.	Discontinue investment
Dedicated social worker capacity to support self-funders (CUH)	£41,000	£16,176	In April 2018 a significant reduction on September 2017 is evidenced. . In September 2017 there were 65 delays in total, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.	Investment to continue
Social care lead in each acute	£100,000	£39,347	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low, including operational implementation of CHC 4Q hospital discharge pathway and the Discharge to Assess pathway implementation. Supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018.	Investment to continue
CHC Nurse resource to address CHC backlog	£250,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Social worker capacity to address CHC backlog	£125,000	£NIL	This investment was not required in 2017/18.	Investment to Stop
Trusted Assessor	CCG to review investment contribution if required	£NIL	This scheme went live in May 2018, so to date there is limited data available to show a trend. However, the initial two months of data is showing a positive impact: - 45 trusted assessor assessments have been completed.	Investment to continue for the CUH post and to extend an additional post to cover Hinchingbrooke

			- 27 discharges have been accepted (60%) and 100 bed days have been saved.	
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website	£54,000	£NIL	This investment was not required in 2017/18 due to the late start of projects.	Investment to continue
Adult Early Help	£30,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Admissions Avoidance (Locality Teams)	£80,000	£80,000	In August 2017, the Older People's Locality Team had 1112 overdue reviews. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. A sample taken from PCH in 2016/17 showed that 12% of referrals had an outstanding review. 729 overdue reviews were completed between August 2017 and March 2018, resulting in a significant reduction in the backlog.	Investment to continue
Planned Investment Sub-Total	**£2,300,000**	**£831,984**		
Unplanned Investment				
Enhanced Response Service		£348,665	ed the implementation of the ERS. This service provides wrap around short term care in the community to prevent unnecessary hospital admissions. Supported the national condition of Meeting ASC Needs generally. The service has now been established and the ongoing investment in provision is being funded by the Local Authority.	Discontinue investment
Extension of dedicated reassessment and brokerage capacity for learning disability		£100,000	al investment to support the expansion of the LD team to support out of county reviews. This supported the national condition of Meeting ASC Needs generally.	Investment to continue
Implementation of contracting and brokerage system		£26,360	ed the implementation of ADAM Direct Purchasing system, in conjunction with the newly commissioned home care framework and supports the national condition of stabilising the market.	Discontinue investment

Disability Access Projects		£68,726	ed the national condition of Meeting Adult Social Care Needs generally.	Discontinue investment
Abetion Care Home Capacity		£40,182	t support from Cardiff Council to advise on building care homes on Council land and inform approach to care homes project. This supported the national condition of Stabilising the Care Market.	Discontinue investment
Head of DTOC Performance		£66,038	nt in Local Authority Strategic Discharge Lead. This supported oversight of the approach to manage DTOCs and an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of Reducing Pressures on the NHS.	Discontinue investment
Dedicated commissioner working to improve performance of large domiciliary care provider		£53,765	support to a potential provider failure and prevented the suspension of the Council's largest domiciliary care provider and supported stabilisation of the market in line with the national condition.	Discontinue investment
Additional DTOC team agreed by executive (4 social workers part year)		£38,918	l investment part year to increase capacity to manage hospital discharge demand into the discharge planning teams. ported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of reducing pressures on the NHS.	Investment to continue
Nursing Dementia Placements Pressure		£706,000	n of budget pressures, supporting the national condition of Meeting ASC needs generally and reducing Pressures on the NHS.	Discontinue investment
Unplanned Investment in DTOCs Sub-Total		**£1,448,654**		
TOTAL	***£2,300,000***	***£2,280,638***		

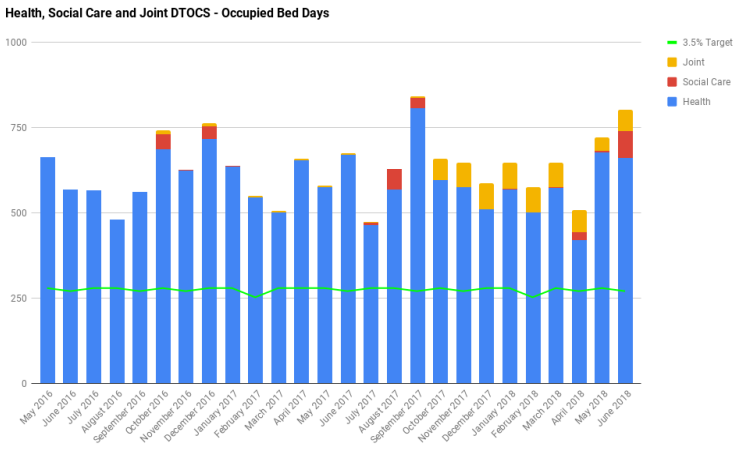
Peterborough DTOC Plan Impact

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



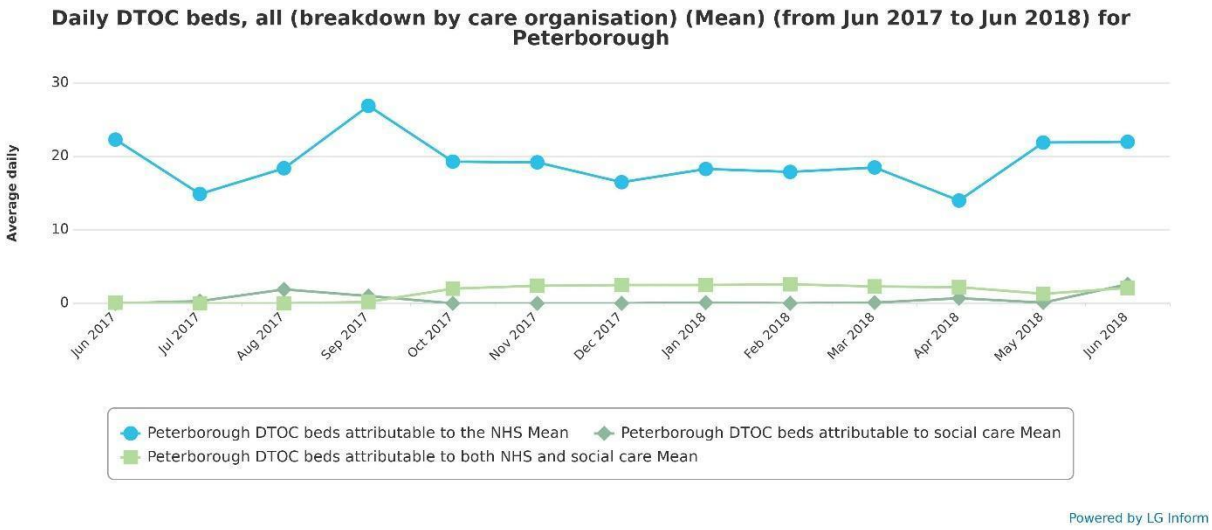
DTOC Performance

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



During June 2018, 73% of delayed days were within acute settings. 82.2% of all delayed days were attributable to the NHS, 9.8% were attributable to Social Care and the remaining 8.0% were attributable to both NHS and Social Care.

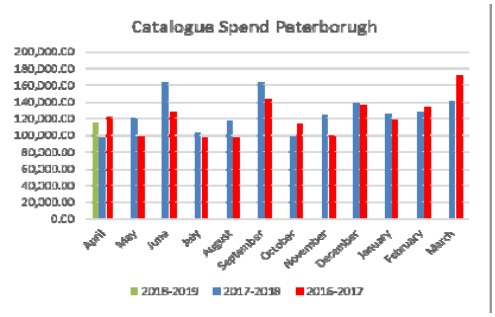
The below graph shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 15% increase in in NHS attributable delays and a 33% increase in social care attributable delays. There was a significant increase in community bed delays in June 2018, with 79 social care attributable delays in non-acute settings. Prior to this social care performance was exceptionally low, averaging 7 bed delays per month, with many months recording zero delays.



iBCF Investment areas - Impact

In 2017/18 a total of £1,033k was invested to support delivery of the DTOC target. The impact of the specific initiatives was varied and the below table provides an evaluation summary.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£191,000	£35,240	Recruitment has increased capacity 20% from 3792 hours per month to 4984 hours per month. 10,018 hours of bridging packages were delivered between December 2017 and March 2018. The service is regularly meeting their monthly referral target of 85, with an average of 91 referrals per month.	Investment to continue
Reablement Capacity – Clayburn Court	£NIL	£123,150	12 reablement beds were commissioned at Clayburn Court. The utilisation of these beds has been very low at circa. 17% and the block contract provision for this service was decommissioned at the end of June 2018. The service was unsuccessful due to the provider model not being effective. It is recognised that there is an ongoing need for effective reablement flat provision and an alternative provider model has been sourced.	Decommission
Admissions Avoidance Social Worker in ED	£40,000	£29,900	The role is supporting admissions avoidance in the emergency department, improving ward staff understanding of community support and liaising with providers to accept patients back rather than the attendances resulting in an admission. There is close liaison with care providers, which is proving positive and they are becoming more confident in accepting patients back into their care.	Investment to continue.

			The service is reporting an average of 39 hospital admissions avoided per week. Interventions included signposting (74%), restart of care package (0.5%), Red Cross referral (1%), Case note support (15%).	
CHC 4Q Pathway – additional DPSN and social worker resource	£80,000	£72,500	Funding for additional social worker and discharge planning nurse posts was invested in from the iBCF. The 4Q pilot went live in November 2017 and the additional posts have been recruited to on an interim basis. The number of patients having a 4Q (at end of March 2018) was 86 There has been a significant reduction in health assessment related delays: Reduction of 493 delayed bed days in September (59% of all delays) to 131 delayed bed days in March 2018 (26% of all delays)	Investment to continue
Equipment budget pressures	£80,000	£80,000	The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.  Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care.	Investment to continue
Moving and Handling Coordinator	£50,000	£31,200	An Occupational Therapist is has been based within Peterborough City Hospital since October 2017. The role is working well, with positive feedback received from hospital teams. It has enhanced relations with ward therapists, improving understanding of what is available in the community and is working closely with the Community OT, improving patient follow up in the community. The Moving and Handling Coordinator has worked with 88 cases, all of which have led to a reduction in care package.	Investment to continue

Increased low level reablement provision from the VCS	£100,000	£90,672	**Age UK:** were commissioned to provide a community support at home service to support low level needs on discharge which went live in January. The level of referrals has been low into this service, with only 6 clients supported.	Discontinue investment
			British Red Cross: were commissioned to provide additional low level reablement support to aid discharge. This service is well regarded with hospital teams and it supported 108 clients between January and March 2018.	Investment to continue
Social care lead in each acute	£50,000	£25,120	This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. Enabled close management of DTOCs over winter period to ensure social care DTOCs remained low. Led on implementation of CHC 4Q hospital discharge pathway and supported the Discharge to Assess pathway implementation. Social Care Attributable DTOCs continue to average at 0%.	Investment to continue
Brokerage Capacity	£40,000	£NIL	This investment was not required in 2017/18.	Discontinue Investment
CHC Nurse resource to address CHC backlog	£150,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Social worker capacity to address CHC backlog	£50,000	£NIL	This investment was not required in 2017/18.	Discontinue investment
Trusted Assessor	£50,000	£18,000	The Trusted Assessor service, provided by LINCA, went live in December 2017. The service has undertaken 75 patient assessments to date and facilitated 61 discharges.	Investment to continue
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website and Dementia Alliance Coordinator	£69,000	£50,000	Only the stay well in winter investment was required in 2017/18, due to the late start of other projects.	Investment to continue
Market Management Review	£50,000	£170,489	Delivered the iMPOWER demand management findings, which are informing development of early intervention and prevention programme of work.	Discontinue investment

Planned Investment Sub-Total	**£1,000,000**	**£726,301**		
Unplanned Investment				
Cross Keys Day Lifting Service		£20,000	ice is targeted at a specific cohort of current LifeLine users. The service delivers excellent outcomes with 100% of calls responded to within the target 45 minutes. An average of 64% of calls have prevented an ambulance conveyance, though this has increased dramatically since March to an average of 94%.	Investment to continue
Reablement / Therapy Pressures		£31,049	ed staffing budget pressures. This supported the national condition of meeting ASC needs generally.	Discontinue Investment
Community Staffing Pressures		£219,520	ed staffing budget pressures as a result of reliance on locum staff. This supported the national condition of meeting ASC needs generally.	Discontinue investment
Additional VCS Domiciliary care provision		£35,975	**The Carer's Trust:** were commissioned to provide domiciliary care support for up to 6 weeks to support hospital discharge. The service went live in January 2018 and has a low level of referrals.	Discontinue investment
Unplanned Investment in DTOCs		**£306,544**		
TOTAL	***£1,000,000***	***£1,032,845***		

Recommendations for Quarter 3 and Quarter 4 of 2018/19

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

Key principles were:

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

Cambridgeshire		
Continue	Start 2018-19	Stop
Reablement investment - General	Admissions Avoidance Social Worker - Hinchingbrooke and Addenbrookes	Adult Early Help
Reablement Flats - Doddington	Moving & Handling Coordinator - Hinchingbrooke	Reablement Flats - Eden Place
Reablement Flats - Ditchburn	Trusted Assessor - Hinchingbrooke & CUH (CUH started April 2018)	Public Health Initiatives - will continue to be funded by the Council
Equipment Pressures	Occupational Therapy Investment	
Social care discharge lead to support D2A 4Q Pathway - CUH & Hinchingbrooke		
Self-funder social worker - Addenbrookes	Start 2019-20	
Prevention/Early Intervention Enabling People in Own Homes - Locality Teams	Pilot with South Cambridgeshire District to increase reablement flat provision via use of vacant sheltered accomodation	
CHC 4Q Investment - Discharge Planning Nurses		
Discharge Planning Investment		
Out of County LD Review Team		
CHC Backlog - Nurse and Social Work Investment		
Peterborough		
Continue	Start 2018-19	Stop
Reablement investment - General	Increased VCS Support for Discharge	Brokerage Investment
Admissions Avoidance Social Worker		Market Management Review
Equipment Pressures		Public Health Initiatives - will continue to be funded by the Council
Social care discharge lead - to support support D2A 4Q pathways		
Falls Lifting Service		
Moving and Handling Coordinator		
CHC 4Q Investment - Discharge Planning Nurses and Social Worker	Start 2019-20	
CHC Backlog - Nurse and Social Work Investment	Housing Case Worker - Peterborough City Hospital	
Trusted Assessor		
VCS Support for Discharge		
Reablement Flats - alternative provision to Clayburn		

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

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

Cambridgeshire

DTOC Plan - 2018/19 Detail of funding required	Original 18/19 Plan	18/19 Suggested Changes	NOTES
Reablement Capacity - general	1,000,000	1,000,000	
Reablement Capacity - Flats	220,000	286,000	
Admission Avoidance SW in ED	-	37,500	Roll out based on success of Peterborough model
Equipment Budget Pressures (plus the continued requirement of NHS contribution)	140,000	70,000	Current overspend forecast on ICES budget is lower than originally anticipated.
Moving and Handling Coordinator	-	21,000	Roll out based on success of Peterborough model
4Q DSPN capacity	120,000	120,000	Support roll out an ongoing delivery of the CHC Care test
Additional Discharge Team Social Worker Capacity (4Q)	-	138,000	Support roll out an ongoing delivery of the CHC Care test
Dedicated social work capacity to support self-funders (CUH)	41,000	45,000	forecast full year spend
Social Care Lead to support D2A pathway	100,000	100,000	
Trusted Assessor	-	75,000	Support continued delivery at Addenbrookes and roll out to Hinchingbrooke
CHC Nurses - Community Backlog	-	250,000	Support ongoing management of CHC backlog
Occupational Therapy	-	80,500	Delays in recruitment have resulted in forecast slippage. This capacity is funded from Council base budget from 19/20
Out of of County LD Review Team	-	114,000	
Pilot with South Cambs District to increase reablement flat provision though use of vacant sheletered accomodation	-	-	Delays in implementing in 18/19 due to approval delays. Propose roll start forward to 19/20.
Discharge Cars	140,000	-	Additional investment not required in 18/19
Adult Early Help	30,000	-	Investment not required in 18/19
Stay Well in Winter	50,000	0	This will be funded by Public Health Reserves in Cambridgeshire
Keep Your Head Website	4,000	0	Not required in 18/19
Dementia Alliance Coordinator	15,000	0	Not required in 18/19
Admissions Avoidance (Locality Teams)	80,000	80,000	
Actual DTOC reduction planned			
Target reduction of DTOCs to hit 3.5% national target			
iBCF Total	**1,940,000**	**2,417,000**	

DTOC Plan - 2018/19			
Detail of funding required	Original 18/19 Plan	18/19 Amended Recommendations	NOTES
Reablement Capacity - general	191,000	191,000	
Reablement Capacity - Flats	0	100,000	
Admission Avoidance SW in ED	40,000	40,000	
Equipment Budget Pressures (plus the continued requirement of N	80,000	0	Currently there is no overspend forecast on the ICES Budget
Moving and Handling Coordinator	50,000	45,000	forecast full year cost
Increased low level reablement support (VCS provision)	100,000	145,000	forecast full year cost
4Q DSPN capacity	40,000	80,000	Support roll out and ongoing delivery of the CHC care test
4Q Social Worker capacity	40,000	40,000	Support roll out and ongoing delivery of the CHC care test
Housing Case Worker in PCH	-	0	Delays in IBCF recommendations approvals mean we wont start delivery until 19/20
Social Care Lead to support D2A pathway	50,000	50,000	
Technology Enabled Care	-	0	Additional investment in the TEC team will be funded by the Council as required as part of the Adults Positive Challenge Programme investment.
Falls Lifting Response Service	-	9,000	forecast full year cost
Additional Interim Care Home Beds	-	0	This additional capacity has not been required to manage the winter demand.
Trusted Assessor	50,000	50,000	
CHC Nurses - Community Backlog	150,000	150,000	Support ongoing management of CHC backlog
CHC Social workers - Community Backlog	50,000	50,000	Support ongoing management of CHC backlog
Brokerage Support	40,000		Not required in 18/19
Market Management Review	50,000		Not required in 18/19
Market Management Review	50,000		Not required in 18/19
Stay Well in Winter	50,000	50,000	
Keep Your Head Website	4,000	0	Not required in 18/19
Dementia Alliance Coordinator	15,000	0	Not required in 18/19
Admissions Avoidance (Locality Teams)	-	0	Reviewing capacity will be picked up by operational teams
Actual DTOC reduction planned			
Target reduction of DTOCs to hit 3.5% national target			
iBCF Total	1,050,000	1,000,000	

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

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.

- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

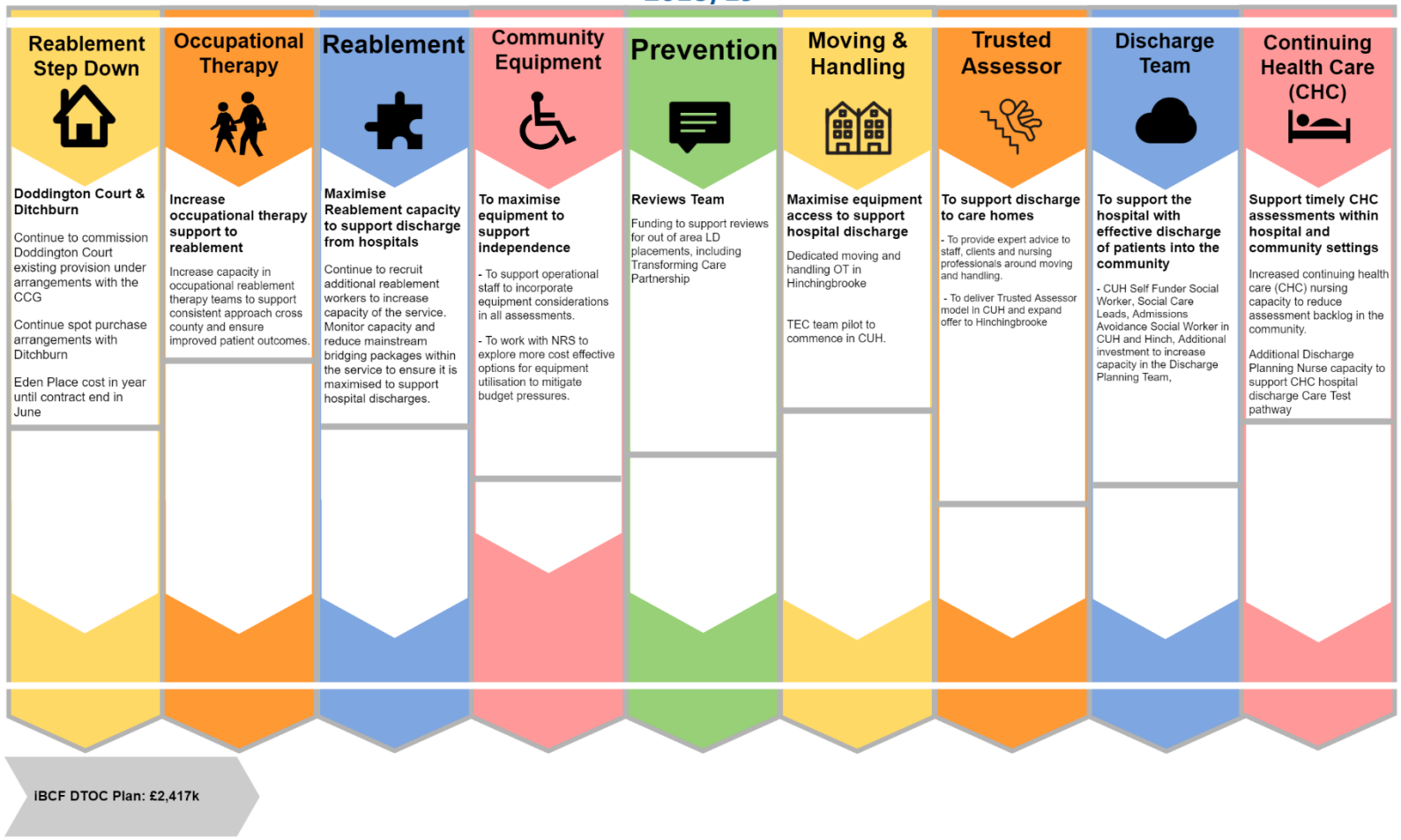
Appendix 1 – 2017/18 iBCF Costed DTOC Plan

	Peterborough			Cambridgeshire		
Detail of funding required	Cost	Funding stream	Impact on DTOCs per month	Cost	Funding stream	Impact on
Integrated Discharge Pathway and ICWs		STP			STP	
Reablement capacity - general	191,000	iBCF		1,000,000	iBCF	
Reablement Capacity - Flats Ditchburn				140,000	iBCF	
Reablement capacity - Doddington CT (plus required continuation of NHS contribution)				80,000	iBCF	
Admission Avoidance SW in ED x 1	40,000		105.78			
CHC 4Q x 1 DPN x 1SW and utilise existing resource	80,000	iBCF				
Equipment Budget Pressures (Cambs: plus the continued requirem	80,000	iBCF		140,000	iBCF	
Moving and Handling Coordinator	50,000	iBCF				
Increased low level reablement support (VCS provision)	100,000	iBCF				
CHC 4Q x 3 DPN and utilise existing resource				120,000	iBCF	
Discharge Cars Pressure				140,000	iBCF	
Dedicated social work capacity to support self-funders (CUH)				41,000	iBCF	878.0
Social Care Lead (1 per acute) to support D2A 4Q Pathway	50,000	iBCF		100,000	iBCF	
Brokerage Capacity	40,000	iBCF	98.03			
CHC Nurse resource to address CHC backlog	150,000	iBCF		250,000	iBCF	
Social Worker Capacity to address CHC backlog	50,000	iBCF		125,000	iBCF	156.1
Trusted Assessor	50,000	iBCF	8.56		iBCF	
Market Management Review	50,000	iBCF				89.6
Stay Well in Winter	50,000	iBCF		50,000	iBCF	
Keep Your Head Website	4,000	iBCF	10	4,000	iBCF	
Dementia Alliance Coordinator	15,000	iBCF		15,000	CCC	
Adult Early Help				30,000	iBCF	
Admissions Avoidance (Locality Teams)				80,000	iBCF	36.5
Actual DTOC reduction planned			**220.37**			
Target reduction of DTOCs to hit 3.5% national target			**214**			
iBCF Total	**1,000,000**			**2,300,000**		

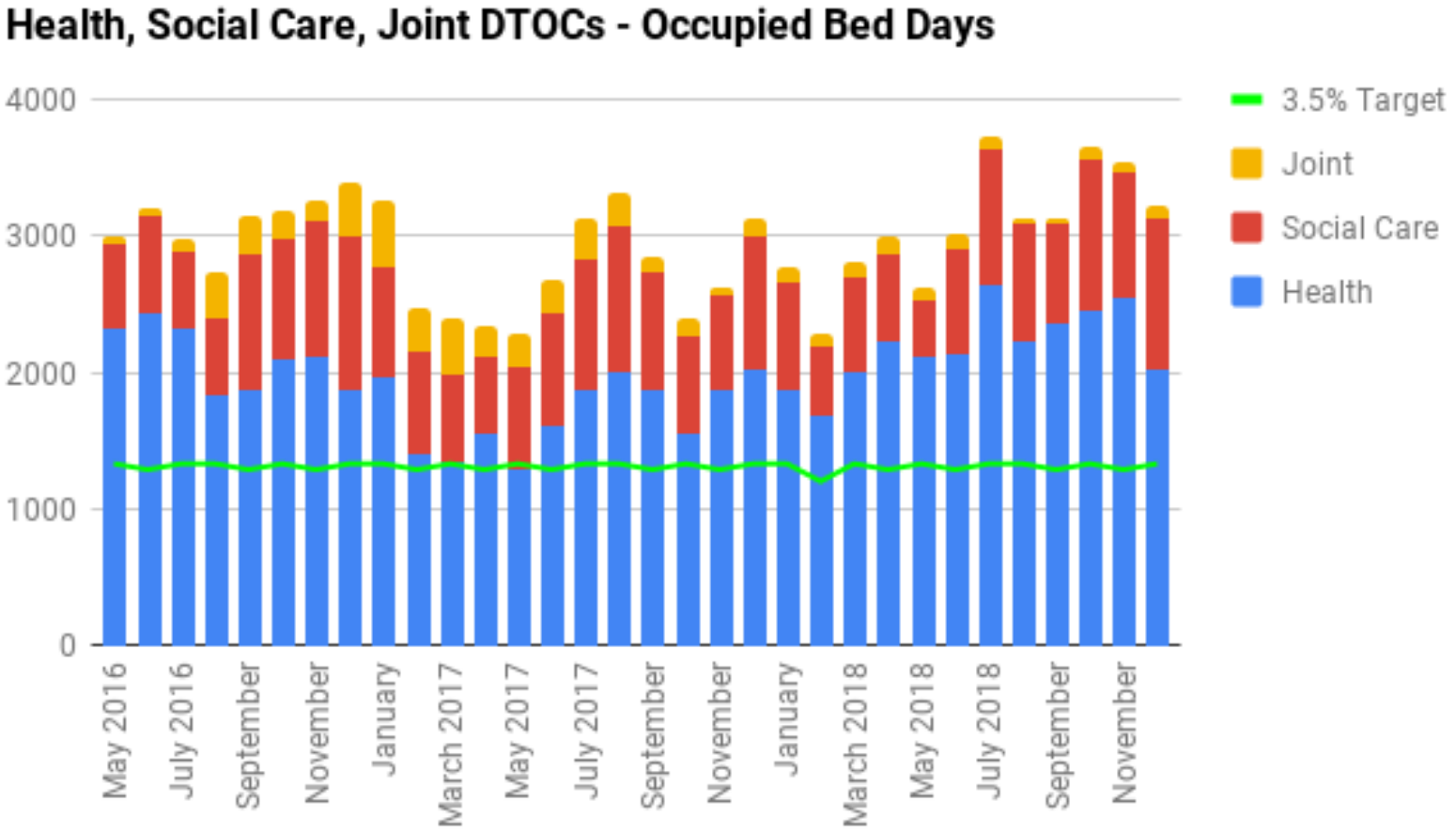
CAMBRIDGESHIRE & PETERBOROUGH
IMPROVED BETTER CARE FUND EVALUATION 2018-19

APPENDIX II – GRAPH PACK – Diagram 3.1

Cambridgeshire Commissioning Winter Pressures/iBCF Plan 2018/19

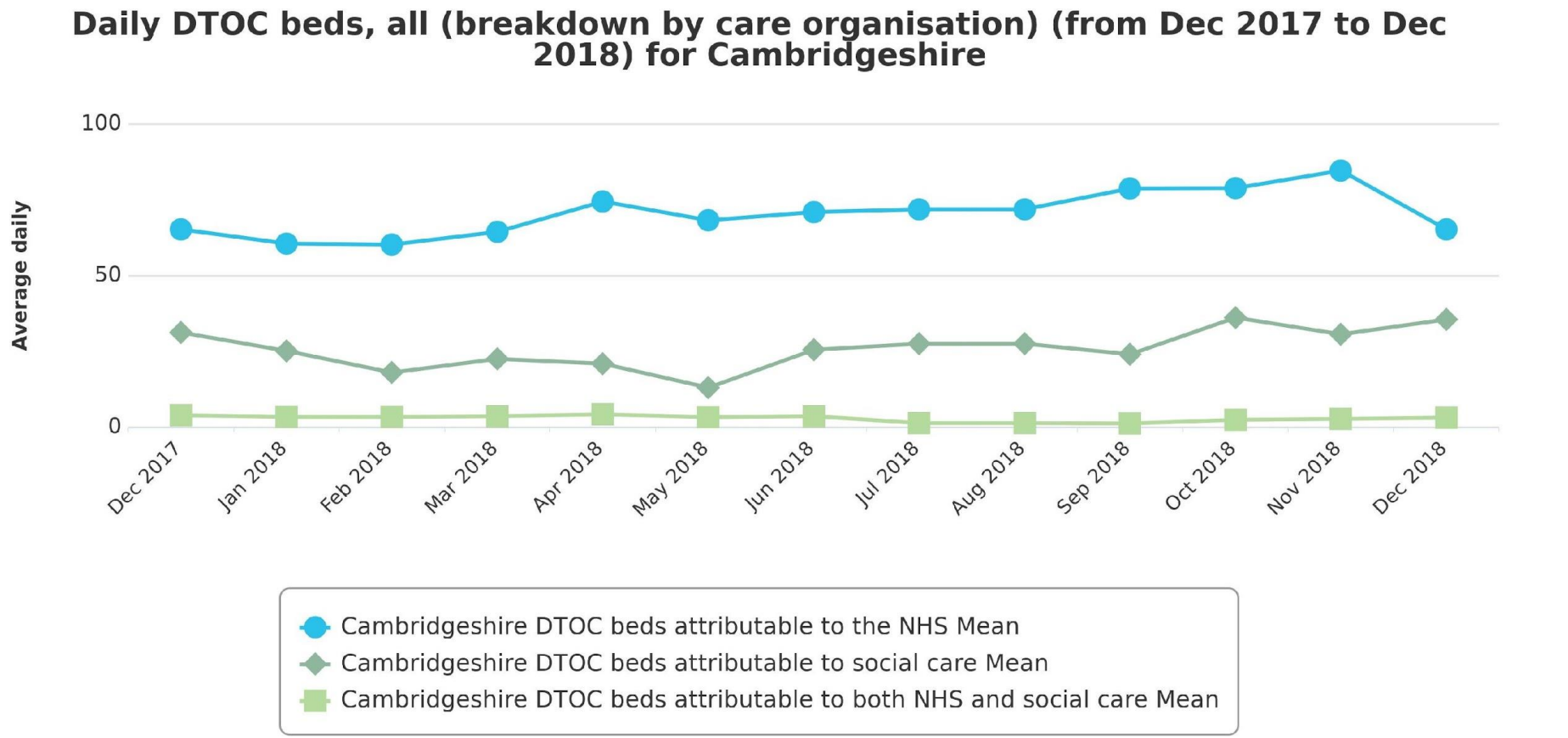


APPENDIX II – GRAPH PACK – Graph 3.2.1



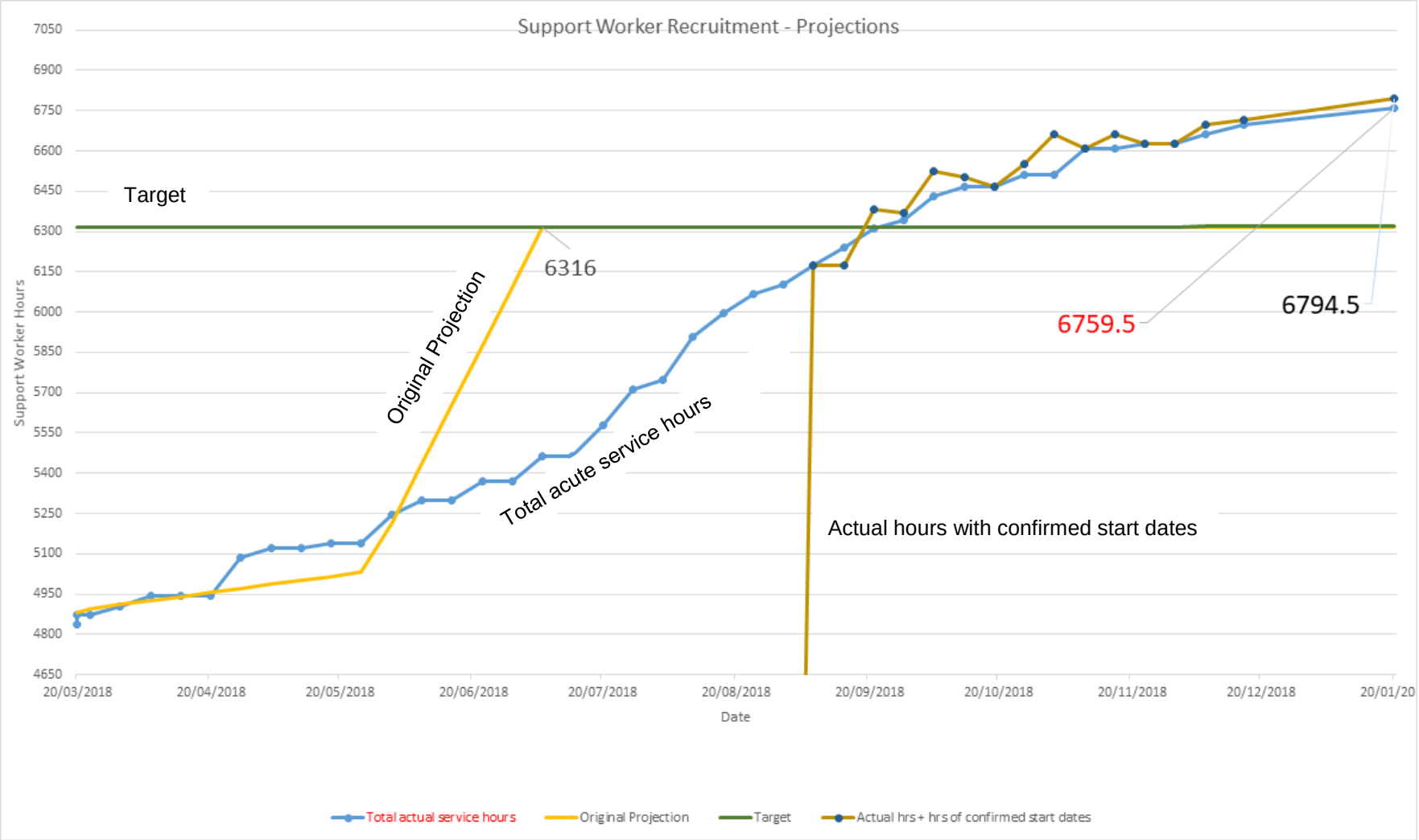
Bottom of bar – Health
Middle of Bar – Social Care
Top of Bar - Joint

APPENDIX II – GRAPH PACK – Graph 3.2.2

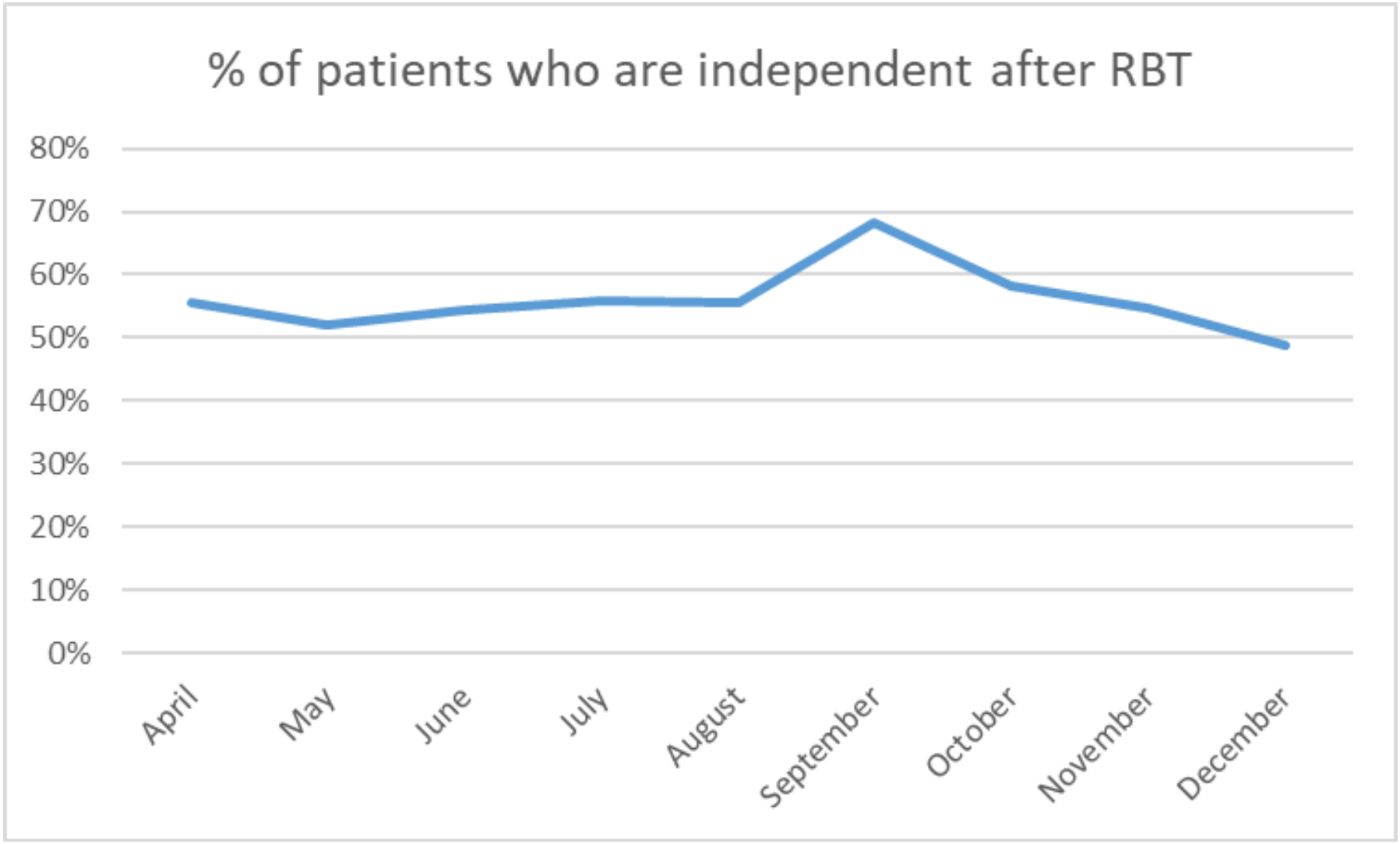


Top Line – NHS
Middle Line – Social Care
Bottom Line – Both

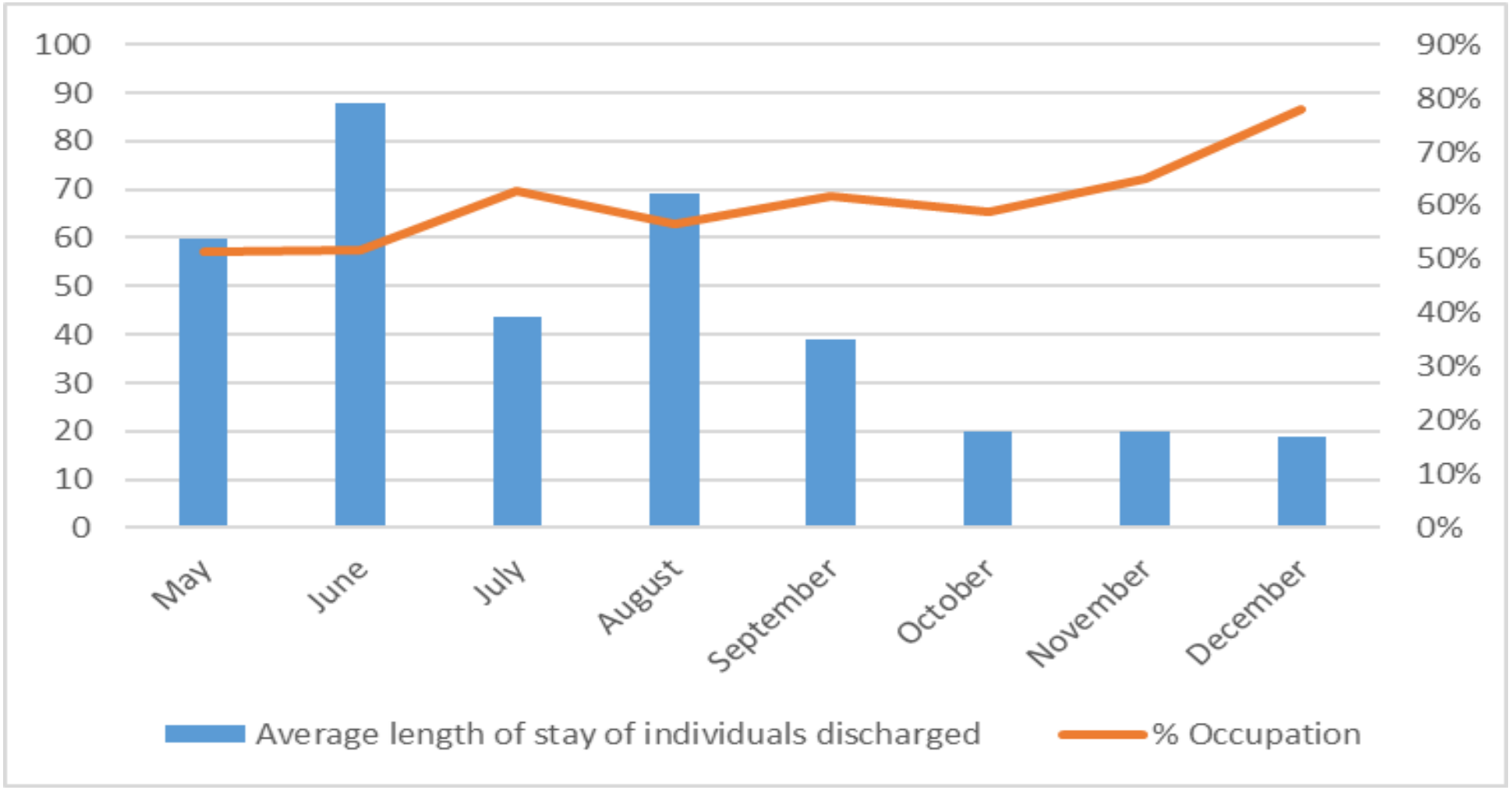
APPENDIX II – GRAPH PACK – Graph 3.3.1



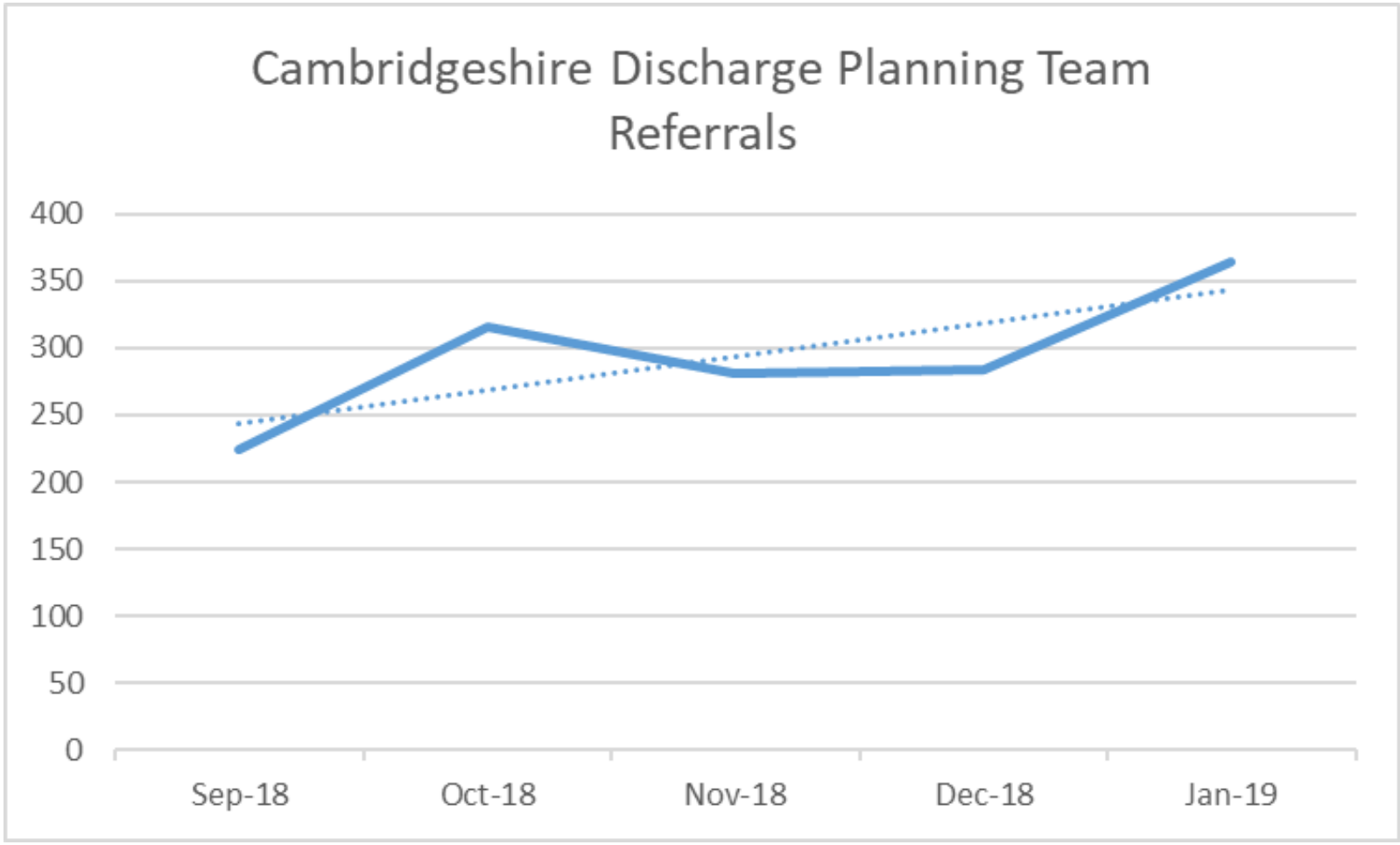
APPENDIX II – GRAPH PACK – Graph 3.3.2



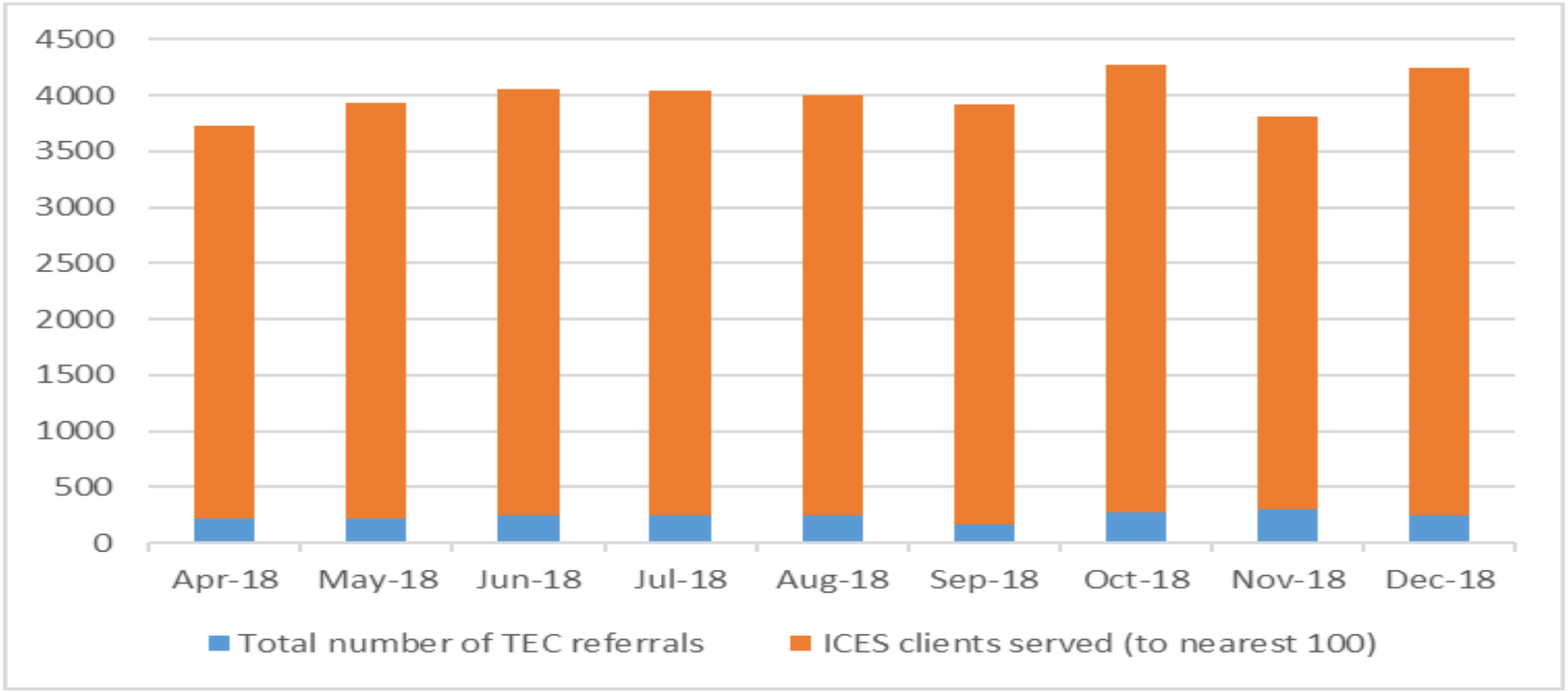
APPENDIX II – GRAPH PACK – Graph 3.3.3



APPENDIX II – GRAPH PACK – Graph 3.3.4

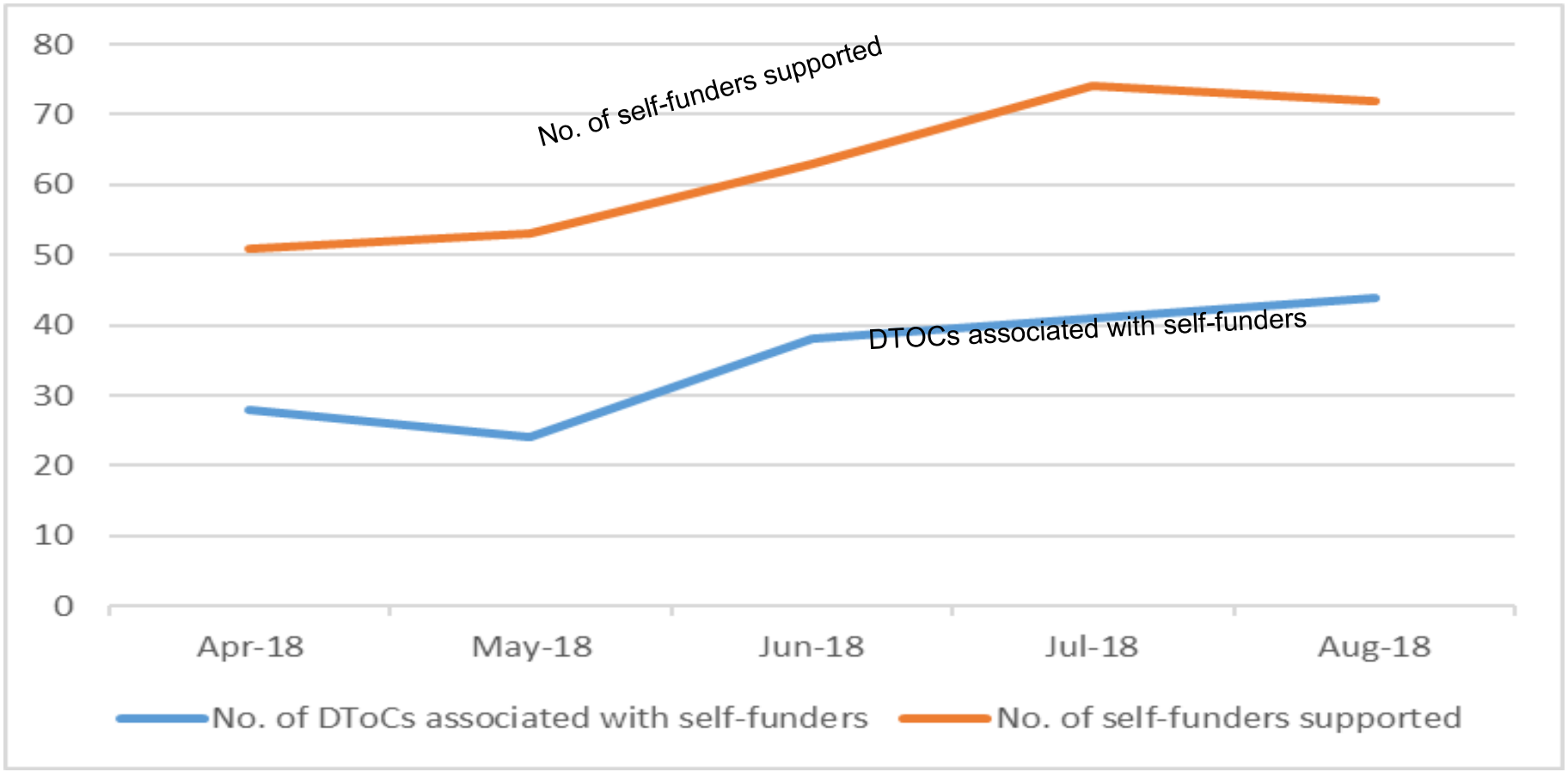


APPENDIX II – GRAPH PACK – Graph 3.3.5



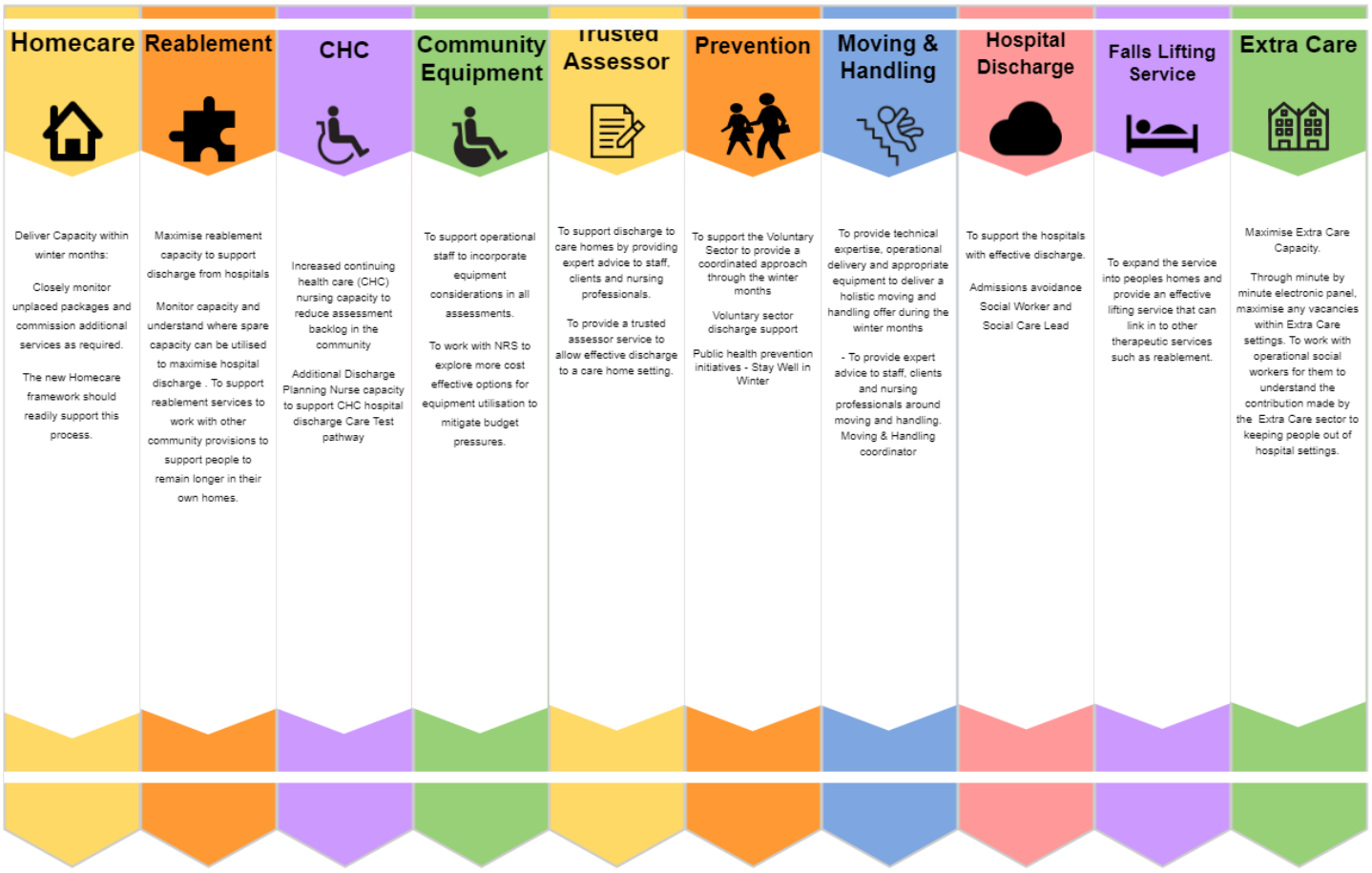
Bottom section of bar – Total number of TEC referrals
Top section of bar – Integrated Community Equipment (ICES) clients served

APPENDIX II – GRAPH PACK – Graph 3.3.6

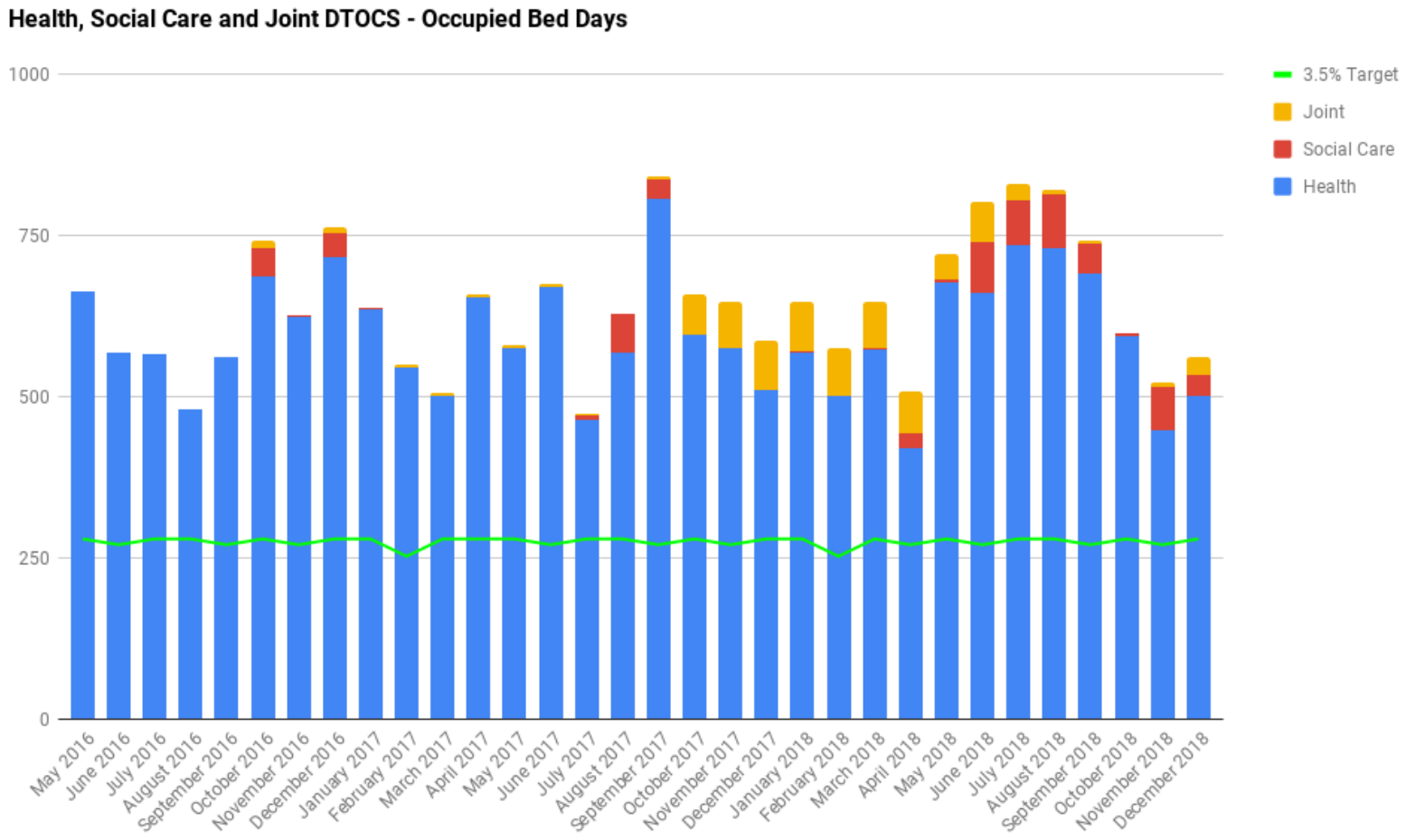


APPENDIX II – GRAPH PACK – Graph 3.4

Peterborough Commissioning Winter Pressures/iBCF Plan 2018/19

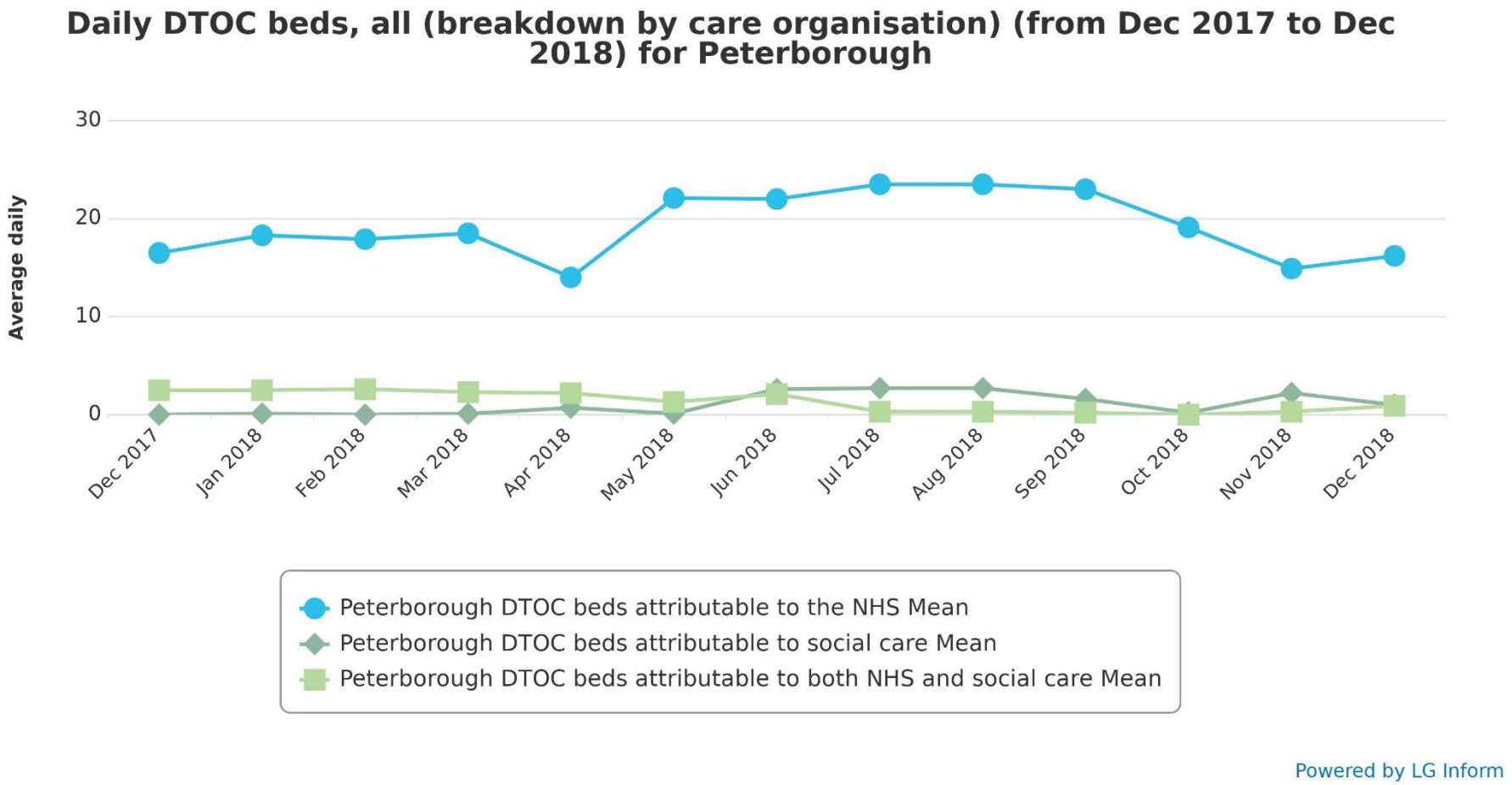


APPENDIX II – GRAPH PACK – Graph 3.5.1



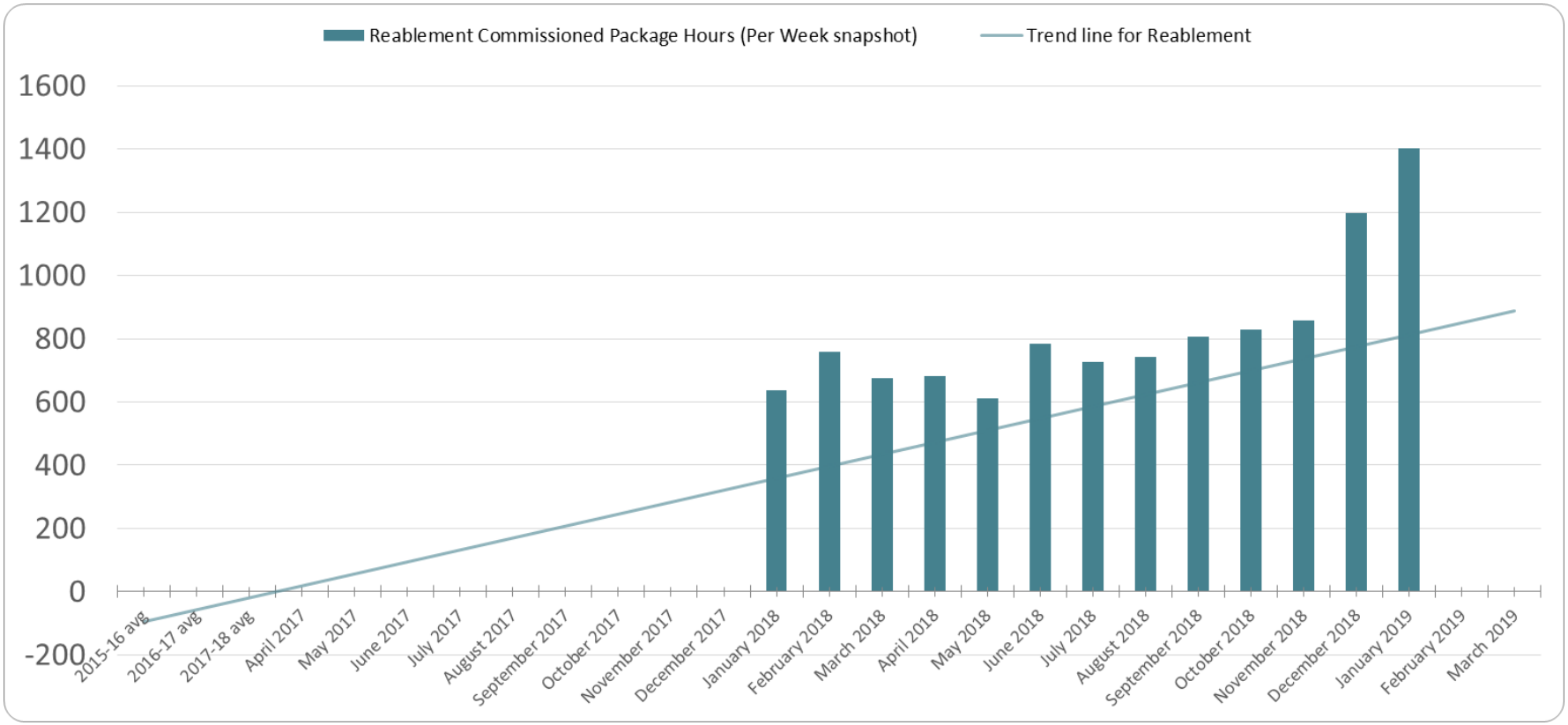
Bottom of bar – health
Middle of bar – Social Care
Top of bar - Joint

APPENDIX II – GRAPH PACK – Graph 3.5.2

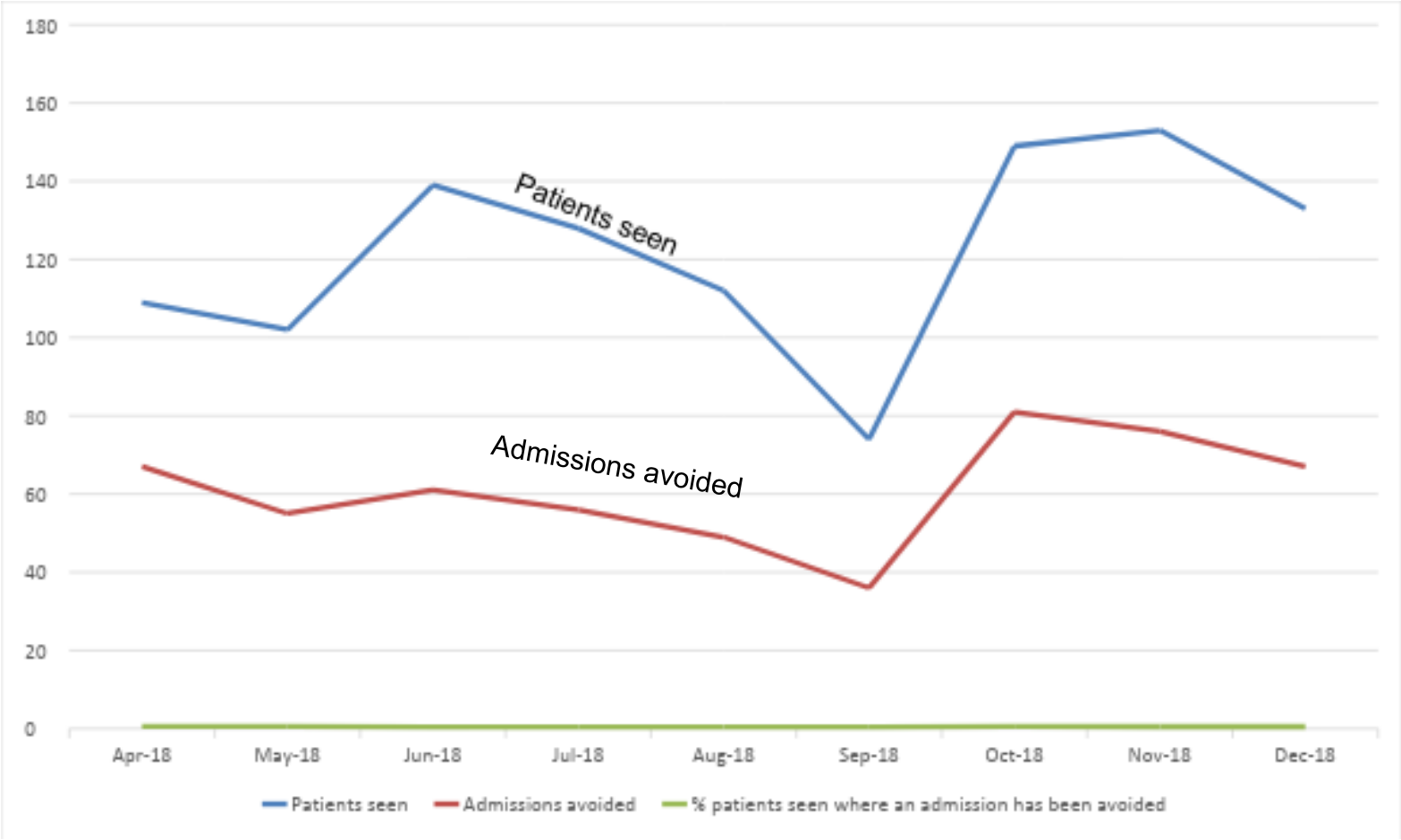


Top line – NHS
Middle line – Social Care
Bottom line - Both

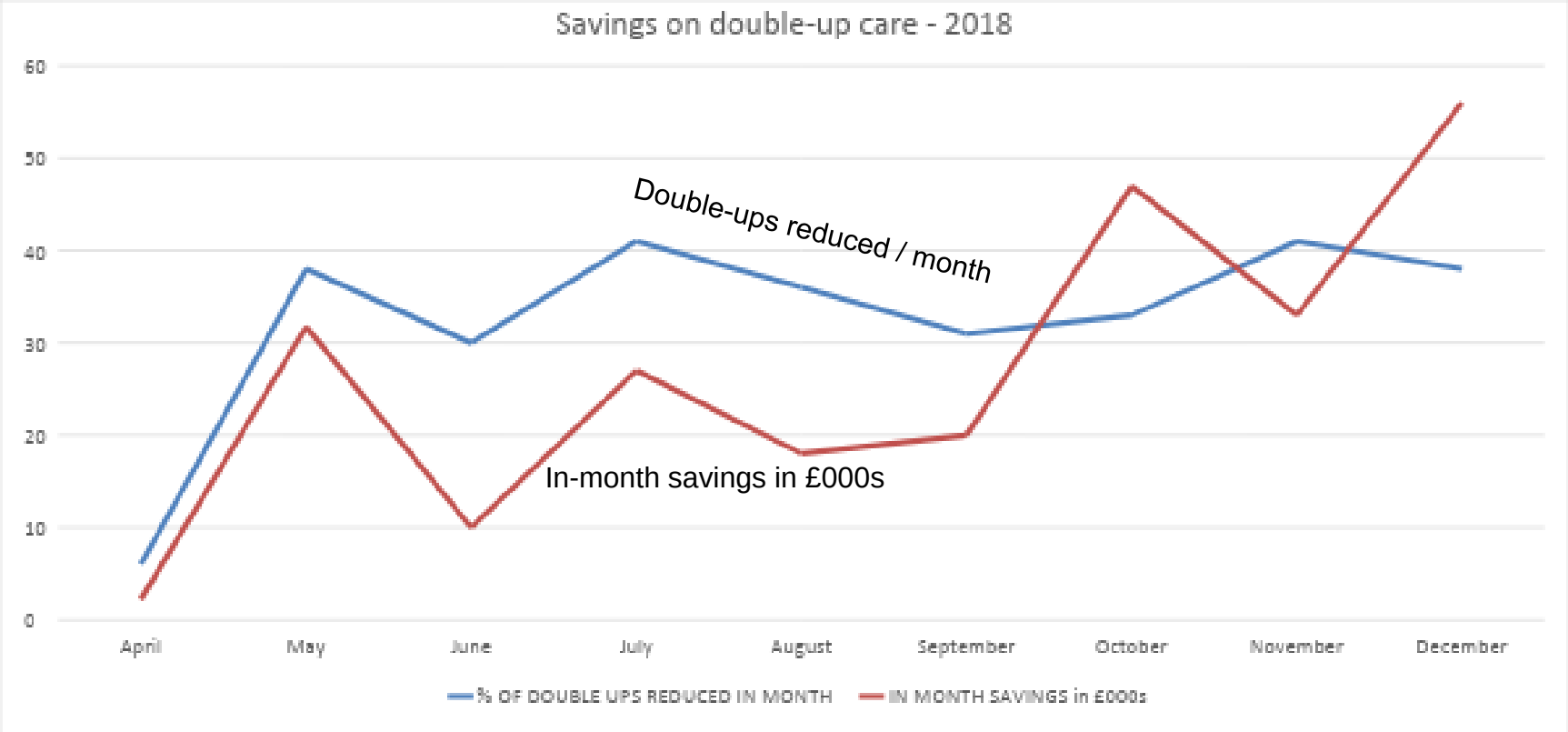
APPENDIX II – GRAPH PACK – Graph 3.6.1



APPENDIX II – GRAPH PACK – Graph 3.6.2



APPENDIX II – GRAPH PACK – Graph 3.6.3



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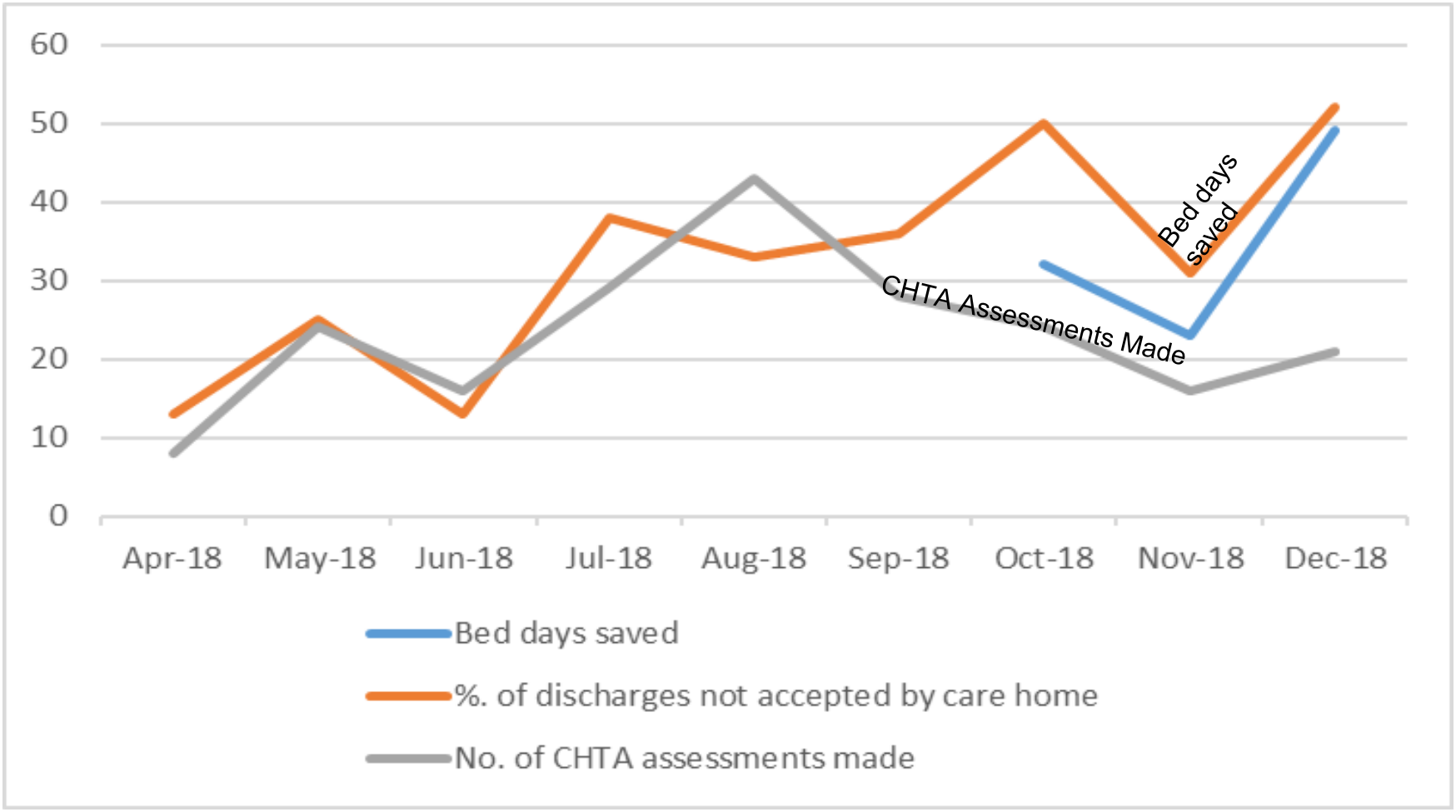
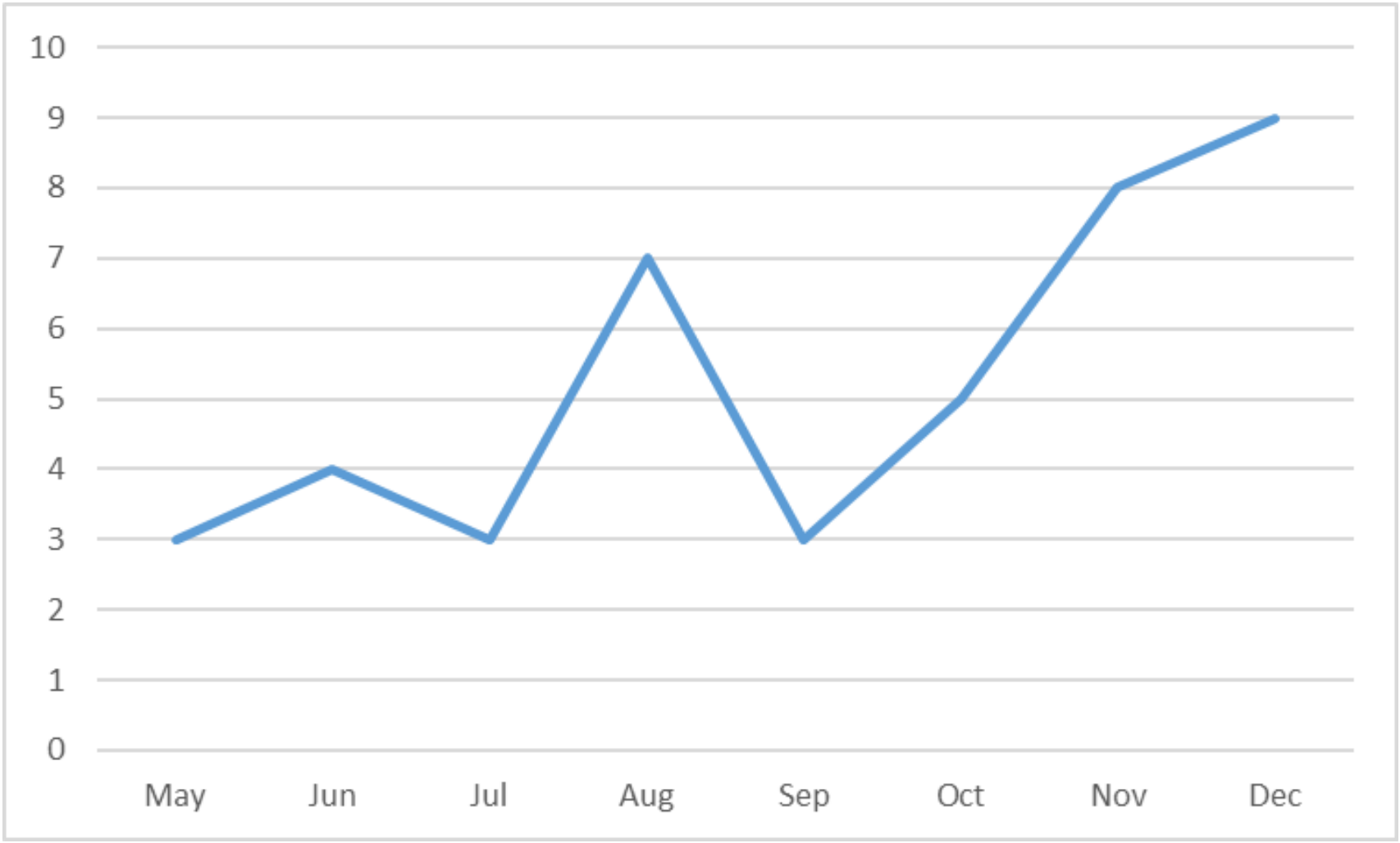


APPENDIX II – GRAPH PACK – Graph 3.6.5

Number of calls received by Crosskeys Falls Lifting Service (Peterborough) in 2018



Agenda Item No: 7

CAMBRIDGESHIRE AND PETERBOROUGH JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) CORE DATASET 2019

To:	**The Cambridgeshire Health and Wellbeing Board** **The Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Dr Liz Robin** **Director of Public Health**

Recommendations:	**Cambridgeshire Health and Wellbeing Board is recommended to:** a) **Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2019** b) **Consider the key health and wellbeing needs identified in the JSNA information presented and how these should influence the development of a future Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough.** c) **Note the substantial differences in health status and outcomes observed between different areas of Cambridgeshire and Peterborough and consider how this information should inform future commissioning/intervention decision-making to improve overall population health and wellbeing.**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** a) **Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2019** b) **Consider the key health and wellbeing needs identified in the JSNA information presented and how these should influence the development of a future Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough.** c) **Note the substantial differences in health status and outcomes observed between different areas of Cambridgeshire and Peterborough and consider how this information should inform future commissioning/intervention decision-making to improve overall population health and wellbeing.**

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Role:	Chairman, Cambridgeshire Health and Wellbeing Board	Role:	Chairman, Peterborough Health and Wellbeing Board
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Tel:	01223 706398 (office)	Tel:	01733 452479

1. PURPOSE

1.1 The purpose of this paper is to present the Cambridgeshire & Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2019 to the Health and Wellbeing Boards for approval. Due to its size, the full document has not been included as an appendix, but is available at the following URL: https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/. There will be a summary PowerPoint presentation of key findings at the HWB Board meeting.

2. BACKGROUND

2.1 Health and Wellbeing Boards have a statutory duty to jointly assess the health and wellbeing needs of the populations which they cover and to prepare a joint health and wellbeing strategy to meet these needs. To assist with this process, public health intelligence staff within Cambridgeshire County Council and Peterborough City Council produce an annual 'JSNA Core Dataset', which is an extensive summary of key information on health and social care needs and on the wider socio-economic determinants of health, for the Cambridgeshire and Peterborough area. This document contains benchmarked data relating to key public health indicators such as life expectancy, mortality rates and hospital admission rates, as well as a range of broader information on current and future population levels, relative deprivation and disease prevalence.

3. MAIN ISSUES

3.1 There is a wealth of information within the Cambridgeshire and Peterborough JSNA Core Dataset 2019, and a few examples of key findings include:

- Overall health outcomes, when taken on average for Cambridgeshire and Peterborough as a whole, are generally good in comparison to national and regional averages - although there is a wide degree of observed variation across the area. Health outcomes tend to be notably better than the national average in South Cambridgeshire and East Cambridgeshire and notably worse than the national average in Peterborough and Fenland.

- Life expectancy at birth is statistically significantly higher than the national average for males and females in Cambridgeshire as a whole, and statistically significantly lower than the national average in Peterborough and in Fenland.

- Average levels of socio-economic deprivation are relatively low (good) for the area as a whole, although Peterborough and Fenland are two of the most deprived areas in the East of England and there is notable correlation both within published literature and in this JSNA document to evidence links between high levels of deprivation and poor health outcomes. There is also a close correlation between educational outcomes and health in later life, and levels of 'school readiness' among young children in Peterborough and those receiving free school meals in Cambridgeshire are of concern.

- Cambridgeshire and Peterborough are among the fastest growing areas in the UK. Peterborough, Cambridge and Fenland have greater levels of ethnic diversity than England overall. The proportion of older people in the population is also increasing, with associated increases in age-related demand for NHS and social care services. Consideration should therefore

be given to the design of future service provision to incorporate increasing demand and the need to tailor services to our highly diverse population.

4. CONSULTATION AND ENGAGEMENT

Not applicable

5. IMPLICATIONS

5.1 Financial Implications

The population growth and ageing noted within the final bullet point of para 3.1 is likely to lead to increased demand on a range of health and care services. Services will aim to meet demand within available resources, but if this is not feasible, additional funding may be needed to maintain service levels.

5.2 Legal Implications

Not applicable

5.3 Equalities Implications

Not applicable

6. APPENDICES

None.

SOURCE DOCUMENTS

Source Documents	Location
Cambridgeshire and Peterborough JSNA Core Dataset 2019	https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/

Agenda Item No: 8

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) UPDATE ON STRATEGIC DIRECTION 2018/19

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Catherine Pollard** **Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP)**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to:** **a) note the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North and South Alliances.**

Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** **a) note the update report of the Sustainability and Transformation Partnership (STP), as well as the work of the North and South Alliances.**

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	Member Contacts		
Name:	Councillor Roger Hickford	Name:	Councillor John Holdich OBE
Role:	Chairman, Cambridgeshire Health and Wellbeing Board	Role:	Chairman, Peterborough Health and Wellbeing Board
Email:	Roger.Hickford@cambridgeshire.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01223 706398 (office)	Tel:	01733 452479

1. PURPOSE

1.1 To update the Joint Health and Wellbeing Board on the work of the Sustainability and Transformation Partnership (STP) and the North and South Alliances.

2 BACKGROUND

2.1 This report provides an update on:

- the key short-term priorities of the STP;
- progress of the North and South Alliances; and
- the NHS Long Term Plan.

2.2 Health and Wellbeing Board members are reminded that the STP is led by a Board which meets in public, and whose membership is the leaders from all the NHS organisations in the county, our partners in general practice as well as elected members and executive directors from Peterborough City Council and Cambridgeshire County Council.

3. MAIN ISSUES

3.1 System Priorities

In the summer of 2018, STP health and care partners agreed to focus on fewer operational priorities, in the short term, in order to address persistent system challenges and have a greater impact on ensuring the future sustainability of health and care services in Peterborough and Cambridgeshire. Short, medium and longer-term operational priorities were agreed as follows:

Short term:

- A&E performance;
- Delayed Transfers of Care (DTOC); and
- System Finances (including capital).

Medium term:

- North and South Alliances with Integrated Neighbourhoods, underpinned by Primary Care Networks, providing proactive person-centred care that takes account of local needs and reduce health inequalities;
- Developing an integrated health and care record for staff, patients and carers, able to interface with other systems in our region and provide a platform for population health management; and
- Prioritising three pathways for radical redesign, as well as starting work on technologically enabled alternatives to face-to-face outpatient appointments.

Longer-term:

- Address sustainable solutions to workforce shortages;
- Make better use of our existing assets to drive transformation, as well as developing new business cases for capital investment in community facilities;
- Maximise the impact of clinical networks and the development of world class services (Cancer hospital, children's hospital); and
- Reform the NHS alongside wider public services, with a strong emphasis on addressing the wider determinants of health and well-being, to enable prevention and early intervention of health needs.

3.2 Short-term Priorities – Progress Update

This section provides an update on progress against our short-term operational priorities.

Accident & Emergency Performance

The national standard is for at least 95% of patients attending A&E to be either admitted to hospital, transferred to another provider or discharged within four hours. We are not currently meeting this four-hour standard, although performance across all our A&E departments is comparable to the national average.

Our A&E departments are getting busier, year on year, and this increase has particularly been felt at Peterborough City Hospital (PCH), with an average of 117 more patients each week, a 7% increase on each year.

We are taking action to improve A&E performance, and this includes:

- A new ambulance streaming process;
- Reviewing A&E medical staffing rotas;
- Embedding a new computer system (Symphony) within A&E;
- Better GP/A&E telephone liaison; and
- Joint clinical triage.

Delayed Transfers of Care (DTOC)

Cambridgeshire and Peterborough has high levels of DTOCs compared to other health and care systems. Consequently, patients are staying too long in hospital, beyond the point at which they are medically fit to be discharged. The national standard is that no more than 3.5% of beds should be occupied by DTOCs. At the most recent reporting period (January 2019), DTOC levels were 11% at Hinchingbrooke Hospital, 5.5% at Peterborough City Hospital and 3.5% at Cambridge University Hospital.

As a key short-term system priority, we have an intensive programme in place across all our NHS and social care partners to tackle DTOCs, owned by a DTOC Programme Board. Progress is being made on delivering this programme, including:

- Co-locating the NHS and social care teams that purchase care placements (brokerage) so that these teams work seamlessly together;
- A Care Test model and new Continuing Health Care (CHC) Standard Operating Procedure (SOP) across all sites;
- Focussing on winter pressures including, for example, admission avoidance teams ‘pulling’ appropriate patients out of A&E and short stay units, as well as supporting nursing homes to keep residents out of hospital.

We have a ‘stretch’ target to achieve the national target of 3.5% by the end of March 2019.

The system has put in place a number of initiatives to focus on winter pressures:

- Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) set up a ‘winter room’ with the inclusion of the DTOC multi-disciplinary

operation and leadership team to enable the teams to focus on whole system flow and galvanise all system partners to action in November 2018;

- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) neighbourhood teams have been working with the Acute Trust admission avoidance teams to reach into our A&E departments and short stay units to ensure that patients who are already receiving care in the community are not admitted to our acute trusts unnecessarily. This only applies to patients who are already receiving care from our neighbourhood and community care teams and can safely continued to be cared for at home.
- Local Authority community teams have been supporting the hospital discharge teams with the high volume of referrals for assessments post-Christmas;
- Joint Emergency Team (JET) have been working to support Nursing/Care home admission avoidance. The JET teams are working closely with nursing and care homes to maintain people in this setting if it is medically safe to do so rather than admitting them to our acute trusts.
- Trusted assessor initiative has been implemented at Hinchingbrooke Hospital since Jan 2019. When a patient is being discharged to nursing or care home, the home will visit the patient in hospital to assess them to ensure they can provide the right care. This can take some time to put in place. Care and nursing homes around Hinchingbrooke hospital have agreed that the trusted assessor in the hospital can carry out these assessments, improving the process and shortened the timeframe for onward discharge.
- The Continuing Health Care (CHC) process has been reviewed and improved. We have shortened the pathway and improved the process to ensure that we can put the right care package in place for people more efficiently. These changes were implemented in Dec 2019
- 'My Care Selection' service was also implemented in Dec 2019 to support people who self – fund their own care in finding appropriate care packages

Finances

The Cambridgeshire and Peterborough health and care system faces significant, on-going financial pressures and a comprehensive diagnostic has been undertaken to understand the underlying causes of our financial problem. These causes can be summarised as follows:

- **Structural & funding**: Some of our hospital assets are too highly-specified, purchased at a premium through lease contracts (e.g., PFI), while other hospital assets are too small. Additionally, our CCG is the furthest away, nationally, from target funding, as well as the second lowest funded CCG per capita, nationally.
- **System capacity and patient flow**– There is a lack of beds, exacerbated by avoidable admissions & high DTOC levels
- **Disjointed commissioning** – A legacy of layered services with multiple organisations.

The structural and funding issues, although a significant proportion of the overspend problem, are less solvable locally, and this implies there are a small number of solutions we can address locally:

- **Efficiencies** – that each STP partner can realise working on their own, for example, through reducing unwarranted variation or costs;

- **Addressing flow and capacity** – through reducing DTOCs and by more proactive and integrated out-of-hospital care, including the redesign of urgent and emergency care pathways and demand management;
- **Joining up and correctly scoping commissioning** – looking at contract consolidation and closer working with the councils;
- **Mitigating the impact of under-utilised assets** – at Hinchingbrooke Hospital through pathway redesign, which may also address some of our workforce challenges, and provide treatment for people who are currently using the independent sector.

As our level of overspend is not sustainable we, therefore, worked with our regulators to set a challenging financial target for 2018/19.

The System budget is an amalgamation of our NHS partners (not including Social Care partners), who each remain accountable to their Board and regulators for delivering their own individual budgets.

Our collective financial plan for 2018/19 is an overspend of £133m; within this is an assumption of delivery against certain targets which will, if delivered, attract funding of £56m. If financial performance does not deliver against these targets, then it is possible that some of £56m may be forfeited and our planned overspend could be as much as £190m.

At the most recent reporting period (December 2018), our System is worse than plan by £11.8m year-to-date, reflecting cost pressures that have crystallised during the year across system partners. These pressures present an emerging risk to delivery of the 2018/19 plan and, in turn, receipt of the additional funding alluded to in the previous paragraph.

Our partners have been developing in-year mitigations to maximise the opportunity of delivering against the financial plan which include:

- Additional organisational specific recurrent or non-recurrent in year cost improvement programmes (CIP); and
- Additional initiatives in collaboration with System partners

We are also underway with our operational and financial planning for 2019/20. Initial indications are that the System will face a significant financial challenge in the coming year and that partners will be required to continue to work together to deliver sustainable efficiencies to begin to address that challenge. NHS partners are currently committed to working together closely – aligning expectations and avoiding cost shifting.

3.3 The North and South Alliances – Progress Update

See appendix 1.

3.4 The NHS Long Term Plan (LTP)

The NHS LTP (was published on the 7 January 2019, and follows the June 2018 funding settlement, which will see an additional £20.5 billion going into the NHS by 2023/24.

Some elements of the plan are clearly defined whilst others are still under development. In some places, we will have the opportunity to shape, influence or decide how and when we implement the content, but other elements will be

mandated, and the delivery mechanisms more clearly set out. We are also awaiting the green paper for social care, which was expected in early 2019.

The Long-Term Plan creates an important context for the strategic choices we will be making as a system over the next few months. The Plan sets out five main themes which are:

1. All systems will become Integrated Care Systems (ICSs) by 2021;
2. A new model for integrated primary and community services will be implemented which enhances out-of-hospital care;
3. Systems will receive real-term investment and work together to use resources collectively;
4. There will be better care for major health problems, supported by research and innovation; and
5. Delivery of care will be supported by an enhanced workforce and digital approach.

We are working together as a System to implement the next steps for each of the key messages of the Plan. This will be driven by the Longer-Term Models programme of work which the STP has already established.

Healthwatch England have been commissioned to undertake specific public engagement work to inform the LTP and we are working with our local Healthwatch to agree the scope of local engagement as well as ensure that the outcomes of this engagement are reflected in the plan.

4. APPENDICES

Appendix 1 – North and South Alliances - Progress Updates.

SOURCE DOCUMENTS

Source Documents	Location
None	

NORTH AND SOUTH ALLIANCES UPDATE REPORT

North Alliance

1	**BACKGROUND**
	The North Alliance was established in June 2018 and comprises of providers, commissioners, Local Authority and voluntary sector that cover Peterborough, and the surrounding areas of north Cambridgeshire. It aims to design care which meets the needs of local people within their communities by working collaboratively and putting local people first, and organisational interests second. The Alliance will address the triple aims described in the *Five Year Forward View*: by improving the quality of care for patients and service users; outcomes for the local population and value for the taxpayer. The boundaries of the North Alliance covers Greater Peterborough, Fenland, Huntingdonshire and the Papworth area of South Cambridgeshire. The registered population, based on GP practices within the North boundary, is almost 543,000. From June 2018 to February 2019, the group have focused on five priority areas which, in turn, align to the STP priority of 'At home is best'. North Alliance five priorities: • Develop Neighbourhood Infrastructure: Integrated Neighbourhoods • Develop Neighbourhood Infrastructure: City Care Centre • Intermediate Care: DTOC • Intermediate Care: JET Redesign • Prevention and Health Promotion
2.	**MAIN ISSUES**
	Integrated Neighbourhoods The North Alliance has created two sub-groups to help deliver the Integrated Neighbourhoods priority. An Integrated Delivery Board (IDB) was established for Greater Peterborough in July 2018 and, more recently, a Hunts and Fenland working group has formed. Both groups have a GP Clinical Lead who is funded via the STP and meetings are well-attended with representation from all system partners. Momentum is building, particularly within Greater Peterborough, and the programme is developing with pace and outputs. This model of local working groups is facilitating the North Alliance vision of local ownership, 'bottom up' thinking and a focus on the local communities the system serves. The Greater Peterborough IDB has completed an 'Asks and Offers' piece of work which asks each organisation to identify three things they would like an organisation to do differently and in return three things they could offer to improve through integrated working. This generated 160 potential opportunities that have been themed and prioritised to determine those with the greatest impact and those that are 'quick wins'. This has created eight workstreams, each of which have several sub-projects within them: • Defining Neighbourhoods;

- Access to patient records;
- Multi-Disciplinary Teams Protocol;
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) referral processes;
- Shared assessment tools;
- Training and awareness raising;
- Consultant in the community; and
- GP Practice care home alignment.

Representatives from each organisation are supporting the projects associated with these workstreams, however, dedicated project resource is required to implement all the recommendations and changes.

The Hunts and Fenland Working Group will be reviewing the outputs from the Greater Peterborough Ask and Offers process to see what shared learning there is and what is relevant and can be adopted for their area.

The first step to creating the Integrated Neighbourhoods is deciding the grouping for the Primary Care Networks. The Primary Care Networks will cover populations of 30-50k, focusing on a local community and will cover the same geographical footprint as the Integrated Neighbourhood.

Good progress is being made on the geographies and groupings for the Primary Care Networks, and thus Integrated Neighbourhoods. Primary Care are being provided with information on the current service provision, population health data, GP practice sizes and population economics. A detailed engagement process with practices has commenced and they will be supported in deciding the best practice groupings to serve their local communities.

The Alliance is hoping to identify three Integrated Neighbourhoods in Greater Peterborough and one in Hunts and Fenland who will be supported to progress, as a 'Wave One', with the Integrated Neighbourhoods model.

Once the Integrated Neighbourhood groupings are defined and the 'Wave One' Integrated Neighbourhoods are identified, the Alliances will support engagement events to bring the staff working within the community together. They will be encouraged to review their population health data and share ideas on the needs of their local community.

Peterborough City Care Centre
This project aims to increase utilisation of the clinical space at the Peterborough City Care Centre and align services to support the integrated neighbourhood agenda. A capacity review has identified treatment and procedure rooms which several system partners are interested in utilising. A marketing event took place on 6 November which was well attended by interested partners and a good number of expressions of interest were received. The CCG are leading on the allocation of the space based on agreed criteria including measuring against strategic priorities, social value and non-financial benefits.

Delayed Transfer of Care
The DTOC priority is being led by Jan Thomas (CCG AO) and there is a large programme of work associated with reducing the number of DTOC patients within NWAangliaFT and CUH. The organisations' Chief Operating Officers form the membership of the Discharge Programme Board and have taken ownership for delivering the 3.5% target in their organisations. The group receive monthly updates from this programme board and will help unblock issues if they arise.

Joint Emergency Team (JET) Redesign
Members of the North Alliance contributed to a series of system wide workshops over the summer of 2018 which reviewed the effectiveness of JET and re-designed the extended JET service. The North Alliance endorsed the initial proposal and subsequent detailed report on the redesign of JET and key actions over the next 3-6 months. A JET steering group was established following this to oversee and implement the revised service. The North Alliance monitors progress and helps resolve risks and issues as required.

Prevention and Health Promotion
The North Alliance are committed to developing the Prevention and Health Promotion Agenda for their population. This closely links with the Integrated Neighbourhood priority and supports the Local Authority 'Think Communities' programme.

The North Alliance identified the need for a system approach to Prevention and Health Promotion and established a steering group in October 2018. This group have reviewed the CCGs Prevention Strategy which detailed the three main priority areas of focus:

- Smoking
- Hypertension
- Workplace Health and the NHS

Following this the steering group agreed an initial focus on three demonstrator areas, Huntingdon North, Wisbech, and Central Peterborough. In addition, it will develop plans for Workplace Health as a priority across public sector and NHS organisations.

The North Alliance are aware of the close link between Prevention and Health Promotion and the Integrated Neighbourhoods. There is recognition for the cross over between this priority and the Living Well Partnerships. The Steering Group plan to review the programme and options for future governance in February 2019.

Future Priorities
From February 2019, the group will start reporting against revised priorities which will broaden its scope and sphere of influence.

The revised priorities for the North Alliance are;

- Integrated Neighbourhoods
- Reducing health inequalities and improving health outcomes
- Admission Avoidance
- Patient Flow
- Better use of our estates and facilities
- North Alliance medium-long term plan

Next Steps for the North Alliance
Integrated Neighbourhoods remains the greatest priority for the North Alliance. The Noth Alliance aims to have at least 3 Integrated Neighbourhoods established in 2019/20.

The immediate next steps for the roll out of these are:

- Support Primary Care with deciding Primary Care Network groupings including providing population health data, information on current organisation boundaries and where local communities currently occur.

	• Allocate resources for Integrated Neighbourhoods, including programme support, clinical leads and new frontline posts. • Establish and implement OD plan in each Alliance including dedicated OD fund. • Implement projects to support collaborative working which have been identified via an 'Ask and Offers' process.

South Alliance

1.	**BACKGROUND**
	The South Alliance was launched in July 2018 and agreed the following priorities for the next 12 months: • Supporting primary care to develop primary care networks covering around 30,000 to 50,000 people across the whole footprint; • Implementing Integrated Neighbourhoods, building out from primary care, starting; and • Understanding and acting on population health data, as well as the knowledge and insight of local teams, to identify at-risk groups of patients and then provide proactive, preventative care and support. Since the agreement of Cambridgeshire and Peterborough's Integrated Neighbourhoods framework in December 2018, the South Alliance have been: a. Planning engagement with staff across the South Alliance through an 'Ask and Offer' workshop. b. Engaging with GPs in Granta Medical Practices, Isle of Ely and North Cambridge City on the development of Primary Care Networks and Integrated Neighbourhoods. c. Learning from other areas of the country on their Integrated Neighbourhood models, including Torbay and South Devon. d. Working with our partners to establish the key next steps for the South Alliance, including a core work programme and the required resourcing to deliver.
2.	**MAIN ISSUES**
	Engagement with staff across the South Alliance The South Alliance is holding an Ask and Offer workshop on 6th February. The purpose of the session is to identify the barriers preventing organisations across the South Alliance from working together more effectively and commit to taking practical actions to overcome these. Over 40 members of managerial, operational and clinical staff are due to attend the workshop from all of the constituent organisations, including the Local Authority. The outputs from the session will inform the future priorities of the South Alliance. **Primary Care engagement** Members of the South Alliance have met with GPs from the Isle of Ely and North City practices in January, and plan to meet with North Villages practices in February. These discussions have supported GP practices to start designing their Primary Care Networks, which will in time develop into Integrated Neighbourhoods. The South Alliance welcomes the

national policy direction set by the *NHS Long Term Plan*, including the ambition to agree Primary Care Network groupings by June 2019 and the intention to launch a new GMS contract enabling Primary Care Networks and greater local integration with community, secondary and social care services. This endorses the intentions set out in Cambridgeshire and Peterborough's Integrated Neighbourhoods Framework. Over the coming months, the South Alliance will continue to engage with GP practices to deliver on the local ambition to develop Integrated Neighbourhoods with Primary Care Networks as their cornerstone.

The South Alliance continues to work closely with Granta Medical Practices on the development of their Integrated Neighbourhood. Granta Medical Practices have commenced work with Geriatricians from Cambridge University Hospitals (CUH) to design new pathways for elderly patients with complex needs, and with Cambridgeshire and Peterborough Foundation Trust (CPFT) to align with their community neighbourhood teams.

Further, analysts are undertaking work with Granta Medical Practices to bring together primary, community and secondary care data sets. The output of this work will enable clinicians to identify, target and provide proactive, evidence-based care to specific cohorts of patients. The intention is to incorporate social care data into this data set over time. This work will be formalised through the creation of a Granta Integrated Neighbourhood Project Board, which will be attended by all constituent organisations, including the Local Authority, and will aim to enable the progression of Granta Integrated Neighbourhood.

A key next step for the Project Board will be to deliver a workshop with the wider Integrated Neighbourhood staff group, including community, secondary and social care staff. The aim of the workshop will be to design the expected inputs, outputs and outcomes of the model. This will inform the key metrics and evaluation methodology for Granta Integrated Neighbourhood.

Learning from elsewhere

Members of the South Alliance undertook a visit to Torbay and South Devon in January, to learn from their experience in establishing Integrated Neighbourhoods. The visit reaffirmed the South Alliance's key principles of enabling local, clinical and operational ownership of Integrated Neighbourhoods with Primary Care Networks as their cornerstone. It also demonstrated the impact this model can have on improving people's lives and reducing unnecessary hospital admissions.

Next steps for the South Alliance

The South Alliance has agreed a phased approach to supporting the development of individual Integrated Neighbourhoods and is currently pursuing this approach with Granta Medical Practices. Alongside this, the South Alliance has identified a number of workstreams which will enable Integrated Neighbourhoods to develop further. These workstreams are listed below:

- Engagement with staff, patients and local people.
- Population health analytics.
- Primary Care Network development.
- Enhanced Health in Care Homes model development.
- Prevention, building on existing Local Authority initiatives such as 'Think Communities' and 'Neighbourhood Cares' pilots.
- Condition specific end-to-end clinical pathways.

	The South Alliance has established a Working Group to deliver on these workstreams. The Group is accountable to the South Alliance and is currently attended by colleagues from the CCG, CUH, Local Authority and CPFT. The Group is open to membership from all South Alliance organisations. The ability of this group to deliver on the South Alliance's priorities is currently limited by the available resourcing. The resourcing allocation to this group, and the wider work of the South Alliance, is currently being agreed through the STP Task and Finish Workforce group.

Agenda Item No:9

CLINICAL COMMISSIONING GROUP (CCG) PLANNING FOR 2019/20 AND THE NHS 10 YEAR PLAN

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Jessica Bawden** **Director of External Affairs & Policy** **NHS Cambridgeshire and Peterborough Clinical Commissioning Group**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to:** **a) note the CCG planning for 2019/20 and the updated Prevention Strategy for the NHS.**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** **a) note the CCG planning for 2019/20 and the updated Prevention Strategy for the NHS.**

The Draft Prevention Strategy is available to view via the link below - https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/825/Committee/12/SelectedTab/Documents/Default.aspx

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1. PURPOSE

1.1 The purpose of this paper is to provide a top-level summary as the Clinical Commissioning Group (CCG) are currently working through the detail of the planning guidance and deciding priorities for 2019/20.

2. BACKGROUND

2.1 The NHS Long Term Plan was published on 10 January 2019. This is a 10 Year Plan for the NHS. It seeks to explain how the funding increases nationally in investment in the NHS is expected over the initial period 5-year period of the plan will produce benefits over a ten-year period. Appendix A gives a summary of the Plan.

2.2 This paper presents a list of priorities for NHS Cambridgeshire and Peterborough that arise from the plan and recommends how their development and implementation is monitored within the CCG.

3. KEY POINTS

3.1 In the attached document, areas of plan delivery have been summarised and prioritised. The prioritisation is based on the amount of progress that the CCG needs to make to deliver the Long Term Plan, not the importance of the area to health services and overall population health.

3.2 The following areas are high priority for the CCG:

- Formation of an integrated care system
- Increasing digitisation
- Developing population health management

3.3 The following areas are considered medium priority for the CCG:
Workforce reforms

- Prevention and health inequality reduction
- Delivery of a comprehensive model of personalised care
- Mental Health
- Improving the quality of care and outcomes in specified areas

4. CCG 2019/20 OPERATIONAL PLAN

4.1 The CCG has three phases to its operating model 2019/20: short (this year), medium (1-3 years) and long term (3 years and onwards).

4.2 The short term will focus on meeting the Core NHS Standards for:

- Urgent Care
- Primary Care
- Cancer
- Diabetes
- Falls
- Financial stability.

4.3 The medium term focus of transformation if proposed to be the following six key areas:

4.4 **Out of Hospital Care – Urgent Care**
The NHS Plan clearly states that he NHS will reduce pressure on emergency hospital services. In 2019, England will be covered by a 24/7 integrated Care Service, accessible via NHS111 or online. All major A&E departments will develop enhanced services including acute frailty.

4.5 The CCG currently have a number of schemes that will look to keep patients at home and/or signpost them to the most relevant service in the community. The CCG aims to do this by opening up lines of contact between acute clinicians and primary care/ambulance crews whilst they are with the patients, as well as treating patients at home or in the community where possible. We are asking our providers to work together to deliver a new pathway that reduces duplication and uses our workforce in a more efficient way.

4.6 **Out of Hospital - Community Services**
The CCG will be working with primary care and community providers to support the development of a neighbourhood model to support integrated neighbourhood teams. A number of schemes have been identified that address how the current provision can deliver a more efficient and effective service.

4.7 **Outpatient Services – Elective Care**
The Long Term plan has stated that we must re-design services so that over the next 5 years patient will be able to avoid up to a third of face to face Outpatient visits, removing the need for up to 30 million outpatient visits a year. The CCG will be enable providers to remodel and redesign Outpatient delivery.

4.8 **High Cost Patient Management**
The CCG is reviewing all the intelligence to better identify these patients so that they are supported appropriately and outcomes and need are proportionate to spend.

4.9 **Prescribing Management**
The CCG wants to prescribe appropriate and cost effective prescriptions that enhance outcomes for patients and maximise health benefits. The CCG will continue the emphasis on reducing the prescribing of low priority medicines and encourage prescribing of formulary cost effect choice where needed through system wide agreements. It will also continue its focus on reducing the prescribing of over the counter medicines.

4.10 **GP Delivery at Scale**
The Long-term plan depends heavily on Primary Care Networks where primary care functions as 30 – 50k population sizes, integrating with other local services like nursing, physiotherapy and social care.

Long term priorities will build on strategic planning and focus:
- Population outcomes based contracting
- Population segmentation and stratification
- Integrated reporting
- 5 year commissioning intentions

5. UPDATED PREVENTION STRATEGY FOR THE NHS IN CAMBRIDGESHIRE AND PETERBOROUGH

5.1 Prevention is one of the current Secretary of State for Health and Social Care's three priorities. On 5th November the Secretary of State for Health and Social Care published "Prevention is better than cure: Our vision to help you live longer". The NHS Long Term Plan" published in January 2019 also underlines the NHS's responsibilities and renews its commitment to prevention.

5.2 CCGs do have the power to commission preventative services but much of the duty for commissioning preventative interventions passed under the NHS Health and Social Care Act (2012) to either NHS England (screening and immunisation programmes) or the Local Authorities (healthy lifestyle services). There is increasing recognition in national policy documents, such as the NHS Long Term Plan, of the need for the NHS to prevent ill health

5.3 Three years on progress against this Cambridgeshire and Peterborough 2015 NHS Prevention Strategy has been reviewed. The updated strategy has considered progress against the recommendations made 3 years ago, any changes evidence in new data, and makes recommendations for preventative actions for the NHS going forwards. The Updated Strategy can be found on the link within this paper. The following areas are covered: obesity, smoking, hypertension, breastfeeding, reproductive health, malnutrition, mental health, alcohol, falls, physical activity, workplace health.

5.4 All the areas in the Updated Strategy Prevention Strategy are important. However, based on changes since 2015, potential impact on health inequalities, financial savings, numbers affected and feasibility of delivery the strategy identifies the following areas as prevention priorities for the NHS in Cambridgeshire and Peterborough:

- Hypertension
- Workplace health
- Smoking

6. CONSULTATION AND ENGAGEMENT

6.1 Engaging with the population of Cambridgeshire and Peterborough will be a priority for 2019/20 and we want to do that in a different way and have a two-way conversation going forward.

7. IMPLICATIONS

7.1 **Financial Implications**

Long term plan implementation aims to produce a financially sustainable health system however detailed financial impact modelling of the commitments made in the plan is not available

7.2 **Legal Implications**

Appropriate consultation and engagement on service changes.

7.3 **Equalities Implications**

The NHS Long Term Plan implementation aims explicitly to decrease health inequalities.

8. APPENDICES

Appendix A: Briefing Note - Long Term Plan and Priorities for the Cambridgeshire and Peterborough CCG

SOURCE DOCUMENTS

Source Documents	Location
Long Term Plan	www.longtermplan.nhs.uk
Updated Prevention Strategy for the NHS in Cambridgeshire and Peterborough	https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/825/Committee/12/SelectedTab/Documents/Default.aspx

BRIEFING NOTE: LONG TERM PLAN AND PRIORITIES FOR THE CAMBRIDGESHIRE AND PETERBOROUGH CCG

Background

The NHS Long Term Plan was published on 10th January 2019. This is a 10 Year Plan for the NHS. It seeks to explain how the significant increase in investment in the NHS from the Treasury which is expected over the initial period 5-year period of the plan will produce benefits over a ten year period. This briefing note provides a top-level summary of the plan and set out priority areas for us to consider as a CCG.

To prepare this paper, topic experts from across the CCG have mapped our current position against the long list of Long Term Plan commitments and our gaps on a sharepoint document. This mapping remains a live document and has been used to make the priority assessment below.

Some observations about the Long Term Plan

- The document is wide ranging in the topics that it covers with equal emphasis the model of care provision, specific disease areas, workforce issues, digitisation and financial changes.

- This Long Term Plan is a very different type of document to the Five Year Forward View.
    - The Five Year Forward view set out different ways for sections of the English NHS to collaborate and gave permission for new models of care with little specific mandates or commitments.
    - However approximately two-thirds of the Long Term Plan text comprises of specific commitments and targets. Many of these are process and structural targets rather than target health outcomes and they are often given at a national level. In consequence the Long Term Plan reads more like a medium term operational plan than a longer (10 year) strategy.
    - Further detail on the commitments and targets are expected over the course of 2019. For instance, an NHS Stroke Plan is expected in February 2019 and a NHS CVD Plan in April 2019.

- As a local system we will need to quantify the health outcome, inequality and financial impacts of the interventions, including increased digitisation, using our usual processes.

- It is worth noting the King's Fund recommendation is to consider digitisation projects as wide "change projects", rather than solely IT projects, and to ensure that they are adequately resourced https://www.kingsfund.org.uk/sites/default/files/2018-06/Summary_digital_change_health_care_Kings_Fund_June_2018.pdf

In the notes below key Long Term Plan areas have been **prioritised on the basis of the amount of progress** that we need to make as a CCG in that particular area to deliver the plan.

Formation of Integrated Care System

Top lines from the Long Term Plan

- The plan states that ICSs will become the level of the system where commissioners and providers make shared decisions about financial planning, and prioritisation. They will be assessed through a new ICS accountability and performance framework.
- Financial reforms are expected after 2019/20 that support ICSs to deliver integrated care.
- Legislative change is no necessary but would make progress more rapid.

Cambridgeshire and Peterborough System position

We have one CCG, one STP and two alliances of providers.
These alliances of providers do not cover the entire population of the CCG, however both the CCG and STP do cover the entire population. We will continue to transform the CCG and work with the STP to develop the behaviours of a single ICS.
Commissioning roles in the system are being discussed (guardian, allocator, integrator).

CCG Priority level

This is a **high priority area** as it will enable delivery of much of the rest of the Long Term Plan.
Forming a single ICS enables evolution of both provider and commissioner functions to benefit from the expected financial changes and initiatives in the Long Term Plan. It also enables operational changes for patients as fast as possible by removing any duplication.

Increasing digitisation

Top lines from the Long Term Plan

- Digitisation of current health system operations and delivering more digital options.
- Digitisation, as much as prevention and increased primary and community care, is seen as the solution to the sustainability problems.
- The timelines are tight- by 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and Local Health Care Records will cover the whole country.

  > "In ten years' time, we expect the existing model of care to look markedly different. The NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients

want or need it. Primary care and outpatient services will have changed to a model of tiered escalation depending on need. Senior clinicians will be supported by digital tools, freeing trainees' time to learn. When ill, people will be increasingly cared for in their own home, with the option for their physiology to be effortlessly monitored by wearable devices. People will be helped to stay well, to recognise important symptoms early, and to manage their own health, guided by digital tools"

Cambridgeshire and Peterborough System position

- Digitisation is advancing within most major providers as a mode of record keeping.
- We do not yet have a good picture of all the gaps and we are only beginning to consider Local Health Care Record formation across the system.
- Digital modes of care have been slower to deliver as they have been difficult to develop – for example implementation of digital/telemedicine pathways have been slowed by Information Governance issues.
- The workforce issues, resource implications and outcome impacts have not been considered. There is lack of clarity around some of the content of some core standards referred to in the Long Term Plan.

CCG Priority level

This is a **high priority area** as in the Long Term Plan as the following will increasingly depend on a digitised health system:

- Changing to the comprehensive model of personalised care (for definition see appendix)
- Patient engagement
- Better planning and commissioning
- Quality, outcome and productivity improvements

Developing population health management

Top lines from the Long Term Plan

- Population Health Management systems enable both commissioning and the operation of a Comprehensive Model of Personalised Care (for the definition of this see appendix below), so population health management is relevant to prevention, quality and outcomes as well as research. However, information on population health management is included in the digitisation section of the Long Term Plan.
- During 2019, population health management solutions will be deployed by NHSE/I to support ICSs to understand the areas of greatest health need and match NHS services to meet them.
- In 2021/22, the plan requires systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation.

- The use of de-personalised data extracted from local records, in line with information governance safeguards, will enable more sophisticated population health management approaches and support world-leading research.

Cambridgeshire and Peterborough System position
Conversations are taking place but there are no current dedicated resources or work programme for this. The investment required is likely to be significant.
The CCG does not currently have a Chief Clinical Information Officer or Chief Information Officer on the Governing Body.

CCG Priority level
This is **high priority area** as it is a necessary capability for commissioning, as well as health care provision and system integration.
This capability would enable the Cambridgeshire and Peterborough System to build on its local research strengths.

Workforce reforms

Top lines from the Long Term Plan
Many Long Term Plan interventions are the responsibility of from National Bodies. However some are applicable locally, for example:

- To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment.
- Support flexible working, including clarity on the proportion of roles to be advertised as flexible; and the ability to express preferences.
- Improve health and wellbeing of staff, building on the NHS Health and Wellbeing Framework that includes recommendations from the Stevenson/Farmer review of mental health and employers, and to support improved health and wellbeing of staff and management of sickness absence.

In additional the plan recognise that digitisation will need workforce development and Professor Eric Topol is leading work to consider what education and training changes may be needed to maximise the opportunities of technology, artificial intelligence and genomics in the NHS. His conclusions will inform the workforce implementation plan.

Cambridgeshire and Peterborough System position
Much work is ongoing across the system and within the CCG with staff who are already employed.
This includes active leadership development.
However staffing and skills shortages are recurrent issues in all areas of the service delivery.

CCG Priorities
This is a **medium priority area** for the CCG. The reason it is not “high priority” f is because although development of the workforce is critical to the system many of the

factors that will enable this at a system-wide level this are outside our direct control, and responsibility and sit with National Bodies.

Prevention and health inequality reduction

Top lines from the Long Term Plan

- An increased emphasis on prevention and reducing health inequalities. This is welcome following the reluctance of much of the NHS to take responsibility for prevention after the 2012 Health and Social Care Act reforms, and is even more necessary now because of the real cuts of public health and social care budgets of Local Authorities.
- After an absence of several years environmental sustainability is back on the agenda with commitments on carbon reduction (to a third of 2007 values by the end of the plan period).

Cambridgeshire and Peterborough System position

This system position on the NHS contribution to prevention has recently been analysed in the NHS Prevention Strategy.
Compared to our RightCare comparators we have less inequality but should seek to reduce it further because of the adverse effect that inequality has on system efficiency, both financially and in terms of health outcome.
The application of the environmental sustainability commitments at a local level needs further work.

CCG Priority level

This is a **medium priority area** for the CCG as work is already ongoing.

Comprehensive model of personalised care

Top lines from the Long Term Plan

- The Long Term Plan gives official backing to a new service model with a significantly greater emphasis on primary and community care delivery and removal of the barriers between primary, community and secondary care.
- This is called the “comprehensive model of personalised care” and is almost identical to the Uniting Care delivery model that underpinned the Older People and Adult’s Community Services Contract that the CCG let in 2015. A diagram is given in the appendix below.

Cambridgeshire and Peterborough System position

Delivery of this model is dependent on population health management as well as re-focussing clinical skills / allowing additional time for interventions such as patient activation assessment, shared decision making and health coaching.
Networks already exist for community care delivery but need closer alignment with primary and secondary care.
Digitisation is potentially an enabler of this approach and also allows for evaluation of elements such as social prescribing which currently has a weak evidence base.

CCG Priority level

This is a **medium priority** for the CCG as elements of this care model are in place already.

Mental Health

Top lines from the Long Term Plan

The plan has an increased emphasis on mental health and makes multiple detailed commitments for both children and adults.

For example:

- The Long Term Plan makes a renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years, with an expectation that this will be increased by local funding decisions
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services.
- We will then set clear standards for patients requiring access to community mental health treatment and roll them out across the NHS over the next decade
- Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.
- The NHS will ensure that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21
- By 2023/24, 70% of psychiatric liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access
- Four fifths of children and young people with an eating disorder now receive treatment within one week in urgent cases and four weeks for non-urgent cases. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21
- Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023
- We will extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidenced-based 'iThrive' operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds.

Cambridgeshire and Peterborough System position

Much work is ongoing. A crisis service (FRS) is in place and PRISM implementation provides place-based care. However there are issues with:

- Continued increased demand which is poorly understood
- Liaison psychiatry cover

- Staffing of FRS
- Staffing to scale up some initiatives- for example the Mental Health Support Team working in schools
- Achieving NICE standards in various pathways

CCG Priority level
This is a **medium priority area** as even though much development work is ongoing the rapid increase in demand and increase in number of initiatives means that even with the financial uplift resources may be a limiting factor.

Continued emphasis on quality and outcome improvements in specified areas

Top lines from the Long Term Plan

The Long Term Plan takes a comprehensive approach by considering all major top level causes of morbidity in children and major causes of mortality in adults
These are listed in the Plan as:
A strong start in life for children and young people
- Children and mental health
- Learning disability and autism
- Children and young people with cancer
- Redesigning other services for children and young people

Better care for major health conditions
- Cancer
- Cardiovascular disease
- Stroke care
- Diabetes
- Respiratory disease
- Adult mental health services

Cambridgeshire and Peterborough System position
Mental health has been covered in the section above.
Of the remaining areas we have good cancer outcomes.
Our worst performing outcome areas are diabetes and stroke. Significant work is ongoing in these areas already, although both areas of work will require ongoing resourcing.

CCG Priority level
This is **medium priority area**. Programmes are in place, however consideration will need to be given to ongoing resourcing.

Research and innovation to drive future outcome improvements

Top lines from the Long Term Plan
Some of the Plan commitments here refer to national structures
For instance there will be:
- A simpler, clearer system for innovations in meditech and digital that will apply across England.
- Increased share of total NHS R&D funding spent on real world testing

- Uptake of proven, affordable innovations will be accelerated through a new meditech funding mandate. This would apply to health tech products, other than pharmaceuticals, which have been assessed as cost saving by NICE. There will also be a significant increase the number of NICE evaluations for these products, giving greater scope for assessment of digital products in particular.

At local system level the Plan says that:

- Academic Health Science Networks will also link ever more closely with other regional support (e.g. Rightcare and GIRFT) to ensure adoption of innovation and service improvement are addressed in tandem.
- Performance on adopting proven innovations and on research including in mental health services will become part of core NHS performance metrics and assessment systems, as well as benchmarking data
- During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing. (Note: our view is this is likely to be NHS E commissioned.)

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Cambridgeshire and Peterborough System position

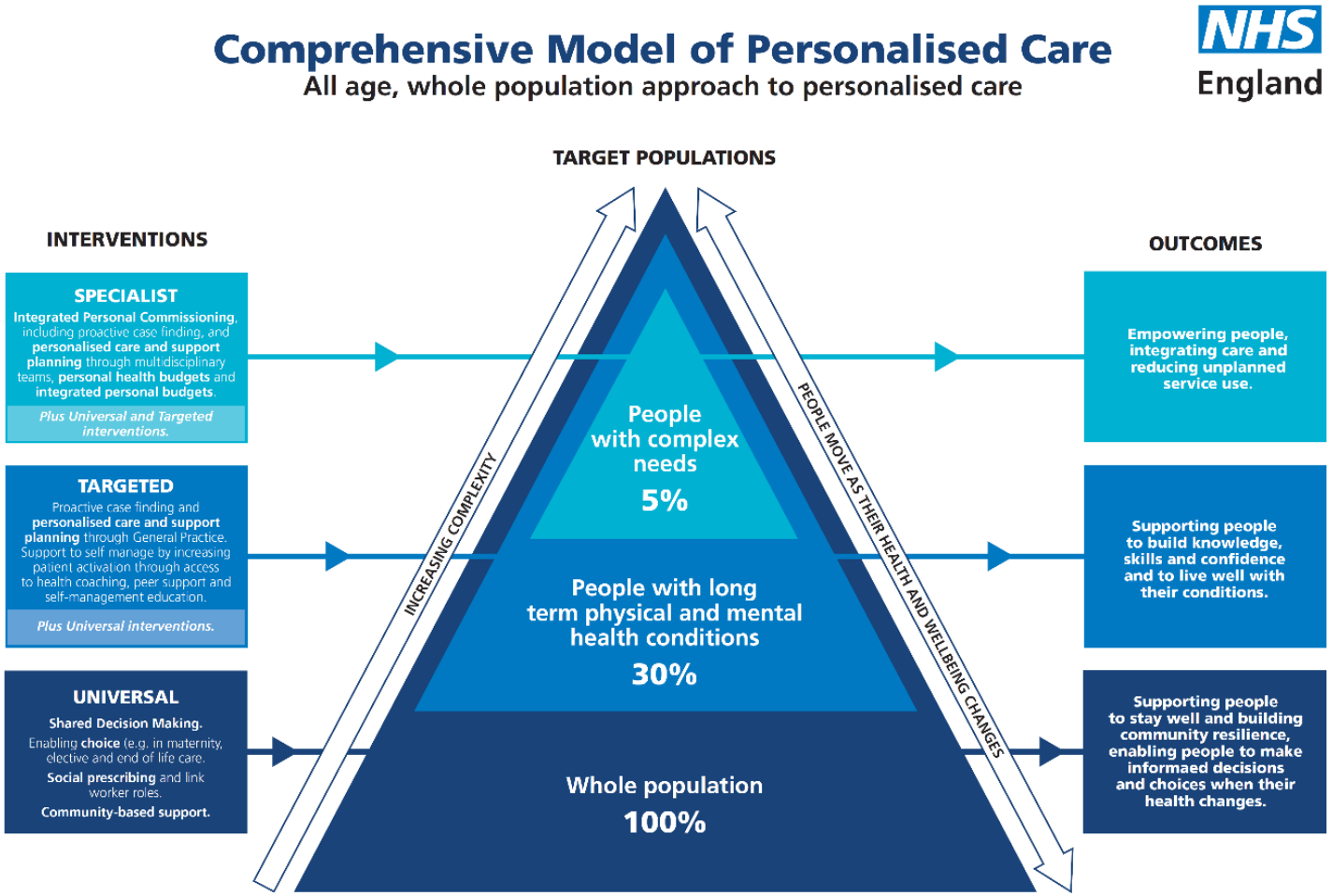
The CCG and wider health system is well placed with both links and local expertise to implement these national developments. The local health economy has expertise in genetics and the wider economy considerable expertise in meditech.

CCG Priorities

This has been classed as currently **low priority area** for implementation of the Long Term Plan for the CCG as much of it will happen within current structures without additional intervention.

As plan implementation progresses, digitisation and population health management implement and the impact of Brexit on local business and research become clear this priority level should be re-assessed.

Diagram of Comprehensive Model of Personalised Care



Agenda Item No: 10

THINK COMMUNITIES

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28 March 2019**
From:	**Adrian Chapman** **Service Director: Communities and Safety, Cambridgeshire County Council and Peterborough City Council**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to:** **a) note, comment on and endorse the Think Communities approach to improving outcomes and preventing and delaying demand for statutory services across the public sector** **b) comment on aspects of the approach which are particularly important to the Board, in order to ensure they are given appropriate priority**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** **a) note, comment on and endorse the Think Communities approach to improving outcomes and preventing and delaying demand for statutory services across the public sector** **b) comment on aspects of the approach which are particularly important to the Board, in order to ensure they are given appropriate priority**

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1 PURPOSE

1.1 The purpose of this paper is to provide the Board with an overview of the Think Communities approach.

2 BACKGROUND

2.1 The Think Communities approach (attached at appendix 1) is an innovative set of principles and ways of working that the public sector across Cambridgeshire and Peterborough have jointly developed to ensure our citizens are at the heart of our decision making. These principles include the following:

- the shared approach will need to adopt strengths-based principles
- it will need to address the ways in which demand for statutory and sometimes costly services will be prevented or delayed
- it will need to be cognisant of and reflect the role and input of all of our key partners
- it will need to allow a single cross-partnership conversation with communities to convey a shared vision to achieve mutual benefit
- it will need to set out the principles of the participatory approach that will be taken to delivery
- it will need to demonstrate how we will build and sustain trust, transparency and accountability with and between communities and our partners
- it will need to show how we will monitor the impacts of our work, how it will be evaluated, and how we will communicate outcomes to communities, partners and other Committees
- it will need to show how we will use evidence to inform our planning and decision making

2.2 Separately, there have been many discussions about how we collectively support the prevention and delay of demand for statutory services across the public sector, as well as improving outcomes for our residents, through developing more community-based and community-led alternative services.

2.3 Both of these important pieces of work are combining into a single approach to reforming the way we organise and deliver public services, using the Think Communities principles but with a sharp focus on more effectively managing demand whilst driving up improvements in quality of life and other outcomes.

2.4 This report provides the Board with an update on how this work has developed to date, and describes the priorities for delivery over the next 12 months.

3. MAIN ISSUES

3.1 The Think Communities approach is being developed collaboratively with Cambridgeshire County Council, Peterborough City Council, all of the District Councils, as well as with our partners across the NHS, the Police and the Fire Service. We are also engaging with the voluntary and community sector, most notably via the County Council Support Cambridgeshire contract and Healthwatch.

3.2 In both Peterborough City and Cambridgeshire County Councils, Think Communities has been formally adopted by Cabinet and the Communities and Partnership Committee respectively. In the five District Councils, senior officers have fully endorsed the approach, and there have been a number of positive

discussions with relevant senior Members. Work is underway to ensure that Think Communities has been formally adopted in each of these organisations.

3.3 The public sector is facing challenging levels of demand for services at a time of reducing budgets, and there is an enthusiastic consensus locally that, by working differently together, we can shape a new delivery model. Collectively, local councils and much of the broader public sector are all seeking to deliver services to and within the same communities, and often to and for the same residents. This is clearly more costly than perhaps it could be, and is often creating complexity and confusion for residents and communities.

3.4 Through the development of Think Communities, there is an agreement that the way we collectively deliver public services needs to be reviewed and updated, with a greater emphasis on place-based service delivery, where there is a deep understanding of the local needs and assets in a community and where the public sector system works collaboratively to resolve often entrenched issues.

3.5 Building community capacity is a shared goal across the public sector. In addition to often delivering better outcomes, it is an underpinning driver to prevent or delay demand into more costly services. Many organisations across the statutory, discretionary and voluntary sector are already doing a great deal to support and encourage community based work across Cambridgeshire and Peterborough which is making an impact. However, more could be done through an alignment of planning and resources at a local and strategic level.

3.6 Some of the challenges that the public sector is facing include:

- An increased number of people accessing the health system with urgent or complex healthcare needs
- A growing and ageing population, with increasing levels of need for social care interventions
- Increasing levels of young people needing to be looked after
- Concerns about increasing levels of victim based crime, resulting in high demand for policing
- Increasing levels of homelessness in some parts of Cambridgeshire and Peterborough, resulting in higher costs for housing services
- Increasing prevalence of mental health issues

3.7 If we are to achieve our aim of delaying and preventing demand and improving outcomes, then a different relationship between the public sector and the public is required. Much of the time, the public sector works in a way that makes sense to the system and not always to the individual. This can result in people no longer taking control of their own situation or not coming together as a community to make their neighbourhood a better place.

3.8 Frequently, the public sector operates ‘To’ and ‘For’ people. Our aim is to increasingly move into delivering services ‘With’ communities and in doing so, we will create an environment where people are less reliant on the public sector to resolve their problems – where they do things for themselves, ‘By’ themselves.

3.9 We have spent some time researching the approach other areas have taken to reform their approach to public service delivery, and have been particularly struck by the progress made in Wigan over the last few years. Wigan created a ‘deal’ between the council and the citizen, setting out the commitment the council will make in return for a commitment from the citizen. Sitting behind the

deal, Wigan implemented an extensive programme of transformation and reform, starting with the way in which council officers fulfil their role (enabling them to become innovators and to adopt a strengths-based approach), developing comprehensive intelligence about their communities and the assets within them, and developing a new narrative with communities that supports residents to help themselves and each other as a starting point.

3.10 The outcomes that Wigan have achieved appear impressive. The approach they have taken has enabled them to remove around 25% of their budget over the past five years, and they report the following improvements:

- Wigan has become less deprived (moving from 67th to 85th most deprived area nationally)
- Wigan is the happiest place to live in Greater Manchester
- Wigan Council is the best council to work for nationally
- The council has achieved a 6% reduction in Looked After Children numbers, compared to an average 20-25% increase elsewhere
- The council has increased recycling by 50%
- The council has the only reablement service to be rated as outstanding
- There is less unemployment across the town
- For every £1 invested in community link workers in GP's, a social return of £10.40 has been made alongside a fiscal return of £3.55

We are in direct discussion with Wigan to better understand the ways in which these outcomes have been calculated, but it is clear that a comprehensive approach to rethinking public service delivery has the potential to achieve good results.

3.11 With this in mind, we are using the strength of and support for the Think Communities approach to lead, on behalf of and with the whole public sector system, work to reform our approach to and relationship with communities. Our emerging model is based on a place-based approach, with services based within communities of between 30,000 and 50,000 residents. Services based within these communities will meet the evidenced need of the residents living there, and will represent the whole public sector system. Wherever possible, we will seek to co-locate different parts of the system with each other, to improve information sharing and service design and delivery.

3.12 The community size of 30,000 to 50,000 residents aligns to the emerging Primary Care Networks, which are described in the NHS 10 year plan. This plan recognises that a place-based approach to NHS service delivery will deliver better outcomes at the best price, and this very much aligns to our own Think Communities philosophy. By aligning our own communities with those identified as Primary Care Networks we will have coterminous communities receiving services from the most appropriate part of the system, with access to a far broader range of alternatives to statutory interventions where appropriate. This approach also aligns to the emerging social prescribing approach for primary care, where often a community based offer can be far more effective than a medical prescription.

3.13 To drive this approach forward at pace, we have developed eight workstreams, described below. These workstreams will be driven forward via an officer leadership group, supported by an operational team, both of whom will further refine and develop the detailed delivery plans over the coming months. Included in the description of workstreams below is the initial list of priorities for the next 12 months; these details will of course be subject to change as we engage more

and more with Members, other community leaders and citizens, helping therefore to ensure that what we prioritise are the things that will make a positive difference.

3.13.1 **Strategic Coherence & System Facilitation**

To provide the system with the strategic leadership to ensure Think Communities is delivered, and to ensure the public sector works as a single system, with communities at the heart of place-based delivery.

This will be achieved by:

- Providing strategic advice and setting the framework for Think Communities
- Understanding the issues and barriers, including what does and doesn't work across Cambridgeshire and Peterborough and working across the system to resolve
- Supporting services and organisations to embed the Think Communities model
- Holding the system to account for delivery
- Providing the system leadership and engagement to drive Think Communities
- Acting as a neutral arbiter across stakeholders, if required

Where will we be in 12 months?

- Effective, meaningful relationships will have been developed and maintained across the system to deliver Think Communities
- The governance, vision and strategy for Think Communities will have been agreed and established
- Senior Responsible Officers will be identified for all the component parts of the approach
- A model for place-based governance will be established, building on the Living Well Partnerships and Community Safety Partnerships model

3.13.2 **Communications**

To develop new communication platforms that engage our communities and workforce, making it easier to find the right information, and that enable new behaviours that help residents and staff identify and access alternative services. This priority will also seek to develop a Cambridgeshire and Peterborough Deal similar to those agreed in Wigan.

This will be achieved by:

- Ensuring continuous communications to our staff, partners and communities that helps develop new skills and behaviours
- Supporting communities to play a greater role in helping to improve local areas and meet local needs
- Making greater use of social media platforms to engage communities and have two way communications

Where will we be in 12 months?

- A Think Communities brand and marketing strategy will be developed – we want everyone (council, public sector partners and communities) to see and recognise the brand and feel the difference that is being made as a result
- A system wide communication and engagement plan will be developed
- A community engagement and consultation plan will be developed
- A staff engagement plan will be developed

3.13.3 **Community Engagement**

We want communities to be confident, stronger and more resilient through developing a new relationship with the public sector.

This will be achieved by:

- Ensuring the public sector actively engages and listens to local community concerns and priorities
- Enabling the public sector to provide the environment to allow civic engagement and community action to thrive through toolkits and support
- Making investment into community based activity
- Tackling issues that threaten to destabilise communities

Where will we be in 12 months?

- Community assets in each community will be identified and understood, including physical and people assets as well as services
- A series of community and stakeholder engagement events will be held in each community area
- The requirements for an online community toolkit to provide advice and support for developing communities will be agreed

3.13.4 **Data and Intelligence**

To ensure that data and intelligence is shared between public sector organisations and the public leading to effective and integrated service delivery.

This will be achieved by:

- Understanding barriers to data sharing and putting in place effective governance procedures to resolve
- Using data to better understand our places and communities, and to inform service delivery
- Developing a single view of a place, bringing together data and intelligence from the public sector and communities

Where will we be in 12 months?

- Data governance will have been reviewed and agreed across the system, and information sharing protocols will be in place
- We will have identified and put into place sufficient resource to manage data requirements across Think Communities
- We will have an embedded culture of data sharing across the system - finding reasons to say yes, not no
- A shared data platform will be identified that can allow for any partner to use and access data
- Community profiles containing information about assets, the population, service demand, public sector spend, and key performance indicators, will be in place

3.13.5 **Estates and Buildings**

To develop a joined up approach to the use of public assets that enables opportunities for shared service delivery and maximises community contact. Further, to develop greater community use of publicly owned buildings.

This will be achieved by:

- Achieving greater access to public buildings for all public sector workers to enable agile working
- Providing greater access to public buildings for community use, especially at evenings and weekends

- Empowering communities to manage publicly owned buildings through a community asset transfer, where appropriate

Where will we be in 12 months?

- The Cambs 2020 hub and spokes model for service delivery will be agreed, including what this means within each community area
- Further co-location opportunities will be identified across the system
- Alignment with the continued development of our libraries will be firmly embedded

3.13.6 **Funding and Resources**

Funding will be aligned between partners where there is a clear common agenda and shared outcomes. Partners will invest in the Think Communities model through staff, buildings and resources.

This will be achieved by:

- The effective coordination of bids to fund discrete pieces of work within communities and work across the system to maximise resources, including the public estate, staffing, technology and investment
- Developing a shared understanding of public sector spend in each of our communities, so that we can better deploy this investment and bend it more effectively to evidenced need

Where will we be in 12 months?

- Longer term system resource requirements will be identified
- We will have identified where system funding can be aligned to deliver Think Communities outcomes
- Through our area profile work, we will begin to understand the breadth and value of public sector spend in our communities

3.13.7 **Technology and Digital**

Services will be transformed through the use of new technology. Communities will be engaged with and supportive of new technology that affects them.

This will be achieved by:

- Growing digital skills amongst our citizens and communities to take full advantage of technological benefits
- Increasing the number of shared digital platforms across the public sector and using these to integrate services
- Developing single customer records, particularly for children and families
- Using new technology to support residents to be independent and in control
- Technology solutions will be considered across the system before they are procured

Where will we be in 12 months?

- A cross-sector digital solution will be developed that allows the public to report issues e.g. environmental, safeguarding
- Existing digital systems and platforms will be audited across the system, leading to exploration of where these can be rationalised to lead to a common solution

3.13.8 **Workforce Reform**

To transform and engage our workforce to deliver Think Communities outcomes.

This will be achieved by:

- Developing new skills and core behaviours
- 'Unlearning' traditional ways of working
- Listening to and understanding our communities
- Enabling our staff to work in a 'less permission, more innovation' environment
- Blurring organisational boundaries where appropriate, lawful and safe to do so

Where will we be in 12 months?

- An immersive workforce development programme will have been developed to encourage new skills and behaviours as per the model '21st century public servant' ambition
- We will have started to engage and consult with our workforce to embed new behaviours
- We will have reviewed the staff appraisal and supervision process to ensure that Think Communities principles are embedded
- Agile working will be extended into the wider public sector by, for example, allowing greater access to buildings
- Locality based working will start to be introduced, with our staff understanding the role of working within a community

3.14 A small number of pilot approaches are being developed and delivered across the county to test the various elements of the model. These will report back to the Public Service Board later this year, and their findings will help to shape the overall Think Communities approach.

4 CONSULTATION AND ENGAGEMENT

4.1 Extensive consultation with partners across the public sector has been held on the Think Communities approach since its inception, and this will continue through individual arrangements, as well as via the Senior Officers Communities Network (a forum of senior leaders from across the public and voluntary sectors), whose sole focus will be on driving forward the approach across our system.

5 IMPLICATIONS

5.1 Financial Implications

The Think Communities approach is a significant enabling approach, designed to improve outcomes for citizens and prevent and delay demand for services, therefore driving down cost across the system. It is being designed for implementation as a new way of delivering public services within existing resource envelopes.

5.2 Legal Implications

N/A

5.3 Equalities Implications

N/A

6 APPENDICES

Appendix 1: Think Communities Approach

Source Documents	Location
None	**N/A**

Think Communities

Creating a shared vision, approach and priorities for building Community Resilience across Cambridgeshire and Peterborough partner organisations.

Our vision

- **People:** Resilient communities across Cambridgeshire and Peterborough where people can feel safe, healthy, connected and able to help themselves and each other.
- **Places**: New and established communities that are integrated, possess a sense of place, and which support the resilience of their residents.
- **System:** A system wide approach in which partners listen, engage and align with communities and with each other, to deliver public service and support community-led activity.

Our pledge

The **Think Communities** partners will work together to:-

- Empower and enable communities to support themselves and encouraging community-led solutions and intervention. *(People)*
- Work with communities to harness their local capacity targeted towards those in the community requiring the most help. *(Places)*
- Support active, healthy communities to play a clear and evidenced role in improving people's lives, thereby preventing, reducing or delaying the need for more intrusive and costly public services. *(Places)*
- Align resources to create multi-agency support which can flexibly meet the changing needs of our communities. *(Systems)*
- Be prepared to be experimental in our approach, in order to deliver individual local solutions and support ideas that can be replicated. *(Systems)*

Our approach

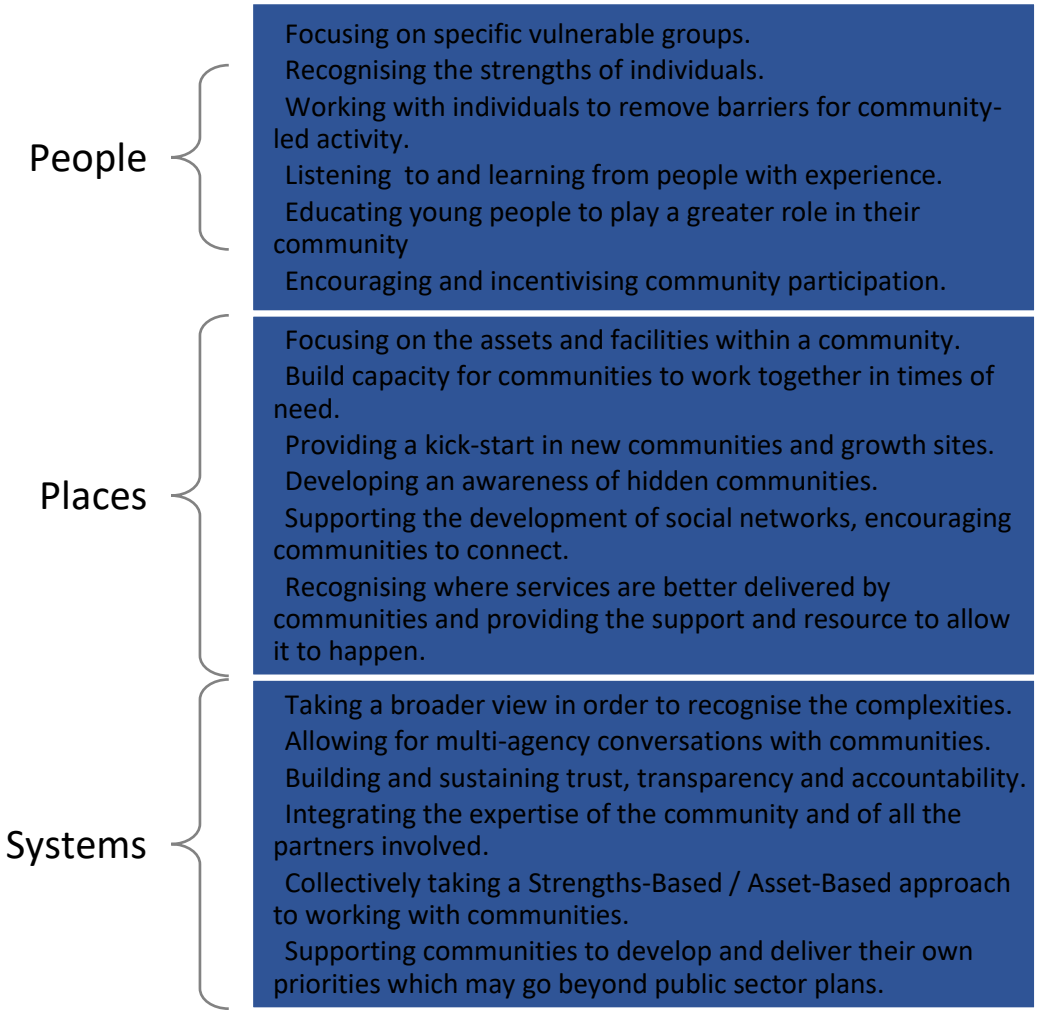
Our intention is to be fully aligned and to collaborate where it makes sense and there is agreement to do so.

A consistency of approach will enable communities to have a single conversation with **Think Communities** partners focussed on local priorities. **Think Communities** partners will provide support and resources to enable communities to decide how they wish to deliver their local priorities.

Working in an aligned way will enable each **Think Communities** partner to still specialise in their own areas of service delivery and expertise, to work independently or with a shared approach across the partnership, which is compatible and consistent, enabling joint projects to still happen.

Think Communities will take a **People, Places, System** approach to building resilience and supporting communities.

Figure 1 - A People, Places, System approach to Think Communities



Our Strategic Priorities and Actions

	Priority Area	Example Action
Priority 1:	Communities are connected and work together toward shared goals.	Develop a joined up, multi-agency campaign to promote the different ways vulnerable people and high-risk communities can be supported by community-led activity.
Priority 2:	Take a place-based approach to service design and delivery of services.	Identify key communities where a place-based approach in keeping with the **Think Communities** vision can be piloted
Priority 3:	Communities feel they are supported to help themselves.	Development of a shared toolkit which will offer access to consistent levels of support to community groups and organisations across Cambridgeshire and Peterborough.

An agreed and measurable Action Plan will complement the **Think Communities** partnership agreement

Agenda Item No:11

PUBLIC SERVICE REFORM: COMBINED AUTHORITY UPDATE

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Paul Raynes** **Director of Strategy and Assurance, Cambridgeshire and Peterborough Combined Authority**

Recommendations: **The Cambridgeshire Health and Wellbeing Board is recommended to:**

a) **note the update in this paper**
b) **request a further update in the summer when the Independent Commission on Public Service Reform has reported to the Mayor.**

Recommendations: **The Peterborough Health and Wellbeing Board is recommended to:**

a) **note the update in this paper**
b) **request a further update in the summer when the Independent Commission on Public Service Reform has reported to the Mayor.**

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Name:	Councillor Roger Hickford	Name:	Councillor John Holdich OBE
Role:	Chairman, Cambridgeshire Health and Wellbeing Board	Role:	Chairman, Peterborough Health and Wellbeing Board
Email:	Roger.Hickford@cambridgeshire.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01223 706398 (office)	Tel:	01733 452479

1. PURPOSE

1.1 The purpose of this paper is to update the Board on the Combined Authority's public service reform programme.

2 BACKGROUND

2.1 The Cambridgeshire and Peterborough Combined Authority was established under a Devolution Deal with the government in 2017. It is chaired by the elected Mayor of Cambridgeshire and Peterborough and its Board includes the Leaders of the Councils in the area, together with a representative of the NHS, the Police and Crime Commissioner, and Fire Authority representative.

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

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

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

3. MAIN ISSUES

3.1 There have been two main areas of activity in taking the Combined Authority's work on public service reform forward.

3.2 The Combined Authority Board agreed in September 2018 to establish an Independent Commission on Public Service Innovation and Reform. Its terms of reference are wide-ranging but they require it to start its work by looking at the issue of health and care integration. The Independent Commission is chaired by Dr Andy Wood OBE, the chief executive of Adnams and Professor of Corporate Leadership and Associate Dean of Enterprise at the University of East Anglia, and has four other members. It first met in November 2018.

3.3 The Commission is independent and sets its own work programme within its terms of reference. Its initial discussions have concentrated on health and care integration issues. This has included a literature review, taking evidence from the Neighbourhood Cares team in St Ives, and looking at the emerging findings of the Respublica research discussed in the next paragraph.

3.4 In parallel, the Combined Authority also commissioned the independent think-tank Respublica to undertake research into the scope for a Health Devolution

Deal for Cambridgeshire and Peterborough. Respublica's work was guided by a steering group and project team consisting of NHS and council partners. Respublica submitted a final draft report in January.

Next Steps

3.5 Following discussions and an exchange of letters between the Mayor and the Chair of the Independent Commission, it has been agreed that the Commission will now consider the final draft of the Respublica report as part of its review of health and care integration. Its further work will include further developing the evidence base and engaging with stakeholders in the health and care sector, including voluntary sector bodies.

3.6 The Commission's current timetable envisages a report back to the Combined Authority by the summer of this year.

4. CONSULTATION AND ENGAGEMENT

4.1 Respublica conducted discussions with a wide range of NHS and local government stakeholders during its research. The Independent Commission intends to take evidence and hold discussions with stakeholders in the health and care sector, including voluntary sector bodies.

5. IMPLICATIONS

5.1 **Financial Implications**

n/a

5.2 **Legal Implications**

n/a

5.3 **Equalities Implications**

n/a

SOURCE DOCUMENTS

Source Documents	Location
None	

Agenda Item No: 12

PUBLIC HEALTH SYSTEM LOCAL GOVERNMENT ASSOCIATION (LGA) PEER REVIEW

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Dr Liz Robin** **Director of Public Health Cambridgeshire County Council and Peterborough City Council**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to:** a) **note and comment on the LGA Public Health System Peer Review findings and recommendations attached as Annex A** b) **approve the Public Health Peer Review draft action plan attached as Annex B (to follow)**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** a) **note and comment on the LGA Public Health System Peer Review findings and recommendations attached as Annex A** b) **approve the Public Health Peer Review draft action plan attached as Annex B (to follow)**

	Officer contact:		
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	Member Contacts		
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Role:	Chairman, Cambridgeshire Health and Wellbeing Board	Role:	Chairman, Peterborough Health and Wellbeing Board
Email:	Roger.Hickford@cambridgeshire.gov.uk	Email:	John.Holdich@peterborough.gov.uk
Tel:	01223 706398 (office)	Tel:	1733 79

1. PURPOSE

1.1 The purpose of this paper is to present the findings of the Cambridgeshire and Peterborough Public Health System LGA Peer Review carried out in February 2019, and to request approval of the joint action plan prepared to address the key recommendations of the Review.

2 BACKGROUND

2.1 The Local Government Association (LGA) carried out a peer review of the public health system in Cambridgeshire and Peterborough, which took place over the three days Wednesday February 6th- Friday February 8th

2.2 The purpose of the peer review was to get an outside view from knowledgeable 'peers' about how well we are working to improve the health of the public in Cambridgeshire and Peterborough. The peers had experience as a Councillor, a local authority Chief Executive, a Director of Public Health and an NHS Chief Executive.

2.3 The peer review gathered information and views on the following four 'key lines of enquiry'.

1. **To what degree is there whole system ownership for the health of the public -including clarity about the outcomes required and what is required to achieve them?**
2. **To what extent have the Councils embraced the role of custodians of the public's health?**
3. **How effective is public health activity in improving outcomes?**
4. **How effective is the reach and communication with communities in order to positively affect population health**

2.4 The peer reviewers reviewed relevant documents and carried out several interviews with staff and stakeholders, in order to get feedback and views on the wide range of activities which the Councils' public health team, wider Council, external partners and contractors carry out to improve the health of the public. At the end of the three days, the peer reviewers provided structured feedback on what is going well in Cambridgeshire and Peterborough and what could be further developed.

3. MAIN ISSUES

3.1 The presentation providing the key findings of the LGA Peer Review is attached as Annex A.

3.2 A number of local strengths were identified – including the commitment of the two Health and Wellbeing Boards to work together; the quality of public health data and strong joint working across analytics teams; impactful system wide programmes such as falls prevention, best start in life, and suicide prevention; good delivery of core public health services such as sexual health and smoking cessation; commitment from district councils; locality initiatives such as the Healthy Fenland Fund and the Can Do area in Peterborough; STP preventive projects for older people; and a strong and vibrant voluntary sector.

3.3 The 'key messages' identified by the Peer reviewers are:

- The whole system is financially challenged which makes it an imperative to do more around demand management/prevention with Public Health playing a key role
- Councils have made a start but need to fully embrace the important role they have as champions of the health and wellbeing of the population, to do more to influence the wider determinants of health and tackle health inequalities
- The Public Health Team need to have a more expansive view of its role and whilst remaining as a separate team, officers need to be aligned to the business of the other directorates and be full members of the management teams
- Scale of housing growth and planning for new communities provides an opportunity for public health to focus on the wider determinants of health and create healthy communities
- You have a massive opportunity as a system to elevate the prevention and population health and wellbeing agenda and wider determinants of health through the response to the Long Term Plan and new Joint Health and Wellbeing Strategy for Cambridgeshire & Peterborough and the Health and Wellbeing Boards (HWBs)
- Scope for public health to be more visibly strategic:
    - Recognition of deprivation and health inequalities – good examples in Fenland but there other areas in Cambridge and Peterborough that need targeted interventions to help people and save money in the long term
    - Examples of good public health projects but fragmented & missed opportunities by public health for a more expansive role

3.4 The final recommendations for the Cambridgeshire and Peterborough 'system' from the Peer Reviewers are:

- Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for Cambridgeshire & Peterborough
- Enable collective leadership and accountability through a rationalised governance and partnership structure
- Use your new JHWS to promote prevention, tackle the wider determinants of health and influence partners to drive improvements in population health and wellbeing
- Ensure the wider role of Public Health is impacting on all aspects of the system in order to promote the health and wellbeing of the population
- Develop a coherent and consistent model for integrated delivery in neighborhoods
- Develop your commissioning architecture with partners to realise the investment ambition to deliver place based solutions at scale, for example further scope joint commissioning with the CCG

3.5 A draft system action plan has been developed to address these recommendations which is attached as Annex B (to follow).

3.6 The Health and Wellbeing Board will play a key role in establishing vision, priorities and strategy and overseeing the joint action plan.

4. CONSULTATION AND ENGAGEMENT

4.1 The Peer Review covered a wide range of stakeholders involved with the Cambridgeshire and Peterborough public health system.

5. IMPLICATIONS

5.1 Financial Implications

The public health peer review was delivered by the Local Government Association as part of a programme which is free of charge.

5.2 Legal Implications

The Health and Wellbeing Board has a statutory duty to agree the joint Health and Wellbeing Strategy referred to in the PH peer review's recommendations..

5.3 Equalities Implications

n/a

APPENDICES

ANNEX A: Public health peer challenge presentation (attached)
ANNEX B: Public health peer review action plan (to follow)

SOURCE DOCUMENTS

Source Documents	Location
None	

Local Government Association

Cambridgeshire and Peterborough

Feedback from the Peer Challenge
6 - 8 February 2019

The Peer Challenge Team

- **Chris Williams,** LGA Contractor (previously Chief Executive at Buckinghamshire County Council) **(Lead Peer)**
- **Cllr Stuart Barker,** Cabinet Member, Economy, Growth and Skills, Devon County Council
- **Tony Hill -** Independent Public Health Consultant and Health Strategist (previously Director of Public Health for Lincolnshire)
- **Martin Phillips,** LGA Contractor, (previously Chief Officer, NHS Darlington CCG)
- **Kay Burkett,** LGA **(Peer Challenge Manager)**
- **Katherine Mitchell,** LGA Advisor

The purpose of Peer Challenge

- Peer challenges are improvement focussed and tailored to the needs of the system/place
- They are designed to complement and add value to your own performance and improvement focus
- We have used our experience and knowledge of local systems to reflect on the information presented to us by people we have met
- We are providing feedback as critical friends, not as assessors, consultants or inspectors
- We have ‘held up the mirror’

The process of Peer Challenge

- Peers reviewed a range of information to ensure we were familiar with Cambridgeshire & Peterborough, the challenges it is facing and plans for the future
- We have spent three days on site and during the whole process which we:
  - spoke to more than 60+ people including a range of leaders, councillors, managers, staff and partners
  - gathered information and views from more than 49 meetings
  - additional research and reading –over 50 documents
  - collectively spent more than 284 hours to determine our findings – the equivalent of one person spending seven weeks here
  - Feedback session at end of on-site visit and follow up activity

A thank you from us

- People have been open and honest
- Preparation, planning and organisation has been impressive

In particular a special thank you to Liz Robin, Kate Parker, Mary Leen, Claire Dorans, Jo McGlashan & Jackie Adamson who co-ordinated all the local arrangements on your behalf and supported us admirably through the visit

A thank you from us

Scope and ‘brief’ for the peer challenge

The peer team were been asked to look at the following questions:

1.To what degree is there whole system ownership for the health of the public - including clarity about the outcomes required and what is required to achieve them?

2.To what extent have the Councils embraced the role of custodians of the public’s health?

3.How effective is public health activity in improving outcomes?

4.How effective is the reach and communication with communities in order to positively affect population health?

Context - 1

- All partners in the system are financially challenged - it is imperative that steps are taken to make financial savings and reduce demand for services
- Councils are having to consider new ways of delivering services for example, on commissioning
- Increasing numbers of children, young people and older people are placing a strain on the two Councils and there is a need to consider ways of managing demand and promoting the health and wellbeing of the population
- Significant housing growth is planned and there is a need to create healthy communities and plan for an aging population

Context - 2

- There are significant areas of deprivation and health inequalities in Fenland, parts of Peterborough and north Cambridge which need to be addressed
- The two Councils are developing place based models of service delivery – it will be important to agree a common set of localities amongst all of the partners
- It is increasingly important for elected members to have a good understanding of measures which can improve the health and wellbeing of the population
- The organisational landscape is very complex with a large number of boards and committees with priorities which are often not aligned
- There has been churn of some key personnel across the system with the consequentially adverse impact on the collective capacity to maintain effective partnerships

Key messages

- Whole system is financially challenged which makes it an imperative to do more around demand management/prevention with Public Health playing a key role
- Councils have made a start but need to fully embrace the important role they have as champions of the health and wellbeing of the population, to do more to influence the wider determinants of health and tackle health inequalities
- The Public Health Team need to have a more expansive view of its role and whilst remaining as a separate team, officers need to be aligned to the business of the other directorates and be full members of the management teams
- Scale of housing growth and planning for new communities provides an opportunity for public health to focus on the wider determinants of health and create healthy communities
- You have a massive opportunity as a system to elevate the prevention and population health and wellbeing agenda and wider determinants of health through the response to the Long Term Plan and new Joint Health and Wellbeing Strategy for Cambridgeshire & Peterborough and the Health and Wellbeing Boards (HWBs)
- Scope for public health to be more visibly strategic:
  - Recognition of deprivation and health inequalities – good examples in Fenland but there other areas in Cambridge and Peterborough that need targeted interventions to help people and save money in the long term
  - examples of good public health projects but fragmented & missed opportunities by public health for a more expansive role

1. *To what degree is there whole system ownership for the health of the public - including clarity about the outcomes required and what is required to achieve them?*

Strengths

- Shared strategic roles across PCC & CCC are building blocks for whole system ownership
- Health & Wellbeing Boards committed to working together and a shared health and wellbeing strategy could drive ownership
- New JSNA & JHWS provides a vehicle to elevate the prevention and population health and wellbeing agenda
- Impressive amount of data/intel that describes the area, needs and challenges with an opportunity to maximise/rationalize/ look at synergies to shape inform & strategic priorities and focus action (got the Health Analytic Community (HAC) group to do this)
- System wide approaches having an impact e.g. ‘Stronger for Longer’, ‘Best Start in Life’ and Suicide Prevention Strategy
- Examples of data and insights informing strategy and commissioning e.g. Active Transport; local health and wellbeing strategies
- District councils have a strong ownership of the health of their local population and a range of activities to support health improvement supported by Public Health e.g. ‘Health is Eveyone’s Business’ workshops, Workplace Health Programme and ‘Making Every Contact Count’ training
- Good examples in the Sustainability and Transformation Partnership (STP) of partnership working on preventative issues for older people e.g. Delayed Transfers of Care (Use It or Lose It Campaign); Falls Prevention and community service offer
- Combined Authority (CA) has launched an independent commission on public service reform and commissioned work on achieving a stronger health and care system

1. To what degree is there whole system ownership for the health of the public - including clarity about the outcomes required and what is required to achieve them?

Areas for further consideration - 1

- Lacking an overarching shared system narrative and vision to set out what the future looks like for integration and reform outside of the hospital & growth agendas – this is needed to harness/focus prevention activity (CA/STP/new JHWS)
- Complexity within the system that is not helping to focus capacity and action:
  - the number of boards
  - the number of priorities, some that are conflicting
- Capitalise on people's understanding of the need to collaborate to continue to build trust in order to go further with joint commissioning (place based) and enable risk sharing
- Multiple locality footprints: STP; Think Communities; GP Networks; Community Services Neighbourhood Teams
- Major cost drivers of Children and Young People services and & Adult Social Care - so how do you incorporate the population health and wellbeing agenda and the contribution of public health to help manage demand e.g. obesity and diabetes in children and young people
- Language not based on common interpretation and understanding e.g. integration; prevention; public health; health; population health; healthy communities

1. To what degree is there whole system ownership for the health of the public - including clarity about the outcomes required and what is required to achieve them?

Areas for further consideration - 2

- Partners to agree how best to use the JSNA in order to systematically drive change and inform decision making across the whole system – including rationalising reports and content
- System not being driven by improving health and wellbeing outcomes or ‘size of the prize’ e.g. role of prevention is recognised as important but not given sufficient profile and priority at STP level
- Voluntary and community sector is underused and could be better joined up

2. *To what extent have the Councils embraced the role of custodians of the public's health?*

Strengths

- The Director of Public Health and Public Health staff are well regarded both internally and externally for their experience, knowledge and skills
- Good examples of collaboration between Public Health and other council services e.g. transport, licensing and externally
- Public Health appear to be very good at delivering core services such as falls, sexual health services and smoking cessation
- Public Health are very good at understanding the area and aspects of need – more to be done to communicate the findings consistently
- Some people in other directorates have an appreciation of what Public Health contribute and where they could do more
- Cambridgeshire are acting as the custodians of the public's health in Fenland but it appears limited to Fenland – it should be quickly applied to elsewhere and apply the lessons learned

2. *To what extent have the Councils embraced the role of custodians of the public's health?*

Areas for further consideration

- The importance of all elected members and officers understanding the role of Public Health - and their own contribution - in improving the health of the population needs to be tackled systematically
- Public Health seem to have a very narrow view of the role of public health and the influencing role and contribution they can make
- We received mixed messages about how well Public Health works with other partners – there are missed opportunities for Public Health staff to use to their status and intellectual rigour to influence other partners - more needs to be done to influence other parts of the council and partners on the wider determinants of health
- There is an opportunity to join up the traditional Public Health activities with Care Act prevention responsibilities e.g. tackling social isolation
- There needs to be a culture change across all organisations to enable a Health In All Policies approach

3. *How effective is public health activity in improving outcomes?*

Strengths

- Quality of public health data and experience of analytics staff is recognised across the system including how they work with other business intelligence teams
- Public health supporting district councils to make use of data/intel to inform decision making e.g. licensing and local planning
- Successful projects where Public Health have been involved e.g. Falls Prevention, AF, Active Families, Can do (Lincoln Road)
- Commissioning targeted interventions based on need e.g. Integrated Lifestyles services; sexual health services in Wisbech; drug & alcohol services

3. *How effective is public health activity in improving outcomes?*

Areas for further consideration

- Lots of public health activity and projects but not aligned to system wide agreed outcomes and often not joined up
- Public health not always at the table early enough for some key initiatives therefore missed opportunities for the important influencing role about population health and wellbeing
- Consideration should be given to strengthening communication and alignment across the commissioning teams of People & Communities and Public Health, in the context of the broader joint commissioning agenda with the NHS, in order to:
  - Improve efficiency
  - Improve outcomes
  - Enable Public Health capacity to help address wider determinants
- Public Health role in connectivity and facilitation needs to be recognised and developed

4. *How effective is the reach and communication with communities in order to positively affect population health?*

Strengths

- Some excellent locality schemes, initiatives and projects targeted to improving health and wellbeing of local people e.g. Healthy Fenland Fund; Let's Get Going; and Can Do areas
- Enabling role of Public Health on social media campaigns e.g. running and cycling in Peterborough
- A vibrant and engaged VCS that is building a track record of successful delivery through exploring community assets e.g. Living Sport, 'Needless Needles'

4. *How effective is the reach and communication with communities in order to positively affect population health?*

Areas for further consideration

- Empower/enable VCS and other partners to help shape and deliver more on neighbourhood priorities
- Consider how all elected members can best be supported to champion health and wellbeing in their communities e.g. resources to pump prime mainstream or spread good work (Timebank)
- How best to engage with partners to break down barriers and build confidence and trust to improve health and wellbeing e.g. getting a link into primary care
- Better exploit the opportunities to join up the dots by connecting people and processes to tackle inequalities more effectively e.g. networking
- Be more open to opportunities from partners to address wider determinants of health e.g. social prescribing initiatives
- Consider how commissioning can be harnessed to secure improved health and wellbeing and tackling health inequalities e.g. longer contacts, shared outcomes, build resilience
- Consider opportunities to align across the system to focus efforts to improve health and wellbeing and tackling health inequalities:
  - JHWB strategy and STP
  - Combined Authority
  - Releasing resources

Recommendations

- Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for Cambridgeshire & Peterborough
- Enable collective leadership and accountability through a rationalised governance and partnership structure
- Use your new JHWS to promote prevention, tackle the wider determinants of health and influence partners to drive improvements in population health and wellbeing
- Ensure the wider role of Public Health is impacting on all aspects of the system in order to promote the health and wellbeing of the population
- Develop a coherent and consistent model for integrated delivery in neighbourhoods
- Develop your commissioning architecture with partners to realise the investment ambition to deliver place based solutions at scale e.g. further scope joint commissioning with the CCG

Agenda Item No: 13

DEVELOPING A NEW JOINT HEALTH AND WELLBEING STRATEGY

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Dr Liz Robin** **Director of Public Health Cambridgeshire County Council and Peterborough City Council**

Recommendations:	**The Cambridgeshire Health and Wellbeing Board is recommended to:** a) **endorse the proposed approach to developing a new joint health and wellbeing strategy for Cambridgeshire and Peterborough**
Recommendations:	**The Peterborough Health and Wellbeing Board is recommended to:** a) **endorse the proposed approach to developing a new joint health and wellbeing strategy for Cambridgeshire and Peterborough**

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1. PURPOSE

1.1 The purpose of this paper is to outline the next steps in developing a Joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough, and ask for the HWB Boards' endorsement of the proposed approach.

2 BACKGROUND

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

2.2 The Cambridgeshire and Peterborough HWB Boards have both agreed to develop a new JHWS in 2019 which covers the whole area, providing the JHWS addresses local needs and issues where there are differences across Cambridgeshire and Peterborough, or other geographical variation.

2.3 At the same time, the local NHS is required to articulate its response to The NHS Long Term Plan by the autumn, building on the existing work and priorities of both the Cambridgeshire and Peterborough Clinical Commissioning Group and the wider Sustainable Transformation Partnership.

2.4 The recent LGA Public Health System Peer Review, which is being presented in a separate paper to the HWB Boards, made the following recommendations which are relevant when considering development of the JHWS:

- Develop across your senior politicians and clinicians a shared vision and narrative and long term ambition for Cambridgeshire & Peterborough
- Use your new JHWS to promote prevention, tackle the wider determinants of health and influence partners to drive improvements in population health and wellbeing

2.5 An LGA Peer Review of the Health and Social Care System in 2018 also made recommendations relevant to the JHWS:

- Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign
- Strengthen the system leadership role of HWB's and clarify supporting governance

3 MAIN ISSUES

3.1 **Establishing the timescale for the JHWS**:
It is proposed that the new JHWS should run for five years from 2019-2024, with review after three years. This would enable alignment with the local response to the NHS Long Term Plan, which is required to cover a five year period. The three year timescale for review is sufficient to allow new initiatives and ways of working to be developed to address the JHWS priorities, and for some evaluation.

3.2 **Establishing priorities for the JHWS:**

Under the Health and Social Care Act (2012) the role of the JHWS is to address the needs identified in the Joint Strategic Needs Assessment (JSNA), while taking into account wider system priorities and the views of stakeholders and the public. It is proposed that initial work to develop an agreed system vision and priorities for the JHWS is taken forward at the LGA facilitated Cambs & Peterborough HWB Boards workshop on the afternoon of 28th March, and this is further refined after the workshop to test with HWB Board members and wider stakeholders.

3.3 **Links to local implementation of the NHS Long Term Plan**
It is proposed that work to develop the Joint Health and Wellbeing Strategy should be proactively linked with the work to develop local implementation of the NHS Long Term Plan, for issues where there are similar themes and priorities – with the aim of ensuring a joint approach and avoiding duplication.

3.4 **Public Consultation on the JHWS**
It is proposed that once a draft JHWS has been developed, there should be a period of stakeholder and public consultation on the draft.

3.5 **Approval of the JHWS**
It is proposed that approval of the JHWS should sit with the proposed Joint Sub-Committee of the Cambridgeshire and Peterborough Health and Wellbeing Board (comprising the full membership of both Boards).

4. CONSULTATION AND ENGAGEMENT

4.1 This is covered in para 3.3

5. IMPLICATIONS

5.1 **Financial Implications**

The co-ordination and overall authoring of the HWB Strategy, will be funded from existing public health staffing budgets, with some chapter contributions from partners. Existing budgets will also fund any printing and distribution of consultation materials. The JHWS will be produced jointly across Peterborough and Cambridgeshire, with significant economies of scale.

5.2 **Legal Implications**

The Health and Wellbeing Boards have a statutory duty to agree a joint Health and Wellbeing Strategy to meet the needs outlined in the JSNA.

5.3 **Equalities Implications**

The proposed JHWS will include a focus on local need and inequalities.

SOURCE DOCUMENTS

Source Documents	Location
Cambridgeshire HWB Strategy 2012-17	https://cambridgeshireinsight.org.uk/jsna/health-and-wellbeing-strategy/
Peterborough HWB Strategy 2016-19	https://pcc-live.storage.googleapis.com/upload/www.pe

	terborough.gov.uk/healthcare/public-health/PCCHealthWellbeingStrategy-2016-2019.pdf?inline=true

Agenda Item No: 14

HEALTH & SOCIAL CARE SYSTEM PEER REVIEW ACTION PLAN UPDATE

To:	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board**
Meeting Date:	**28th March 2019**
From:	**Charlotte Black** **Service Director, Adults & Safeguarding, CCC/PCC**

Recommendations: **The Cambridgeshire Health and Wellbeing Board is recommended to:**

a) **it is recommended that Joint HWB members consider the content of the report and raise any questions**
b) **it is recommended that Joint HWB members decide when the action plan should next be presented to the Board**

Recommendations: **The Peterborough Health and Wellbeing Board is recommended to:**

a) **it is recommended that Joint HWB members consider the content of the report and raise any questions**
b) **it is recommended that Joint HWB members decide when the action plan should next be presented to the Board**

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1. PURPOSE

1.1 The purpose of this paper is to update Health & Wellbeing Board members on progress against the recommendations from the Health & Social Care System Peer Review (September 2018), in preparation for a Care Quality Commission Area Review

2. BACKGROUND

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

2.2 The scope of the review was:

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

Key Lines of Enquiry (KLOEs)

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

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

Key Lines of Enquiry (KLOEs)

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

2.3 The peer review team fed back two key messages:

- *'From everything we read and from everyone we met and spoke to, we think you are in a really strong position and have all the right ingredients to move forward – we saw energy and commitment at all levels, from executive leaders through to front line staff and wider stakeholders – everyone wants to do the right thing for the people of Cambridgeshire and Peterborough*
- *Outcomes for people in Cambridgeshire and Peterborough – we have heard about some excellent services and approaches to prevention, keeping people well, supporting independence and avoiding hospital admission* ***but*** *this isn't consistent and when they do go into hospital, you have a real problem getting people out'*

Plus the following key recommendations:

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

Joint Commissioning

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

Workforce

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

3. MAIN ISSUES

3.1 Following the peer review, an action plan was produced to monitor progress against the recommendations. The action plan is monitored by the Health Care Executive (HCE) and the Cambridgeshire & Peterborough Health and Wellbeing Boards. Please refer to Appendix 1 HSC Peer Review Action Plan.

3.2 Key progress headlines:

- Strengthen the system leadership role of HWB's and clarify supporting governance – **System leadership workshop to be scheduled for March 2019.**
- Establish Homefirst as a default discharge from hospital position for the whole system - **Agreed Single point of access to Pathway 1 between the LAs & the NHS.**
- Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing. **The CPFT, CCG and LA's are working together on maximising benefits of the pathway and ensuring consistency. Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation' and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'**
- Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up - **FPPG meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance. A system winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards. The Secretary of State for Health and Care, Matt Hancock, announced a capital investment of £145million for health and care facilities in Cambridgeshire and Peterborough. The investment incorporates £25million for Hinchingbrooke Hospital and £19million for Addenbrookes Hospital. It also provides up to £100million of capital to build a pioneering childrens hospital for the East of England.**
- Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand - **Joint Market Position Statement for Cambridgeshire and Peterborough has been published. Demand and Capacity workstream, with multi-organisation representation, is meeting regularly and is undertaking a review of current and forecast capacity and demand across the system**
- Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues - **Both LAs are in regular dialogue with providers about this and managing any impact from Brexit.**
- Establish a fully integrated brokerage team - **Co-location with the CCG Continuing Health Care team has been agreed and is now in place. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC**

- Work with the voluntary and community sector (VCS) as strategic and operational partners to capitalise on their resource and ideas - **The VCS are represented on the Communities Network Group and engaged with development of the demand management programme**
- Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production - **Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring a joint approach. Both of the LAs to now consider the contents of the report to assist in developing the partnership boards.**

3.3 Further work is needed to develop an integrated approach to tackle the workforce issues across the system. Charlotte Black and Wendi Ogle-Welbourn are monitoring progress to ensure key leads meet regularly to develop and agree the approach.

3.4 The Local Government Chronicle reported on 13 February 2019 that Matt Hancock has backed the CQC to continue with the Local Health and Social Care System Reviews. The reviews had been suspended due to funding however the Department of Health and Social Care have advised that the Health Secretary has now written to the CQC to commit to continuing this programme next year.

3.5 The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

4. CONSULTATION AND ENGAGEMENT

4.1 Regular updates are scheduled for the following boards:

Health Care Executive – 12 February 2019
PCC Adults & Communities Scrutiny – 12 March 2019
CCC Adults Committee – 21 March 2019

5. IMPLICATIONS

5.1 Financial Implications

The cost of running the HSC system peer review in September 2018 was funded by the Local Government Association's Care and Health Improvement Programme. Cambridgeshire County Council covered the organisation / logistical costs of the peer review, which amounted to £3,680.

Estimated costs for an actual Care Quality Commission review of the Local Area System are approximately £3-5,000. Some of these costs will be split across the key partners of the 'system' (as mentioned in paragraph 2.1).

5.2 Legal Implications

N/A

5.3 Equalities Implications

N/A

6 APPENDICES

Appendix 1: HSC peer review action plan 050219

SOURCE DOCUMENTS

Source Documents	Location
None	

HEALTH AND SOCIAL CARE PEER REVIEW
ACTION PLAN
JANUARY 2019

Mandate:

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

	Recommendation	Objective	Accountable Delivery Board(s)	Identified Lead(s)	Deadline	Activity	Outcome / Impact
1	Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	STP / HCE	STP: Roland Sinker VCS: Sandie Smith (Healthwatch)	June 19	The STP plan is in place with high level objectives. However it has been indicated that there will be a requirement in the NHS Long Term plan to do further system wide engagement with all stakeholders before finalising a revised strategic plan for 2019/20.	
2	Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Undertake review of membership of strategic partnership boards and add additional members / organisations where required	STP	Local Authority: Wendi Ogle-Welbourn STP: Roland Sinker CCG / Primary Care reps: Jan Thomas VCS: Julie Farrow Provider rep: TBA	Completed	HealthWatch are represented on the Care Advisory Group. Primary Care are represented on the HCE and STP Board meetings. GP clinical leads on North/South Alliances + VSCE And IDB for Peterborough. There is wider representation from the Voluntary Sector on the PSB.	
3	Strengthen the system leadership role of HWB's and clarify supporting governance	Arrange a workshop with HWB members focusing on system leadership Produce governance structure for both boards	Cambs & Pboro HWBs	Local Authority: Dr Liz Robin	Mar 19 May 19	System leadership workshop to be scheduled for March 2019. To be reviewed following workshop	
4	Establish Homefirst as a default discharge from hospital position for the whole system and monitor the proportion of complex discharges who go straight home	Produce / update pathway to reflect the default position and arrange briefings for hospital staff and supporting service staff to inform them of changes Add proportion of complete discharges to regular dashboard for Programme Board to monitor	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	May 19	Agreed Single point of access to Pathway 1 between LA & NHS. Work continues at a consistent pace on all workstreams, with the go live of the discharge notification process across NWAFT, go live of System wide DTOC coding, implementation of a standard operating procedure across CPFT to improve review and flow of patients through the intermediate beds and go live of the Care Test model and for a Capacity Healthcare standard operating procedure across all sites.	

						There is a clear action plan that is monitored by the Joint Discharge Programme Board which meets on a fortnightly basis/weekly if needed.	
5	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Undertake review of all pathway, processes and procedures to simplify where needed Arrange briefings for hospital staff and supporting service staff to inform them of changes	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	Summer 19	CPFT, CCG and LAs are working together on maximising the benefits of the pathway and ensuring consistency across Cambridgeshire and Peterborough with clear criteria and joint working arrangements. A training programme is being developed for all staff involved in hospital discharge which will also develop skills in difficult conversations and support for self funders. The LGA and Better Care Fund Support Team in NHSE have written to CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners. Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation' and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'	
6	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Review the different forms of DTOC data reporting across the system and add any additional indicators into DTOC data report	System D2A and DTOC Programme Board Workstream: Performance and reporting (BI)	Local Authority: Tom Barden Hospitals: Sue Graham CCG: Jan Thomas	Completed	A report has now been published by the CCG and this is shared across the system, is published and used to monitor performance.	
Joint Commissioning							
7	Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up	Add to next A&E Delivery Boards agendas	STP and A&E Delivery Boards	Local Authority: Will Patten CCG: Matthew Smith Hospitals: Neil Doverty, Sandra Myers	Completed	The System Finance Directors group (FPPG) meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance.	

						A system Winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards. FPPG) have developed a short-term financial plan to 2019/20, underpinned by the Drivers of the Deficit work which indicates a growing system financial deficit which has been used to frame discussions with our regulators. The Secretary of State for Health and Social Care, Matt Hancock, announced a capital investment of £145 million for health and care facilities in Cambridgeshire and Peterborough. The investment incorporates £25 million for Hinchingbrooke Hospital and £19 million for Addenbrookes Hospital. It also provides up to £100 million of capital to build a pioneering children's hospital for the East of England.	
8	Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE (will need to link to the single vision group)	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten, Dr Liz Robin (Public Health) CCG: Jan Thomas Primary Care Rep: TBA STP: Roland Sinker	Part complete Summer 19	Joint Market Position Statement for Cambridgeshire and Peterborough has been published. Demand and Capacity workstream, with multi-organisation representation, is meeting regularly and is undertaking a review of current and forecast capacity and demand across the system. The outcomes of this review are expected at the end of January and will inform next steps to shaping the future commissioning approach.	
9	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Establish a working group to undertake piece of work to consider investment opportunities and delivery models	Link to Recommendation 4 System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten CCG: Jan Thomas VCS: Julie Farrow	Apr 19	Senior stakeholder engagement plan led by Stephen Posey highlights opportunities to emphasise need for investment in community for the STP.	
10	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Improve awareness and engagement with key boards and groups across the system	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	Feb 19	Both LAs are in regular dialogue with providers about this and managing any impact from Brexit. The DTOC Programme Capacity and Demand Workstream was established	

						in November and work is in progress to deliver a gap analysis on current and future market demand. The outcome of this gap analysis should be available by the end of January 2019. This will give us a clear understanding of the gap, issues and will inform the approach to engaging with providers across the system, including key milestones. The Bed State Capacity tracker was implemented in November, which enables a real time view of capacity across the system. We continue to engage with care homes to increase uptake. My Care Select was introduced in December, which offers an online solution for self-funders to source their own care.	
11	Don't compete with each other as commissioners	Create one set of commissioning principles	**Linked to Recommendation 8**	Local Authority: Will Patten	N/A	N/A	
12	Establish a fully integrated brokerage team	Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'	Delivery Board: System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	March 2019	Co-location with the CCG CHC team has been agreed and the team is now located from 4/1/19. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC. More work to follow to include all staff who cover Peterborough. Further work to refine integrated working will be developed following co-location.	
13	Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	HCE to review opportunities across the system and link to key boards where possible	System wide	Local Authority: Wendi Ogle-Welbourn CCG: Jan Thomas Primary Care Rep: Gary Howsam CPFT: Tracy Dowling	Summer 19	Developing the Integrated Neighbourhood Framework Medical Director of CCG to represent Primary Care at WSDG and LWAB GPN represented at LWAB.	
14	Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	WOW to establish a mechanism for regular engagement with the VCS to strengthen the offer	Senior Officers Communities Network	Local Authority: Wendi Ogle-Welbourn, Charlotte Black VCS: Julie Farrow	May 19	The VCS are represented on the Communities Network Group and engaged with development of the demand management programme	There is improved engagement and consultation with the VCS on key development projects across the system and their input is valued.
15	Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Convene a meeting with Healthwatch colleagues to review programmes of work and	N/A	Local Authority: Charlotte Black	Nov 19	Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring	Improved relationships with Healthwatch and key partners to support the system.

		agree opportunities for co-production		Healthwatch: Sandie Smith and Director rep(s)	Apr 19	a joint approach. LAs to now consider contents of the report to assist in developing the partnership boards. Review of Day Opportunities has been identified as a priority opportunity for co-production approach and Adults Committee has endorsed. LAs will be working with Healthwatch on this.	
16	Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Link to D2A workstreams Join up with the neighbour place based model	STP	STP: Roland Sinker	Apr 19	**Linked to recommendation 17**	
17	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s)	STP	Local Authority: Charlotte Black STP: Roland Sinker CPFT: Tracy Dowling	Mar 19	HCE to review Integrated Neighbourhood Framework	
Workforce							
18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	STP	STP: Tracy Dowling Local Authority: Oliver Hayward HR Directors for system including LAs	Summer 19	There are a number of boards/groups in place to focus on workforce issues across the system although further work is required to develop an integrated approach. There are a range of Leadership and OD opportunities available to all system partners. A local Mary Seacole programme will have c.180 participants, by Spring 2019, building personal skills and local networks of system colleagues, based on attending. Work is underway to consider a 'Frimley 2020' programme based on system need and priorities.	
19	Provide stronger clinical leadership to support new processes and new ways of working across the system	*N/A*	**Link to Recommendation 5**	Hospitals: Sandra Myers, Neil Doverty	April 19	Local clinicians are participating in development opportunities hosted by the Kings fund to consider how to best effect population health collectively. Plans for a revised focus and the development of a single clinical community for the system will be discussed at HCE this month.	

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

Updated 20.03.19

MEETING DATE	ITEM	REPORT AUTHOR	
28 March 2019, 10.00am, Council Chamber, Shire Hall	**Cambridgeshire Health and Wellbeing Board** **Peterborough Health and Wellbeing Board** *(followed by private development session)*		
	Apologies for absence and declarations of Interest from members of the Cambridgeshire Health and Wellbeing Board	Oral	
	Apologies for absence and declarations of Interest from members of the Peterborough Health and Wellbeing Board	Oral	
	Minutes of the Cambridgeshire Health and Wellbeing Board meeting on 31 January 2019	Oral	
	Cambridgeshire Health and Wellbeing Board Action Log	James Veitch	

MEETING DATE	ITEM	REPORT AUTHOR	
	Minutes of the Peterborough Health and Wellbeing Board meeting on 10 December 2018	Oral	
	Cambridgeshire & Peterborough Improved Better Care Fund Evaluation 2018-19	Will Patten/ Louis Kamfer	
	Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) Core Data Set 2019	David Lea	
	Sustainability and Transformation Partnership (STP) Update on Strategic Direction 2018/19	Jan Thomas/Catherine Pollard	
	Clinical Commissioning Group (CCG) Planning for 2019/20 and the NHS 10 Year Plan	Jan Thomas	
	Think Communities Update	Nikitta Vanderpool	
	Public Service Reform: Combined Authority Update	Paul Raynes	
	Public Health System Local Government Association (LGA) Peer Review	Liz Robin	
	Developing a New Joint Health and Wellbeing Strategy	Liz Robin	
	Health & Social Care System Peer Review Action Plan Update	Charlotte Black/ Helen Gregg	
	Cambridgeshire Health and Wellbeing Board Agenda Plan	James Veitch	
	Peterborough Health and Wellbeing Board Agenda Plan	James Veitch	

MEETING DATE	ITEM	REPORT AUTHOR	
30 May 2019, 10.00am, venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	**Reports to James Veitch by Friday 17 May 2019**
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Better Care Fund: Update	Will Patten/ Caroline Townsend	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
Added 18/12/18	Living well Partnership update: i. East Cambs/Fenland ii. Hunts tbc	Liz Knox	
	Agenda Plan	James Veitch	
	Date of Next Meeting	25th July 2019	
25 July 2019 10.00am venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 30 May 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	

MEETING DATE	ITEM	REPORT AUTHOR	
	Agenda Plan	James Veitch	
	Date of Next Meeting	24th September 2019	
24 September 2019 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 25 July 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	28th November 2019	
28 November 2019 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 24 September 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	30th January 2020	
30 January 2020 venue tbc			
	Apologies and Declarations of Interest	Oral	
	Minutes of the Meeting on 28 November 2019	Oral	
	Action Log Update	James Veitch	
	Person's Story	Oral	
	Agenda Plan	James Veitch	
	Date of Next Meeting	4th June 2020	

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

Updated on: 13 March 2019

Agenda Item No: 16

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2019/2020

MEETING DATE	ITEM	CONTACT OFFICER
Monday 24 June 2019	● SEND Peer Review **For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	Sheelagh Sullivan / Siobhan Weaver Will Patten Helen Gregg
Monday 16 September 2019	**For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	
Monday 16 December 2019	**For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	
Monday 9 March 2020	**For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	