

A Whole System Approach To Wellbeing

Joint Commissioning Principles for Voluntary & Community Sector and Community Resilience Building

DRAFT

**Cambridgeshire & Peterborough CCG
Cambridgeshire County Council
Peterborough City Council
Cambridge City & District Councils**

21/11/16

Contents

1. Introduction
2. Scope
3. Engagement & Governance
4. National Guidance
5. Local Strategic Context
6. Why we Need to do Things Differently
7. Three Things We will Do Differently
8. Guiding Principles
9. Benefits
10. Outcomes
11. Next Steps
 - 11.1 Commissioning Team Options
 - 11.2 Governance
 - 11.3 Co-production
 - 11.4 Forward Plan
12. Recommendations

Annexes

- A Commissioners' Wellbeing Investment- to be completed
- B Governance Arrangements
- C Linkages
- D Project Scope: Approach to Wellbeing
- E Project Scope: Social Prescribing
- F Project Scope: Wellbeing Network – to be inserted
- G Project Brief: Peterborough Community Serve

Our Whole System Approach to Wellbeing

Joint Commissioning Principles for Voluntary & Community Sector and Community Resilience Building

1. Introduction

Both Peterborough and Cambridgeshire Councils have clear Health and Wellbeing (HWB) Strategies for our population, building on national guidance and informed by various local joint strategic needs assessments (JSNAs). The development and implementation of these strategies through work programmes is overseen by the Cambridgeshire and Peterborough HWB Boards. The work programmes are implemented through a variety of commissioning routes. These include arrangements with statutory health and local authority organisations as well as with the voluntary and community sector (VCS) organisations across Peterborough and Cambridgeshire.

The H&WB strategies make clear the need to work together more effectively, by improving the way in which we commission and deliver health and wellbeing services. Currently each commissioner (the CCG and seven Councils) has its own contractual arrangements with a range of VCS organisations for wellbeing services. This has led to a fragmented approach causing duplication, confusion, gaps, a lack of system-wide outcomes and inconsistent approaches to VCS capacity and community resilience building. The result is wasted time and resources and missed opportunities to better support our residents to maintain their own health and wellbeing in the community, to create a more vibrant VCS and to build community resilience.

In moving away from this position, all local authorities, and the CCG, are committed to improved joint working through the creation of a whole system approach to wellbeing. District Councils play a key role in relation to supporting independence at home and in vibrant communities. This means that health and social care commissioners *and* district councils commit to work together to take advantage of districts' :

- commitment to whole system partnership working
- core role in improving wider social determinants of health, wellbeing and quality of life
- close, established links with parishes, villages, local communities, neighbourhoods, and voluntary groups
- existing services (for example housing, tenant and neighbourhood support services, benefits, and community support and development work)
- willingness and ability to develop innovative solutions with health and social care partners, communities and the business sector e.g. the handy person scheme.

The purpose of this document is thus to propose Joint Commissioning Principles and next steps in order to:

- improve the way we jointly commission VCS wellbeing services and community resilience building
- achieve better outcomes for our residents
- reduce duplication and waste
- secure better value for our money

The document has been developed under the governance of the Better Care Fund (BCF) Healthy Ageing and Prevention Steering Group. It will be presented for comment and approval to Cambridgeshire County Council, Peterborough City Council, Cambridgeshire & Peterborough CCG, Cambridge City and the four District Councils.

2. Definition of Wellbeing and Scope

2.1 Definition of Wellbeing

There is no consensus around a single definition of wellbeing. However, there is a general consensus that on a personal level wellbeing includes :- presence of positive emotions and moods (contentment, happiness), absence of negative emotions (depression, anxiety), satisfaction with life, fulfilment and positive functioning. Wellbeing is dependent upon good health, positive social relationships and access to basic resources. At broader levels, resources for health can include: peace, economic security, stable environments, safe housing etc, while at the individual level, resources for health can include physical activity, healthy diet, community connectedness, mental health and autonomy.

This in itself indicates how very broad the 'wellbeing' definition and agenda is. It is acknowledged here that 'wellbeing' in its broadest sense extends well beyond what Local Authorities and the CCG can achieve within current resources.

For the purposes of these Commissioning Principles, the focus will be more towards the individual level.

2.2 Scope

Within scope is the commissioning of VCS wellbeing and community resilience building services for all adults who live independently in the community, within Cambridgeshire and Peterborough, but are vulnerable to becoming frail or needing higher levels of support or intervention in future to maintain their physical, mental and / or emotional wellbeing and independence.

Commissioned services will need to be innovative with a clear focus towards delivery of services and support that enable residents to live independently for longer. These might include directly provided services that target specific needs or client groups, or services that support the capacity, resilience and abilities of communities to support each other.

There will need to be a strong focus towards prevention to help achieve our targets to reduce high cost services, and towards giving greater control and choice to residents over the support they need or want.

Commissioned service providers will need to engage and partner with statutory and private sector provision where appropriate, and to draw out maximum opportunity through cross-sectoral working for reducing demand, managing cost and building quality.

Consideration will need to be given to the needs of different communities – those with specific needs or those connected by geography, nationality, ethnicity etc.

3. Engagement & Governance

The development of these Principles has been overseen by the Healthy Ageing and Prevention Steering Group as part of the BCF Governance framework – see Annex A. Representatives from the voluntary & community sector (VCS), district councils, Peterborough City, Cambridgeshire County Council and C&PCCG were engaged in this work. The document has been further informed by a Wellbeing Summit held in October 2016 to which 92 participants from a wide range of organisations across the Peterborough & Cambridgeshire system met to discuss wellbeing plans

and challenges to be overcome. Further it has already been presented as a work in progress to the Cambs BCF Delivery Board, the Greater Peterborough Area Executive Partnership and the CCG's Clinical Management Executive Team (CMET).

4. National Guidance

The vision set out in the *Forward View*¹, is of a joint strategic approach to the prolongation of peoples' wellbeing and independence, based upon a more sustainable partnership approach to delivering care in new ways, empowering people and communities and committing to promoting emotional and physical wellbeing, preventing ill health and closing the health and wellbeing gap.

The social movement referred to in the *Forward View* alludes to a shared purpose, creating a sense of belonging for joining members, building momentum, and ultimately, shifting human behaviour through mechanisms of mass participation². Social networks are increasingly recognised as more sustainable approaches to behaviour change with the potential to improve health and care through and by which people improve health outcomes.

5. Local Strategic Context

Each of the Peterborough (2016-19)³ and Cambridgeshire (2012 – 2017)⁴ Health & Wellbeing Strategies addresses the health needs analyses from the JSNAs. They look at health and wellbeing through the life course, creating a healthy environment, tackling health inequalities and working together effectively.

In terms of working together effectively, the H&WB strategies set out commissioning principles that support the development of a thriving, strong and diverse social and health care market to stimulate the development of new services, and promote competition and collaboration to ensure a varied care and support market to purchase from. There is a commitment to ensuring all the services commissioned are affordable and sustainable; evidence based; locally shaped, improve quality and the patient and user experience, address health inequalities and are appropriate in scale; reflect the user's views and are long term. Further, the role of the VCS and the part they have to play in implementing the H&WB strategies is recognised and supported.

6. Why do We Need to do Things Differently?

Our H&WB Strategies set out that we need to work together more effectively and commission services from the VCS in accordance with agreed commissioning principles. However, all eight commissioning organisations currently contract with the VCS independently. We therefore face the following issues:

- Fragmentation: due to the requirements of individual organisations driving service delivery leading to piecemeal and at times conflicting or confusing contractual and monitoring arrangements with the various VCS organisations

¹ Five Year Forward View DH 2014

² <http://www.nesta.org.uk/blog/mobilising-communities-better-health-and-wellbeing#sthash.NDiQPpOR.dpuf>

³ Peterborough Health & Wellbeing Strategy 2016 – 19 - <https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/>

⁴ Cambridgeshire H&WB Strategy 2012 – 2017:

<http://www.cambridgeshire.gov.uk/info/20004/health-and-keeping-well/548/cambridgeshire-health-and-wellbeing-board>

- Inequity: across Cambridgeshire and Peterborough in terms of investment in the VCS
- Focus on : transaction and process rather than partnerships, evidence and outcomes
- Patchy: attention to residents, carers and VCS voices in service planning and delivery
- Insufficient: intentional VCS capacity and community resilience building

Resulting in:

- Sub optimal services for our residents
- Wasted resources
- Unclear outcomes
- Lost opportunities for the VCS capacity and community resilience building

7. What Three Things Will We do Differently?

In order to progress in accordance with the direction of travel set out in the *Forward View* and our local H&WB Strategies we will:

i) Work in partnership with Cambridgeshire and Peterborough commissioners in accordance with the Joint Commissioning Principles, to develop joint plans and outcomes supported by pooled or aligned budgets for the VCS wellbeing and community resilience building services.

ii) Develop joint approaches and programmes to build community resilience and strengthen the VCS sector.

iii) Build on what is currently working well, learn from elsewhere, grasp opportunities to strengthen the VCS and build resilient communities, and listen to our VCS to make immediate improvements.

8. Guiding Principles

We will build on the commissioning principles already set out in our H&WB strategies. In commissioning wellbeing services from the VCS and in developing community resilience, we will ensure:

- **there is person-centred** guidance / support / services for residents and carers
- **we use co-production** in design and delivery of services in partnership with residents & carers
- a focus on **narrowing inequalities** by e.g. targeting investment in high demand communities
- **volunteering and social action** are recognised as key enablers
- support for the VCS to work in more **collaborative, co-ordinated ways** with each other
- we adopt a **learning and development** ethos guided by current research whereby our approach to wellbeing will encompass new approaches and opportunities but will also inform us when we need to stop services / initiatives that produce no or limited benefit
- we seek a **return on investment** to reduce unnecessary demand on high cost services and to ensure service sustainability
- we use the principles of a strength based approach we will seek ways to **empower** residents, carers and people to strengthen communities through helping themselves, helping each other and improving health outcomes.

9. Benefits of the Joint Commissioning Principles for a *Whole System Approach to Wellbeing*

to Individuals :

- Individuals become more empowered to increasingly take responsibility for their own health and wellbeing and on the basis of sought or provided information
- a greater sense of wellbeing and independence that maximizes the opportunities for people to live in the place they call home
- early intervention through practical and emotional support for individuals to prevent and/or delay deterioration in their health and wellbeing
- carers are supported to sustain their caring role for as long as they wish to continue

to Communities :

- contributes to the strengthening of community resilience⁵
- a strong, vibrant, diverse, sustainable and coordinated voluntary sector across Cambridgeshire and Peterborough that works closely with all statutory and private sector partners as well as individuals.

Seldom heard⁶ groups will have access to more appropriate services

to the whole system:

- better wellbeing outcomes for our residents
- streamlined VCS commissioning systems and processes
- better value through elimination of waste in commissioning/delivery and reduced dependence on statutory services
- demonstration of savings achieved within the system through a positive return on investment in order to make the case for further investment in wellbeing services.

10. Outcomes

- Improved access to and uptake of VCS services / activities by residents
- VCS organisations are promoting wellbeing
- Greater sense of wellbeing in those accessing the VCS services
- Reduced / delayed demand on statutory health and social care services by residents accessing the most relevant services / support for their presenting needs
- Sustainable VCS wellbeing services
- Vibrant VCS and stronger resilience through community groups
- Financial savings

11. Next Steps

11.1 Commissioning Function Options

In order to ensure a jointly owned and sustainable way forward it is important that each commissioning organization invests the necessary resources into a joint commissioning function for wellbeing. This could be done in a number of ways e.g. :

⁵ Insert definition -helping people to help themselves and others

⁶ Seldom heard refers to people from different faiths, and or cultures, and deprivation .

- Development of a joint commissioning function with resources from all existing commissioners.
- Alignment of existing commissioners, allocating particular activity to each commissioner to prevent duplication

11.2 Governance

What will be important is to ensure that there is a Joint Commissioning Board that meets regularly to agree our strategy and activity, monitor performance and outcomes. This Board should include service users and providers.

These Commissioning Principles have been developed under the BCF governance. Once adopted by the CCG and all Councils and a planning team is in place the project will transition to “business as usual”.

11.3 Co-Production

The Commissioning Principles have been developed through co-production with a range of different organisations, Further, there was strong feedback from the Wellbeing Summit participants that co-production is crucial for the development of appropriate wellbeing and community resilience building services and approaches.

In order to continue the theme of co-production it will be important to ensure inputs from residents at the planning team level as well as more broadly.

In terms of broader inputs, consideration needs to be given to establishing a reference group, This could be a new group or could build upon an existing group . - e.g. the Cambridgeshire Compact. - adapted to incorporate wellbeing and with representation from the Wellbeing Summit attendees.

Further, securing input from an organization which facilitates the co-production process such as the Coalition for Collaborative Care should be considered.

11.4 Forward Plan

Year 1: April 2016 – October 2017

Action	Timescale	Status	Who
Workshop with key stakeholders to agree vision for wellbeing (Regional BCF funds)	April 16	Completed	C Mitchell/KPMG (BCF Support team)
Draft Commissioning Principles and workshop plan to HEAP, GP AEP, Cambs BCF Delivery Board & CMET	July - October	Completed	G Kelly
Commissioning Wellbeing Summit on <i>Approach to Wellbeing</i>	13/10/16	Completed	G Kelly
Summit feedback to invitees attendees & request further feedback / priorities	Mid November	Sent 18/11/16	G Kelly
Draft Commissioning Principles to Cambs BCF Delivery Board & GPAEP for comment	18/11/16	Sent 18/11/16	G Kelly
Present Draft Commissioning Principles to Peterborough City Council Commissioning	30/11/16	Booked	G Kelly/ P Carrington

Board			
Present to Cambs CC Commissioning Board	Dec / Jan	In progress	G Kelly / C Bruin
Schedule of District Council leads & meetings for presentation of Commissioning Principles to be arranged			G Kelly / T Cassidy/ M Hill
Map existing wellbeing service commissioning to ensure no duplication or gaps	Nov – December	In progress	G Kelly/ L Robin
Present to Public Health Reference Group for information	January	In progress	G Kelly/ L Robin
Extend contract for existing Wellbeing Networks till end March 2017	November	In progress	C Mitchell
Launch joint procurement process for Wellbeing Network and social prescribing pilots (C&P wide)	Nov – June 2017	Discussion & proposed timeline	G Kelly/ G Hinkins/B Pickburn
Identify quick wins from wellbeing summit proposals that can proceed now e.g. joint commissioning for carers support	November / December 16	In progress	Sign off by relevant budget holders
Incorporate cleansed VCS Activity onto MI DOS	December 16 onwards	check	J Farrow, L McCarthy, G Chambers
Present to District Councils for discussion / approval	Dec – Jan 17		G Kelly/M Hill/T Cassidy
Agree Joint Strategic Commissioning Principles for <i>Approach to Wellbeing</i>	January 17	In progress	PCC, CCC, CCG, Cambs City & 4 District Councils
Confirm VCS wellbeing and community resilience building investment within C&P BCF Plans	Jan / Feb 17		CCC, PCC, CCG
<p>1st phase Joint Commissioning Plan to include:</p> <ul style="list-style-type: none"> • Process for co-production agreed and people identified • Set up VCS reference group • commissioners' total VCS & community resilience building spend, activity & contracts mapped • joint outcomes framework developed & agreed • return on investment assessment tool / process developed • funding sources and levels identified for year 1 • develop costed plans to achieve outcomes - building on H&WB Strategies and informed by Wellbeing Summit outputs • incorporation into other plans system wide plans as relevant e.g. BCF, Council, STP • Agree governance to oversee plan implementation • Identify further investment opportunities 	March 17		Contingent upon identifying establishing a joint VCS commissioning team to support this see no 11.1

Single Wellbeing Network commenced	May / June 17		
Social prescribing pilots commenced	July 17		

12 Recommendations

Notwithstanding these Commissioning Principles still need to be submitted to Cambridgeshire County Council Commissioning Board, the District Councils and CCG Clinical Executive, Peterborough City Council Commissioning Board is asked to :

Comment on and approve in principle:

- Joint Commissioning Principles
- A preferred option for a Joint Commissioning Function
- Proposed governance arrangements
- Forward plan

Agree:

- next steps & who needs to do what

Cambridgeshire County Council Current VCS Wellbeing Investments – via the BCF

CCC: Older People VCS Contracts - VCS Joint Commissioning	Various support commissioned from VCS	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum contribution	£300,000
CCC: Sensory Services VCS Contracts - VCS Joint Commissioning	Various support commissioned from VCS	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum contribution	£250,000
CCC: Physical Disability VCS Contracts - VCS Joint Commissioning	Various support commissioned from VCS	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum contribution	£50,000
Community Navigators - VCS Joint Commissioning	Various support commissioned from VCS	Social Care	Local Authority	Charity/Voluntary Sector	CCG Minimum contribution	£250,000

Community Resilience Building to be added

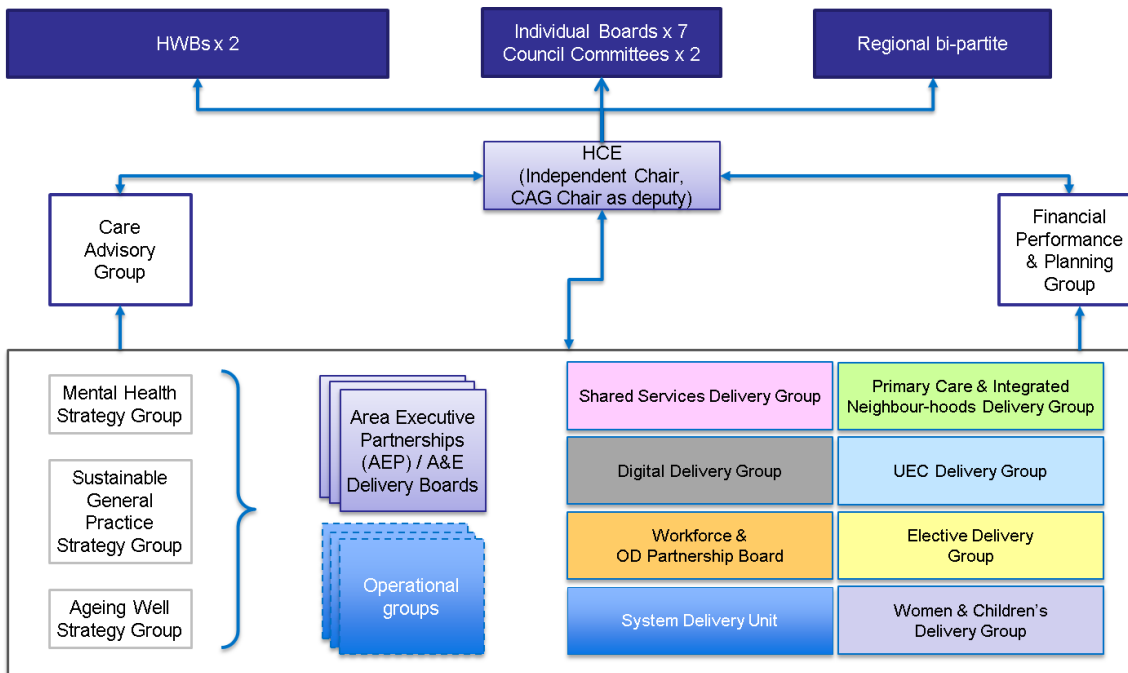
Peterborough City Council Current VCS Wellbeing Investments:

To be added

C&P CCG Current VCS Wellbeing Investments:

To be added

BCF Governance



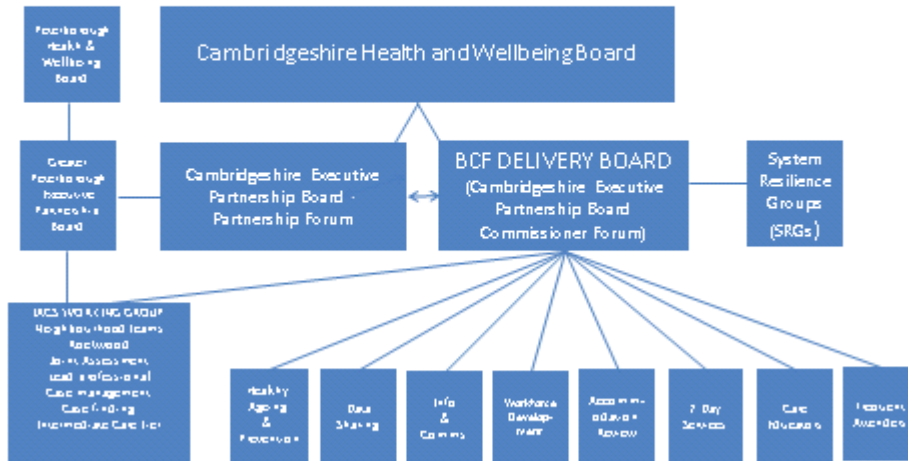
The Ageing Well / Healthy Ageing and Prevention (HEAP) workstream, incorporates the Wellbeing Workstream, This sits within both the System Transformation Programme and the Better Care Fund (BCF) Programme.

Accountability for this Area Executive project through to the Area Executive Partnerships to the Health Care Executive . In addition, the two Health and Wellbeing Boards hold the accountability for all BCF plans.

As the project transitions to 'business as usual' governance would be via a Council Joint Commissioning Board to include with District and CCG representation.

Cambridgeshire Better Care Fund Governance and Projects

Current arrangements



Linkages With Other Services

The Cambridgeshire and Peterborough BCF plans' shared vision is rooted in '10 Aspects of an Integrated System for Older People'. This provides the context within which the 'Wellbeing' will be developed :

.. 'Over the next five years we want to move to a system in which health and social care help people to help themselves, and the majority of people's needs are met through family and community support where appropriate....'⁷

'Wellbeing' sits under the BCF driven 'Healthy Ageing and Prevention' (HEAP) work programme and as such will interface closely with its preventive work. Its work programme aims to prevent or delay the need for emergency health care and long term social care services and includes falls, social isolation, malnutrition, dementia and promoting continence. All outputs from the HEAP will feed into the 'Proactive Care and Prevention' Workstream which is part of the Sustainability and Transformation Programme (STP). See Organogram at Annex A.

It is important that 'Wellbeing' is linked to other related initiatives / services within the developing system. Some of the key interdependencies include:

The Communications and Information Project:

Under the BCF Plan this workstream is currently developing the Local Information Platform. This work includes the CCG, PCC and two CVS organisations. This will provide the means of sharing, maintaining and managing the data that can then be used by any partner. This information will also feed into the Health DOS.

CCVS and PCVS:

- Instrumental in gathering the information that will be needed by the Wellbeing Network
- Closest ties and links with smaller organisations (lunch clubs, walking clubs, etc)
- Key to some of the future work of the Wellbeing Approach

Cambridgeshire County Council:

- Early Help Team which has links with the H&WBN
- Community Resilience Strategy: *Stronger Together*⁸ - articulates people finding the information and advice they need and being part of well-networked communities, and being helped to play an active role within their neighbourhoods.
- Community Hubs Project
- Community Navigators Scheme

⁷ Cambridgeshire & Peterborough BCF Plans 2016-17

⁸ *Stronger Together* Cambridgeshire County Council's Strategy for Building Resilient Communities October 2015

Cambridge City and District Councils

- Cambridge City and 4 Districts in Cambridgeshire offer a range of services which can contribute to health and well being:
 - Housing services and the built environment, including meeting housing needs, adapting homes, energy efficiency, condition, planning policy and development to meet the future needs of the area.
 - Maximising income through benefits
 - Environmental support including pollution, hoarding, pests, assisted bin collections, funeral services and food safety
 - Community Safety including tackling noise, anti social behaviour and licensing schemes e.g the alcohol and gambling
 - Community Development for example information , advice and guidance programmes for the community e.g Golden Age in Fenland
 - Accessible Leisure Services including exercise referral programmes , trained fitness instructors, tailored swimming classes and use of parks and open spaces

Peterborough City Council:

- People and Community Strategy
- Community Serve - Supporting the growth of adaptable and sustainable communities, looking at early help and prevention working with a focus on isolation, carers and life limitations.
- Home Service Delivery Model – a holistic service in peoples’ homes preventing need for high cost services
- Integrated Neighbourhood Teams and Social Care teams linked to Primary Care.
- Housing – which already has a number of existing initiatives that can be built upon

Town and Parish Councils in Cambridgeshire and Peterborough

- In many ways these have the closest connection to small communities and with enabling support from the broader public sector. They have the potential to support this agenda to build the community resilience in these communities and help identify seldom reached groups and individuals.

Across Cambridgeshire & Peterborough:

- Neighbourhood Teams & case management
- Communication and Information Group - to develop a common shared information platform built on a Directory of Services (DOS) and MI DOS and 111 system
- Data sharing Group – to facilitate information sharing between different organisations.
- Councils for Voluntary Service – to facilitate relationships with the VCS

Project Scope: Whole System Approach to Wellbeing 2.0 8/8/16			
Business Leads / Sponsors	Cath Mitchell	Task Lead	Gill Kelly
Date raised	25/7/16	Completion Date	Presented to BCF Delivery Board 25/7/16 Amended to incorporate outcomes on 8/8/16

Objectives (aims)
To develop and implement an agreed Whole System Approach to Wellbeing across Cambridgeshire and Peterborough in order to reduce demand on primary care and long term social care and secondary and tertiary health interventions.

Background
<p><i>The Forward View</i> sets out a vision for a sustainable NHS which involves addressing three key gaps: the health and wellbeing gap, the care and quality gap, and the funding and efficiency gap. <i>The Forward View</i> vision is of a sustainable NHS that delivers care in new ways, underpinned by six principles for empowering people and communities which reflect the commitment to promoting wellbeing, preventing ill health and closing the health and wellbeing gap.</p> <p>Post the UnitingCare Contract, there was a clear need to define what we mean by wellbeing across the system. To do this requires whole system engagement. This within a context of no new money for wellbeing and the need to reduce demand on acute health services / long term care through good preventive and wellbeing services.</p> <p>A BCF supported workshop was held with KPMG on 19 April to which CCC, PCC, PH, PCVS, Health & Wellbeing Network and CCG were invited. The purpose of this workshop was to agree a strategy and vision for the Adult Wellbeing services being delivered across Cambridgeshire and Peterborough by achieving a common consensus of what the objectives should be for the service, what value is being derived currently, and how opportunities for improved value could be achieved across the patch. Several things were discussed and agreed including the benefits of and suggested role for a single 'co-ordinator' / network organisation across Cambridgeshire and Peterborough whereby the functions of the Peterborough CVS and Cambs Health and Wellbeing Network would combine to provide that single co-ordinator function; in addition to develop a single commissioning framework across Cambridgeshire and Peterborough and to develop a vision to inform the future direction of the wellbeing services. The report of that workshop is attached as Annex A.</p>

Benefits and Outcomes
<p>Benefits to:</p> <p><i>Individuals:</i></p> <ul style="list-style-type: none"> • healthy lifestyles and positive attitudes to physical and mental wellbeing promoted • a greater sense of wellbeing and independence that maximizes the opportunities for people to live in the place they call 'home' • early intervention and practical support for individuals to prevent and/or delay deterioration in

their health and wellbeing

- carers of older people and adults with long-term conditions – supported to sustain their caring role for as long as they wish to continue.
- Wellbeing indicators

Communities:

- community resilience (helping people to help themselves and others) – strengthened
- seamless and efficient access to, and delivery of, community-based support and services provided by local third sector organisations – provided

The system:

12. a vibrant, diverse, sustainable and coordinated voluntary sector across Cambridgeshire and Peterborough that works closely with all statutory and private sector partners as well as individuals.
 - a more efficient and effective single Wellbeing Network across Peterborough and Cambridgeshire
13. reduced reliance on the statutory health and social care sectors by individuals and services
14. a system of social prescribing in place reducing demand on GPs and statutory services

Outcomes

15. Improved access to and uptake of VCS services / activities from population
16. Greater sense of wellbeing in those accessing the VCS services
17. Reduced demand on GP attends, A&E attends, non elective admissions, and long term residential care
18. Sustainable wellbeing services funded through return on investment
19. More efficiencies leading to increased investment in wellbeing services

Strategy (how to)

- Agree Whole System Approach to Wellbeing (via HEAP & BCF Delivery Board, GPEPB & PCP Steering Group)
- Engage key stakeholders – through HEAP subgroup: Wellbeing Steering Group and whole system workshop on 22/9/16 – see plan Annex B.
- Engage key stakeholders in planning and roll out
- Commission single wellbeing network (pan Cambridgeshire & Peterborough)
- Establish joint commissioning framework
- Set up two Social Prescribing pilots (in each of Cambridgeshire and Peterborough)
- Review wellbeing vanguards, best practice and evidence to continually consider refresh the local approach across Cambridgeshire & Peterborough.

Dependencies/ Linkages

CCVS and PCVS:

- Instrumental in gathering the information that will be needed by the Wellbeing Network
- Closest ties and links with smaller organisations (lunch clubs, walking clubs, etc.)
- Key to some of the future work of the Wellbeing Approach

Cambridgeshire County Council:

- Early Help Team which has links with the H&WBN
- Community Resilience Strategy: *Stronger Together*⁹ - articulates people finding the information and advice they need and being part of well-networked communities, and being helped to play an active role within their neighbourhoods.
- Community Hubs Project
- Community Navigators Scheme

Cambridgeshire District Councils

- Housing services which already have a number of existing initiatives that can be built upon

Peterborough City Council:

- People and Community Strategy
- Community Serve - Supporting the growth of adaptable and sustainable communities, looking at early help and prevention working with a focus on isolation, carers and life limitations.
- Work with Parish Councils
- Home Service Delivery Model – a holistic service in peoples’ homes preventing need for high cost services
- Housing – which already has a number of existing initiatives that can be built upon

Across Cambridgeshire & Peterborough:

- Neighbourhood Teams & case management
- Communication and Information Group - to develop a common shared information platform built on a Directory of Services (DOS) and MI DOS and 111 system
- Data sharing Group – to facilitate information sharing between different organisations.
- Councils for Voluntary Service – to facilitate relationships with the VCS

Governance

There are a number of commissioning organisations involved:

Single**Multiple**

Yes

Primary Governance Body

CCC, PCC CCG District Councils

Team	Agencies	Names
Subject Matter Experts	<ul style="list-style-type: none"> • Primary Care • VCS • Peterborough City Council (PCC) • Cambridgeshire and Peterborough Clinical Group (CCG) • Public Health • Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) 	

⁹ *Stronger Together* Cambridgeshire County Council’s Strategy for Building Resilient Communities October 2015

	<ul style="list-style-type: none"> Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) 	
Project Manager	<ul style="list-style-type: none"> CCG 	Gill Kelly pro tem
Other resources		Requested from BCF

Status			
Stage	Activity	Outputs	Status
Stage 1	Establish programme, planning and preparation	<ul style="list-style-type: none"> HEAP agree Approach to Wellbeing document 22/8/16 Workshop 13/10/16 Agreed plan 30/10/16 	August 16
Stage 2	Design	<ul style="list-style-type: none"> Agreed social prescribing scope Agreed Social Prescribing Business Case Engage GPs 	Agreed BCF Del Board Present 25/7/ BCF Del Board August 16
Stage 3	Develop and test	<ul style="list-style-type: none"> Start Social Prescribing project Single Wellbeing Network 	1 Sept Nov 16
Stage 4	Implementation	<ul style="list-style-type: none"> 	
Stage 5	Review	<ul style="list-style-type: none"> 	

Social Prescribing Cambridgeshire			
Project Scope amended following the BCF Delivery Board Meeting – 25/7/16 v 3.0			
Date Draft V1 completed & circulated to BCF Delivery Board to guide Business Case V2 comments incorporated	27/6/16	Primary Governance : Cambs BCF Delivery Board Completion Date	Sign off by BCF Delivery Board on 20 June 2016. Further amend 25/7/16 on outcomes

Objectives
<p>To develop the design for a social prescribing programme in Cambridgeshire building on national good practice.</p> <p>The objectives of the social prescribing programme will be to:</p> <ul style="list-style-type: none"> • enable individuals to feel more in control about their health and wellbeing choices, have improved self-esteem, independence and confidence, and to self-report an improvement in health and well-being • ensure the service becomes self sustaining, providing a good return on investment • focus on - but not be limited to - a reduction of social isolation, loneliness and malnutrition (workstreams within Healthy Ageing and Prevention) and demand management • reduce demand on GP, hospital and statutory services • help primary care teams, neighbourhood teams and social care staff to access community and voluntary sector activities • provide support to residents and residents to access community and voluntary sector activities • ensure referrals to alternative services as required • identify ways in which social prescribing can contribute to the building of resilient communities and developing VCS capacity. <p>This design project will explore how to meet these objectives through the development of the most appropriate system of social prescribing for Cambridgeshire</p>

Background
<p>Data available from the local JSNA¹⁰, Public Health team and Projecting Older People Population Information (POPPI) dataset reveals the following information about Cambridgeshire’s increasingly ageing population; with a higher prevalence of adults living with long term conditions.</p> <p>The prime focus of the Cambridgeshire Health and Wellbeing Strategy 2016–19 is on prevention and early intervention community support, resulting in a shift away from acute health services and towards a system that is focused on supporting people wherever required with person-centred and professionally-led primary care, community care, social care and whole system community resources, in an integrated manner. The goal is for people to live as independently as possible, for as long as possible because it achieves better</p>

outcomes for people as well as creating a more sustainable and integrated health and care system. It is well evidenced that good health, and thus reduced dependence on health and care services, is a result of a complicated interaction of different factors including housing, education and employment. In 2008/09 the annual cost to the NHS of residents who frequently attend a GP with medically unexplained symptoms was £3.1 billion.

In 2007, the Department of Health set out proposals for introducing information prescriptions for those with long-term conditions, to enable people to access a wider provision of services. A range of different 'prescription' schemes, such as exercise-on-prescription projects, have been established in a number of areas. This is aimed at promoting good health and independence and ensuring people have easy access to a wide range of services, facilities and activities.

Social prescribing has since been established as a mechanism for linking residents, often through primary care, into social interventions to improve their health and wellbeing. This might include interventions such as exercise, art and creative opportunities, befriending and self-help, employment support or housing and debt advice and many other interventions.

There is a growing body of evidence for the effectiveness of social prescribing to act as a link between different sectors to address social need and wider health gain. Many socially isolated and marginalised groups, as well as black and minority ethnic communities, have often expressed a preference for support through the voluntary and community sector and social prescribing would provide a process to allow primary care teams to easily refer to those services.

The Cambridgeshire health and care system is thus keen to develop the design for social prescribing in order to establish its potential impact on the health and wellbeing of individuals, on the development of community capacity and capability, on community navigators and on health and care services within the local context.

Outcomes

Proximal Outcomes – the business case needs to demonstrate how these outcomes will be met over the initial 6 month period:

- an increase in knowledge of where to access local community activities amongst GPs, primary care teams, public and NT staff
- an increase in referrals by health and social care professionals into the organisation(s) mediating the social prescribing model
- An increase in numbers of people accessing community activities
- an increase in the number of people managing their LTCs optimally – including self-reported measures (GP patient survey and service collected data)
- an increase in the number of people reporting feeling healthier and happier (before and after prescription) [using both individual outcome measurements such as the wellbeing STAR, and locally agreed validated tools across the cohort such as WEMWB(Warwick and Edinburgh Mental Wellbeing Score)]
- an increase in the number of people feeling less social isolated/lonely – well-being STAR or similar measures
- No of inappropriate GP referrals

Distal Outcomes – where possible the business case should demonstrate how these outcomes will be achieved. These are a contribution to a reduction in:

- No of OOH calls
- Unnecessary A&E attendances
- Non elective admissions.

- Reduction in need for Social Care Packages
- an increase in the number of people feeling less social isolated/lonely – Well-Being STAR or similar measures

Strategy

Business Case to be presented to BCF Delivery Board to include the following:

i) Target Population

- adults with long term conditions
- 50 + year old people scoring in the range of 4-6 in the Rockwood Frailty Scoring Tool

This may be refined further to specific focus groups, though should provide estimates of the number of people reached through the approach.

ii) Geographical Location

Through the Business Case two locations should be identified for testing the design for social prescribing. Criteria for selection need to include communities that are culturally, socially and ethnically stable and that have the potential for maximum impact on demand management

iii) Timeframe

August 2016 – Jan 2017: developing the design phase of social prescribing

February 2017: evaluation

February / March 2017 business case for further roll out of the social prescribing programme

iv) Funding

Up to £100k – BCF non recurrent funding one year only 2016-2017.

v) Referrals

Referral routes will be developed to include referrals from Early Help Team, Neighbourhood Teams, Community Navigators, as well as primary care teams and social workers as part of the business case

vi) Evaluation Process

To describe the baselines and measures against which the model will be evaluated and the process for evaluation.

vii) Options to be considered

At least three different models of implementing the design phase to be presented for consideration with recommendation for preferred option based on evidence of what is working elsewhere and Cambridgeshire's specific needs. The options also need to demonstrate what the funding will be used for – e.g. additional vol. org services, social prescribing infrastructure and demonstrate how value for money can be achieved through use of existing systems / networks.

viii) Preferred Option

Provide full description of preferred option to include:

- How decision will be made on what the 'menu' of social prescribing choices will be
- Specific target population including the numbers and rationale for selection
- Person / user / patient assessment / criteria process
- Patient / user information required
- Referral pathways & signposting routes (to include neighbourhood teams (NTs), social workers (SWs) and GPs)
- How the model will work in conjunction with the community navigators
- GP/SW and NT workers' roles and responsibilities for referral, and the plan for training / raising their awareness
- Role of Social Prescribing provider organisation(s) and function and how links will be made with

- other services
- Provision of 'link workers' or similar capacity in the model
- Co-ordination of service
- Follow up
- Project plan
- Baselineing, and evaluation questions and process including patient / user experience
- Funding flows including divestment to small voluntary and community
- Identification of Carers needs and referral to appropriate services
- Demonstration of the financial return on investment

Dependencies & Linkages
<p>Community Navigators (CCC funded)</p> <p>Early help team in Cambs – a CCC funded service, A referral pathway between Early Help and the Cambs Health and Well Being Network is already established</p> <p>Links with the Cambs Community Resilience Strategy 'Stronger Together'</p> <p>Links with the Neighbourhood Teams and the 'Trailblazer' teams which are testing case management and the person centred system work which will all need to link into the social prescribing system</p> <p>Communication and information work and development of a shared platform</p> <p>Other linkages: VCS, Primary Care, Cambs County Council, CUHFT, HHT, CPFT,, C&PCCG</p>

Team	Agencies	Names
Subject Matter Experts	<ul style="list-style-type: none"> • CCG • Primary Care • VCS • Cambs County Council (CCC) • Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) • Public Health • CUHFT • HHT • • Community Connectors? • 	<p>Gill Kelly</p> <p>GP Lead</p> <p>Julie Farrow</p> <p>R O'Driscoll & L Faulkener</p> <p>Sonnie</p> <p>?</p> <p>tbc</p>
Commissioning Project Manager	<ul style="list-style-type: none"> • Tbd 	
Provider Lead:	Tbd through business case	
Other resources	<ul style="list-style-type: none"> • tbd 	

Status			
Stage	Activity	Outputs	Status
Stage 1	Establish programme, planning and preparation	<ul style="list-style-type: none"> • Agreement for project to proceed • Agreed scope and objectives • Agreed plan 	<ul style="list-style-type: none"> • BCF Delivery Board as holds primary governance. Still to agree to proceed with scope in progress
Stage 2	Design	<ul style="list-style-type: none"> • Agreed service specification • Agreed solution • Agreed Business Case • ? Access and Diversity requirements 	<p>Stage 2 in progress – scope will inform the business case and business case in development</p> <p>Service specification to be developed following agreement of preferred option.</p> <p>Approvals: BCF Delivery Board</p>
Stage 3	Develop and test	<ul style="list-style-type: none"> • Agreed design and delivery approach • Ready to receive the change • Approved implementation plan • Agreed commercial arrangements 	
Stage 4	Implementation	<ul style="list-style-type: none"> • Approve implementation 	
Stage 5	Review	<ul style="list-style-type: none"> • Solution implemented • Close project 	

Peterborough Community Serve

Lead: Pat Carrington, Principal City College Peterborough and Assistant Director Skills and Employment, PCC.

City College Peterborough, Peterborough City Councils Adult and Community College, is leading on Community Serve with a brief to support the growth of adaptable, sustainable communities.

There are to be three pilot initiatives in:

- Westwood & Ravensthorpe
- the Ortons
- the Can-Do area of the City.

The themes will be around early help and prevention working with adults as shown below.

Isolation
Carers
Life limitations
Communities

The initiatives will be based on need and co-designed by local residents. However, the initial framework that will be common across all the three pilot areas will be:

1. A physical hub
2. Local volunteering and a local timebank
3. Community Meet and Eat, a Super- Kitchen, community social dining
4. Delivery of Skills and Employment programmes
5. Classes to support Health and Well Being
6. Preventative and support work
7. Redevelopment of open space
8. Information, Advice and Guidance.
9. Setting up of community serve points

The approach will be from a positive stance, it will engage with and use local knowledge and skills, developing a sense of place, harnessing the goodwill of residents through a feeling of residentship and humanity and build on / or establish creative supportive networks. Integral to the delivery of this programme will be engagement and collaboration with schools, faith communities, GP's and local pharmacies, and in one area we will pilot a programme that supports the weekend discharge of older people from hospital. **Stage two** of the initiative will focus on developing the communities to set up and run social enterprises in order to run community networks and / or deliver local services.

The success will be measured initially on input measures and will include:

- (a) the setting up of the community led steering group
 - (b) the number of people that engage in the hubs
 - (c) the number of carers engaged with
 - (d) the number of community serve points set up
 - (e) the number of hours in the time bank
 - (f) the amount of digital activity on the council website
 - (g) the number of initiatives implemented
 - (h) the number of social enterprises set up.
 - (i) the number of older people that have community friends and / or support
- In addition to this there will be annual evaluation of impact including case studies.