CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Cambridgeshire County Council

Date:Thursday, 26 July 2018

Democratic and Members' Services
Fiona McMillan
Deputy Monitoring Officer

10:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Room 128
Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1.	**Apologies for absence and declarations of interest** *Guidance on declaring interests is available at http://tinyurl.com/ccc-conduct-code*	
2.	**Minutes - 31st May 2018**	**5 - 22**
3.	**Minutes - Action Log Update**	**23 - 26**
4.	**A Person's Story** *To share a person's experiences to provide context to the business of the meeting. (Oral Item)*	
5.	**Better Care Fund Update**	**27 - 60**
6.	**Delayed Transfer of Care**	**61 - 76**

The Cambridgeshire Health and Wellbeing Board comprises the following members:

Councillor Peter Topping (Chairman)

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

Julie Farrow (Appointee)

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

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Agenda Item No.2

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 31 May 2018

Time: 10.05am – 12.15pm

Venue: Council Chamber, Shire Hall, Cambridge

Present:

Cambridgeshire County Council (CCC)
Councillor P Topping (Chairman)
Councillor M Howell (substituting for Cllr Hoy)
Councillor L Jones
Councillor S van de Ven
W Ogle-Welbourn – Executive Director, People and Communities
C Malyon – Chief Finance Officer, Cambridgeshire County Council
Dr L Robin, Director of Public Health

City and District Councils
Councillors N Massey (Cambridge City), G Harvey (South Cambridgeshire) and J Schumann (East Cambridgeshire)

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Dr Sripat Pai
Jan Thomas

Healthwatch
Val Moore

NHS Providers
Tracy Dowling – Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
Stephen Graves – North West Anglia Foundation Trust (NWAFT)
Ian Walker – Cambridge University Hospitals NHS Foundation Trust (CUHFT)
Matthew Winn – Cambridgeshire Community Services NHS Trust (CCS)

Voluntary and Community Sector (co-opted)
Julie Farrow, Chief Executive Officer, Hunts Forum of Voluntary Organisations

Apologies:
Councillor S Hoy (substituted by Councillor M Howell)

[Note: this meeting of the Cambridgeshire Health and Wellbeing Board (HWB) was held at the same time and in the same place as a meeting of the Peterborough HWB. Separate minutes were taken of the Peterborough meeting, for publication on the Peterborough City Council website. The two HWBs were following a common agenda, available on both authorities' websites.

Councillor Topping was in the chair for exclusively Cambridgeshire items of business, and Councillor Holdich, Chairman of Peterborough HWB, chaired the exclusively Peterborough items of business not recorded in these minutes. For the five shared items, recorded in minutes 75 to 79 below, Councillor Topping was in the chair for items 75, 77 and 79; Councillor Holdich chaired for items 76 and 78. Minutes 75 to 79 do not distinguish between contributions from members of the different Boards.]

68. NOTIFICATION OF THE CHAIRMAN OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board noted that on 15 May 2018, the County Council had appointed Councillor Peter Topping as Chairman of the Cambridgeshire Health and Wellbeing Board (HWB) for the municipal year 2018/19.

69. CHANGES IN MEMBERSHIP TO THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board was advised of the following changes in HWB membership:

- Jan Thomas, Chief Officer of the CCG, had replaced Sheila Bremner as one of the CCG's three representatives
- Councillor Nicky Massey had succeeded Councillor Margery Abbott as the Cambridge City Council representative
- Councillor Jill Tavener had succeeded Councillor Angie Dickinson as the Huntingdonshire District Council representative
- Councillor Geoff Harvey had succeeded Councillor Sue Ellington as the South Cambridgeshire District Council representative.
- Councillor Linda Jones had succeeded Councillor Claire Richards as one of the five County Councillors on the Board.

The Chairman thanked outgoing members, particularly Councillor Sue Ellington, who had worked for many years in Health and Wellbeing matters.

70. ELECTION OF THE VICE-CHAIRMAN/ VICE CHAIRWOMAN OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Members noted that the Board's Standing Orders required that the Vice-Chairman/ woman be one of the Clinical Commissioning Group representatives on the Board.

It was resolved unanimously:

> To elect Jan Thomas as Vice-Chairwoman of the Cambridgeshire Health and Wellbeing Board.

71. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

Apologies were noted as recorded above.

72. DECLARATIONS OF INTEREST BY MEMBERS OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

There were no declarations of interest.

73. MINUTES OF THE MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD ON 24 APRIL 2018

The minutes of the meeting on 24 April 2018 were agreed as an accurate record and signed by the Chairman

74. ACTION LOG FOR THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

The Board deferred consideration of the Action Log to its next meeting.

75. MODELS OF HEALTH SOCIAL CARE (GOVERNANCE) AND STP (FIT FOR THE FUTURE) PUBLIC ENGAGEMENT UPDATE

Jane Howell, a member of the public, had submitted a question on this item. It asked that the term 'public engagement' be dropped, as it usually meant that no notice was taken of what the public had said; that STP (Sustainability and Transformation Partnership) Board minutes be published in full; and that time be taken to evaluate the effectiveness of the STP before undertaking another reorganisation [question text attached as Appendix A to these minutes]. The Chairman invited Ms Howell to put her question, to which the Chief Officer of the CCG and Catherine Pollard, STP Executive Programme Director, responded, saying that

- one of the important things about the STP (Sustainability and Transformation Partnership) was that it included the word partnership; it was not about structures, but about providers and commissioners working together for better value and better outcomes for patients and the NHS

- thought would be given to the use of language in consultations, and to the appropriateness of the term 'patient engagement'

- if the STP Board seemed not to have been transparent in the past, they apologised, and would ensure that the minutes were published on the website. The Memorandum of Understanding (MOU) had been on the website since 2016, and there was a commitment to working out how to give opportunities for the public to ask questions at STP Board meetings

- the local system was committed to ensuring that care was as local as possible and delivered by integrated teams working together; it made no sense to duplicate.

The Boards received an update report, introduced by the STP Executive Programme Director, on proposed governance arrangements for the Fit for the Future Programme (the five-year plan for sustainability and transformation) and proposed public engagement.

The Programme Director emphasized that the STP was a non-statutory partnership, concerned with how organisations could work together differently to meet people's needs more holistically, and at home wherever possible. Work in recent months had included planning for 2018-19 and updating the governance arrangements, though it was important to ensure that planning did not distract from delivery. There was an ongoing commitment to increase engagement with the public, going out to listen and get feedback on how to work better with the public to co-produce better outcomes.

Discussing the report, members of the Boards

- in relation to the planned place-based listening events, commented that people disliked feeling that their comments had been ignored on previous occasions, and enquired what had been learnt from past engagement events. The Programme Director agreed that it was important to give feedback and maintain dialogue with the public. As well as STP events, the CCG and Healthwatch had been involved in

communicating with the public; the place-based engagement planned would look at what the STP had been told by residents of a particular area such as Wisbech

- pointed out that the voluntary sector was a partner in the STP, and asked how the question of involving it in Board meetings would be addressed. Board members were advised that the STP would be considering widening its membership at a meeting to be held later on 31 May, and would be considering how to increase the involvement of the voluntary sector on the ground.

  Mike More, Chair of CUHFT, and currently Interim Chair of the STP, acknowledged the critical importance of the points made about public engagement, and the vital role of the voluntary sector in delivering the STP. He said that the STP was committed to being more open than it had been, not only at board meetings but also more widely. Recently, the STP Board had been extended to include representation from local councils in order to strengthen the dialogue with local government; involvement of primary care in the STP was also important

- noted that there was still one Sustainability and Transformation Partnership, even though the STP was moving towards more place-based arrangements around the referral patterns for the two main hospitals

- enquired when the three-year road map would be available, and how it was proposed to capture the views of people who preferred to use social media as their means of engagement. Board members were advised that work on the road map was continuing over the summer, before bringing it to the HWB in autumn as part of the quest for public sign-off of the road map.

  On public engagement, the Programme Director said that the next STP meeting would receive a report on how all the engagement strategies were to be linked across the different partners, including the use to be made of social media

- pointed out that the majority of the population knew very little about the STP; it was necessary to set out the basic facts of why it existed and what its aims and objectives were. The Programme Director said she would feed this point back to others working on engagement

- noted that work was continuing to redesign other services such as mental health at system level

- asked what the linkage was between the STP and the Better Care Fund (BCF), given that both were trying to keep people out of hospital, and the BCF had significant funding available for this purpose; there could be a risk of two silos not working together. The Programme Director said that the BCF was funding a number of STP projects, and care was being taken that there should be no duplication of effort. In relation to governance, the BCF and the STP, within their statutory responsibilities, were going to make efforts to see how they could join up, as well as how to work more closely with their South Lincolnshire neighbours.

  The Chief Officer of the CCG said that the STP was moving into the delivery phase, and was working out what services were appropriate and then how to fund them, and how to provide value for money regardless of the source of the money.

- commented that a lot of attention had been paid to the anatomy of the system, and everything had to be in place, but what was important was the physiology, how the system all worked and what the outcomes were for patients. It was necessary to think carefully about the language used and to focus on what the STP was doing. The system also crucially required nutrition; it required finance. The Programme Director agreed that it was important to change the language used, and to present stories around the purpose of transformation

- recalled that there had been four points previously identified where improvement had been needed (the transparency of the STP Board, its meetings and its documents, and patient representation on delivery groups) and suggested that a forum, such as a demographically-representative panel, was needed to explore public values and issues round the healthcare system and have input into the STP. The Programme Director undertook to pursue the four points, including the engagement strategy

- commented that public engagement could give rise to huge expectations, and that success in the partnership depended on housing and transport, and on the fabric of the community if people were to be looked after in their own homes; it was necessary therefore to involve all tiers of local government in the STP. The Programme Director said that it was important to think about how to engage, on a smaller scale than the north-south footprints or the district council areas. She acknowledged the importance of transport, particularly for frail people, and reminded members of the recent establishment of the Living Well Partnerships.

The Chairman requested that detailed information about public engagement be brought to the next meeting of the Cambridgeshire HWB. **Action required**

The Cambridgeshire Health and Wellbeing Board resolved unanimously to:

a) Note the changes in Governance proposed for the Cambridgeshire and Peterborough STP

b) Note the proposed public engagement for the Cambridgeshire and Peterborough STP.

76. UPDATE ON THE BETTER CARE FUND, DELAYED TRANSFERS OF CARE AND LOCAL AREA CARE QUALITY COMMISSION INSPECTION

The Boards received a report from the Councils' Service Director Adults and Safeguarding giving an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) and the Better Care Fund (BCF) across Peterborough and Cambridgeshire. The report appendix, from the CCG's Discharge Transformation Director, provided an update on the Discharge Transformation Programme and proposals to develop formalised programme governance structures.

Members noted that DTOCs performance had recently improved considerably and was getting much closer to the target level, using a combination of the BCF and the improved BCF, as well as working to prevent the need to go into hospital in the first place. The CCG and its partners had developed an integrated discharge function. Work was being done with hospitals to tighten up discharge procedures, with Cambridgeshire and Peterborough Foundation Trust (CPFT) to improve support at home and with care homes to reduce hospital admissions from the homes. Efforts

were being made to increase homecare capacity; the organisations were all working as one team to reduce DTOCs.

Turning to the second recommendation in the report, Board members were advised that it now seemed likely that the Care Quality Commission (CQC) would conduct a local system area review in the autumn, later than had initially been anticipated. In preparation for that review, it was proposed that the Local Government Association (LGA) be invited to conduct a time-limited peer review on how the local system performed against specific Key Lines of Enquiry (KLOEs).

Discussing the report and appendix, members of the Boards

- welcomed the current improvement in DTOCs figures, and the proposal for the LGA peer review

- enquired how the Integrated Commissioning Board would fit into the proposed governance structure for the Discharge Transformation Programme. The CCG Chief Officer said that this was an example of an area where there were multiple layers of governance, and their interrelationship was still to be resolved. DTOCs was such an important issue that all the Chief Executives were acting together; it was important to focus on the outcome of the programme as well as its structure

- were advised by the Councils' Executive Director, People and Communities that dealing with DTOCs had been a challenge; every organisation involved was facing unprecedented financial difficulties, but they had improved how they worked together with the shared aim of achieving the best possible results

- commented that, to make the position clearer for the public, the report should have set out the major challenges being faced by the health and care system much more prominently, and in very clear language, rather than merely mentioning them in passing (at paragraph 2.6)

- while welcoming the peer review, pointed out that the KLOEs as currently listed included a large number of closed questions. In the present challenging and difficult journey of transformation, yes/no answers were unlikely to be readily obtainable or very useful; instead, it would be better to remove the closed questions and ask what progress was being made and how far it had got

- sought further information on Cambridgeshire's two pilot Neighbourhood Care Teams. The Service Director reported that the pilots were going well, and were moving to evaluation. Evaluation would look at the costs and benefits of the pilots, which aimed to reduce the cost of care by promoting care in the local community. Social care staff were linked in to the teams in a variety of ways, but the place-based approach was being taken very seriously. CPFT, the CCG and local authorities were all being involved in this approach, as was, in Peterborough, the Greater Peterborough Network [of GPs and GP surgeries].

The Cambridgeshire Health and Wellbeing Board resolved unanimously to:

a) Note and comment on the report and appendices

b) Give formal agreement to proceed with a Peer Review.

77. DEMENTIA STRATEGIC PLAN

The Boards received a report presenting the joint All Age Dementia Strategic Plan 2018 – 23 for endorsement. Members noted that the aim of the plan, drawn up by the Head of Mental Health (Commissioning) was to improve outcomes, experience and the cost-effectiveness of services for people living with dementia and their carers, and to identify strengths, weaknesses, and opportunities for redesign of support services, basing spending on evidence. There were differences in the dementia services available in Cambridgeshire and in Peterborough.

In the course of discussion, Board members

- pointed out that, while people with dementia might be coping at home, problems increased when in a strange environment such as hospital; the plan omitted any mention of support for people in hospital with dementia. The Head of Mental Health acknowledged the omission; she had had neither time nor the necessary links with healthcare to address the topic. Work was now being undertaken on support for people in hospital with dementia; Addenbrooke's for example had a dementia champion for each ward

- welcomed the positive statements about the standards that were expected, but said that it would have been helpful to include commitments to act in the action plan, such as on diagnosing well, a commitment from the primary care sector to take steps to diagnose, and to work with for example Neighbourhood Cares partners. It was pointed out however that the strategic plan was not an independent entity but was made up of component parts; primary care was embedded in the diagnosis of dementia, and if the action plan were to include what every component part was to do, it would become excessively long

- commented that Peterborough had probably been one of the first areas in the region to open a dementia resource centre, concerned with early diagnosis and treatment. This had been a City Council initiative with input from the Alzheimer's Society

- said that it was important to push for change, in that dementia was not currently being regarded as a medical condition in terms of funding and treatment. As the population aged, the incidence of dementia would increase, and no progress would be made while it was treated as a feature of old age rather than as a serious medical condition

- reported that Ely had recently decided, with the Dementia Alliance, to become a dementia friendly city; it was important to make fundamental changes to the system, and not merely to increase funding, and to record and share information about what was being done

- expressed disappointment at the lack of information in the strategy on the prevention of dementia, although it was mentioned in the Well Pathway for Dementia, and said that Public Health, despite its limited resources, should be doing a lot of preventative work

- pointed out the omission of hearing loss as an increasingly-recognised risk factor for dementia; hearing loss was known to be linked to social isolation, inactivity and obesity, all of which could contribute to the development of dementia

- stressed the great importance of social connectivity in preventing dementia, along with the importance of other factors, such as good housing and a dementia-friendly community, which might have good pavements and a friendly atmosphere. The Head of Mental Health said that the action plan set out key health actions; it would be possible to widen it to cover more, for example greater detail on the breadth of Public Health activity, and to include hearing loss as a risk factor. The Director of Public Health added that the dementia strategic plan was linked closely into the core public health programme, including healthy living, and the prevention of cardio-vascular disease.

The Cambridgeshire Health and Wellbeing Board resolved unanimously to:

a) endorse the Dementia Strategic Plan.

78. LIVING WELL PARTNERSHIPS UPDATE

The Boards received a report updating them on the development of the Living Well Partnerships (LWPs) and the future alignment with the Community Safety Partnerships (Cambridgeshire) and the Safer Peterborough Partnership (Peterborough).

Members noted that in Cambridgeshire, the LWPs had replaced both the Area Health Executive Partnerships, which had been established as part of the STP process, and the Local Health Partnerships. These two sets of partnerships had not covered the same geographical areas, and their membership and topics covered had overlapped, leading to duplication of effort. Instead, three Living Well Partnerships had now been established, for Cambridge City and South Cambridgeshire, for Huntingdonshire, and for East Cambridgeshire and Fenland; the new groups had already met twice. The possibility of working more closely with the Community Safety Partnerships was being explored, including the alignment of meeting dates and agenda items for discussion.

Discussing the report, members of the Boards

- congratulated and thanked Cathy Mitchell, CCG Director of Community Services and Integration, and Mike Hill, South Cambridgeshire Director of Health and Environmental Services, for their hard work to bring the LWPs together

- enquired how the LWP areas aligned with the STP's north-south geography based on hospital footprints [minute 75 above refers]. Members were advised that this difficulty had already become apparent; it was necessary to look carefully at how the footprints of LWPs and of Community Safety Partnerships related to each other and the STP areas, to avoid creating problems for all the partners involved in them. The STP's north-south related to aligning services and patient flows into acute hospitals, but there were key areas where providers needed to work together round local communities, using all available resources and partners

- commented on the integral importance of community safety, and drew attention to the almost complete lack of community policing in the rural villages of South Cambridgeshire, where some residents, including older men, were saying that they did not feel safe to go out of their houses, in view of the levels of crime and the apparent lack of police response, and asked how this could be factored in to Living Well deliberations.

It was suggested that the question would need to be asked of the South Cambridgeshire representative on the Community Safety Partnership. The Executive Director, People and Communities, undertook to ask the Service Director: Community and Safety to follow this up with colleagues in the district and report back to the member who had raised the point. **Action required**

Another member commented that feeling safe formed an important element of the Joint Strategic Needs Assessment (JSNA), so the point about policing was relevant to the JSNA

- expressed the voluntary sector's thanks to officers and welcomed the inclusion of the sector in the LWPs. Contrary to fears that it could have been lost in the new structure, the voluntary sector had got a role and a vital part to play in the LWPs

- queried the logic behind putting East Cambridgeshire and Fenland together in one LWP, apart from their being left over from the other two partnerships. The Director of Community Services and Integration said that the district councils had decided to have a combined meeting because the core of the agenda was common to both areas, and they would allow space on the agenda for more local items. There had only been one such meeting so far, but she undertook to feed the comment back. **Action required**

The Cambridgeshire Health and Wellbeing Board resolved unanimously

a) To note the progress to date on establishing the Living Well Partnerships

b) To note the plan to align the Community Safety Partnerships and hold meetings on the same day

79. JOINT WORKING BETWEEN CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND WELLBEING BOARDS

The Director of Public Health introduced a report summarising progress to date in developing joint working across the two HWBs, identifying issues which needed further exploration, and clarifying options for a joint sub-committee of the two Boards.

Members noted the recommendation to approve the joint JSNA core dataset; it would be more convenient for CCG and STP partners if they had only one assessment to look at for Cambridgeshire and Peterborough. On joint working, the proposal was to hold a further development event for members of both Boards. Approval was also being sought for officers to work towards a joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough; the Cambridgeshire strategy had been extended to align with the end date for the Peterborough strategy.

The Executive Director, People and Communities, gave a presentation [attached to these minutes as Appendix B]. She urged members of both Boards to focus on the benefits of joining together, rather than on the structural problems, and asked all partners in the health and social care system to look at matters from each other's perspective, and to resist the temptation to shunt costs away from their budget and on to that of another organisation.

In discussion, members of the Boards

- urged fellow members to implement the proposals towards joint working, in order to reduce duplication of effort by officers

- sought reassurance that the distinct differences of population and demography between Peterborough and Cambridgeshire would be respected under any joint working arrangements; living in Peterborough was a very different experience from living in Ely. The Executive Director said that the basis for the joint working was place-based care. Needs were very different both between and within districts; the aim was to look at the commonalities and work jointly where it made sense to do so, for example in infrastructure and back office functions

- commented that a particular issue for Cambridgeshire HWB was that it had an unusually high level of participation by the District Councils, with representatives from all five councils on the Board; one concern with adopting a different model would be to ensure that the district input and representation was not lost

- expressed support for the Executive Director's presentation; it was absurd for officers to be going to different places to give the same presentation when it could be presented once under different working arrangements.

The Cambridgeshire Health and Wellbeing Board resolved unanimously to

a) Approve the Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset 2018

b) Note progress to date on joint working between the two Health and Wellbeing Boards (HWBs).

c) Endorse a further period of work with HWB Members and stakeholders on the membership and role of a joint Sub-Committee

d) Approve moving forward with scoping work on the feasibility of a Cambridgeshire and Peterborough joint Health and Wellbeing Strategy for delivery in 2019.

80. CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Board noted its forward agenda plan.

Chairman

Appendix A

Questions for Cambridgeshire & Peterborough the Health & Wellbeing Boards
Thursday 31st May 2018
Reference Agenda Item 14
Models of Health Social Care (Governance) and STP (Fit for the Future) Public Engagement Update
Submitted by: Jane Howell

Background

For the benefit of Peterborough Board members and others: The meeting in Cambridge in February 2018 seemed to signify a breakthrough in communication with the public. Up until then residents had been kept completely in the dark about the terms of agreement between NHS England and the County Council including in particular the commitment to the STP.
Introduction of two documents, the Memorandum of Understanding and Governance Framework into the public domain was a welcome but belated start. Much had been made of adherence to the Nolan Principles which were quoted in that particular Governance Framework document, which relates to holders of public office being as **open as possible about their decisions and actions,** and that reasons should be given for those decisions. The only interest being protected here by the County Council was that of NHS England not the constituents of Cambridgeshire. I acknowledge that the majority of councillors may not have been happy with this situation, but went along with it.

Hurrah, almost two years on from the start of the STP the decision has been made 'to work towards holding meetings in public'. However no mention has been made yet to allow the public to actually ask questions.

Q.1 Would you please drop the description "public engagement" this generally means in NHS parlance that you talk at us but do not listen or do listen but take no notice. If the STP Board believes in what it's doing, be open and at least share it with the public at large not just a selected group.
The document states; that previous STP Board meeting minutes have been published on the Fit for the Future website: On checking this morning 29th May, the message came up "We're sorry but the page you're looking for may not exist or may have been moved".

Q.2 If STP Board minutes are going to be published. Could you ensure that they are published in full and not edited?

I will re-iterate what I said in February that it has been very sad and worrying watching the decline in the NHS over the last 12 months. The health service was struggling with patient demand prior to the changes brought about by the introduction of the STP.

The Health Foundation quotes a 13% increase in senior NHS managers between October 2014 and April 2017 but only 1.1% increase in nurses. Nurses are needed more than managers.

Q.3 Given that the NHS is in a more fragile state than this time last year and patient safety is paramount will the Board consider allowing more time for the NHS in Cambridgeshire and Peterborough to stabilise. The effectiveness of the STP needs to be evaluated before taking the risk of imposing yet another reorganisation?

Peterborough and Cambridgeshire HWBB – Benefits Of A More Joined Up Approach

The Political Context

- Cambridgeshire County Council and Peterborough City Council are looking at how we might further develop our close working relationship to reduce cost to serve, avoid duplication and ensure that we put outcomes for people at the heart of service delivery.
- The Cambridgeshire and Peterborough Combined Authority is taking on functions devolved from central government, and looking at public service reform across the area.
- Cambridgeshire and Peterborough has been identified nationally as the footprint for the Sustainability and Transformation Partnership.

From A Financial Perspective

- Low funding for local authority Adult, Children and Public Health services in Cambs and Peterborough (Stand Up for Peterborough / Fairer Funding for Cambridgeshire)
- One of the 11 most challenged health economies
- Cambridgeshire and Peterborough both have growing populations, increased demands for services, alongside increasing complexities
- Increase in numbers needing long term care across all client groups
- Diminishing returns from contract negotiations

We are near a financial cliff edge across the Health and Social Care System

Benefits Of Joining Up The Work Of The HWB's

- Reduced duplication of work for partners outside the local authorities
- Focus on work across Cambs and P'boro where there is common need - doing the work once e.g deprivation, school readiness, homelessness, population growth and new housing developments, mental health, delayed discharges from hospital
- Supports joint commissioning and delivery reducing costs & increasing purchasing power
- Aligning our footprint with other governance structures in the public sector system (i.e. CCG, Combined Authority, CPSB, STP)

As A Step Towards Developing A Joined Up Approach

Agreeing The Way We Work Together

- Being outcomes focused – not organisation focused
- Putting people at the heart of a system that makes sense to them
- Leading change and innovation
- Focus on meeting future needs and managing demand within our financial envelopes
- Using evidence and best practice to ensure what we deliver has the best chance of success.

Agreeing Behaviours

- Containing personal/organisation ego
- Getting done what needs to be done by who is best to do it
- Understanding and appreciate the perspectives and challenges of all parties
- Being open and transparent –cards on the table
- Working together, not undermining each other or shunting things around
- Behaving well, especially when things go wrong
- Keeping our promises, small and large
- Seeing success as collective

We Will Achieve Our Ambitions By:

- Combining the expertise of local authorities, NHS commissioners, and wider partners to bring solutions to the same demand and resource challenges.
- Joint commissioning of services to increase purchasing leverage and achieve best value.
- Removing duplication and inefficiency - dual ownership, working practice and operational approach.
- Focusing our time, expertise and energy on the transformation required to meet the challenge of increased demand and scarcity of resources.

Next Steps

- Continue to develop a joint approach across Cambridgeshire HWB and Peterborough HWB, including considering the role of a Joint Sub-committee.
- Consult further with HWB Members and stakeholders on how this would work, including through a facilitated joint workshop.
- Scope how the joint Health and Wellbeing Strategies of the two HWBs could be combined.

HEALTH & WELLBEING BOARD ACTION LOG: JUNE 2018

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting Date: 21 September 2017		
Minute 11: Sustainability and Transformation Plan (STP) Update Report	To establish whether it would be helpful to arrange a general briefing session on the STP for newer members of the Board. **Update 24.10.17:** Four Board members asked to attend an STP briefing session. This has been arranged for Thursday 14 December 2017 from 12.30-1.30pm at Shire Hall. **Update 11.12.17/ 08.02.18:** The briefing session on 14 December to be re-arranged as two members unable to attend due to clashes with other meetings. Possible dates sent to Aidan 11.12.17 & 08.02.18. **Update 29.03.18:** The four Board members who had expressed interest in the briefing session contacted to check if they would still find it useful. Sessions are being arranged direct by the CCG for those members requiring one. **Update 10.05.18:** The offer of a briefing session will be extended to any new members of the Board following the meeting on 31 May 2018. **Update 14.06.18**: Email sent to new Board members asking if they would like to attend a briefing session on the STP. **Action: J Coulson**	**On-going**
Minute 12: JSNA Core Dataset 2017	To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset. **Update 07.17.17**: This has been discussed with the County Council communications team who could allocate a web-page to the Health and Wellbeing Board, under the 'Council' section of the website. **Action: Liz Robin**	**On-going**

Meeting date: 31 May 2018		
Minute 75: Models of Health Social Care (Governance) and STP (Fit for the Future) Public Engagement Update	The Chairman requested that detailed information about public engagement be brought to the next meeting of the Cambridgeshire HWB (26 July 2018). **Update 14.06.18**: Item added to the agenda for the Health and Wellbeing Board meeting on 26 July and report commissioned. **Action: Catherine Pollard**	**On-going**
Minute 78: Living Well Partnerships Update	A Member commented on the integral importance of community safety, stated that there was an almost complete lack of community policing in the rural villages of South Cambridgeshire and asked how this could be factored in to Living Well deliberations. It was suggested that the question would need to be asked of the South Cambridgeshire representative on the Community Safety Partnership. The Executive Director: People and Communities will ask the Service Director: Community and Safety to follow this up with colleagues in the district and report back to Cllr van de Ven. **Action: Wendi Ogle-Welbourn/ Adrian Chapman**	

Meeting date: 31 May 2018		
Minute 78: Living Well Partnerships Update	Ask Adrian Chapman, Service Director: Community and Safety to follow up with district colleagues Cllr van de Ven's point about the lack of community policing in the rural villages of South Cambridgeshire and report back to Cllr van de Ven. *A joint DC briefing by police is being organised which will be extended to CCC and South Cambs councillors.* **Action: Wendi Ogle-Welbourn**	**On-going**

	Refer Councillor Schumann's question about the logic behind putting East Cambridgeshire and Fenland together in one Living Well Partnership to LWP officers. **Action: Catherine Mitchell**	

Agenda Item No: 5

BETTER CARE FUND UPDATE

To:	**Health and Wellbeing Board**
Meeting Date:	**26th July 2018**
From:	**Will Patten, Director of Commissioning, Cambridgeshire County Council and Peterborough City Council**
Recommendations:	**The Health and Wellbeing Board is asked to note and comment on the report and appendices.**

	Officer contact:		***Member contact:***
Name:	Will Patten	Names:	Councillor Peter Topping
Post:	Director of Commissioning	Post:	Chairman
Email:	Will.patten@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	07919365883	Tel:	01223 706398 (office)

1. PURPOSE

1.1 The purpose of this paper is to provide an update on the Cambridgeshire Better Care Fund (BCF) during 2017/18, including:

- A review of financial spend for the BCF and Improved Better Care Fund (IBCF) for the financial year 2017/18, including performance and progress during this period
- Governance and monitoring arrangements

2 BACKGROUND

2.1 The BCF is a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together. The BCF was announced in June 2013 and introduced in April 2015. The BCF is not new money. It is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire County Council (CCC) to provide health and social care services. It includes funding for the Disabled Facilities Grant, which supports housing adaptations. This pooled fund amounted to £40,103,454 in 2017/18.

2.2 The Improved Better Care Fund (iBCF) was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. The iBCF financial contribution of £8,339,311 had to be spent in line with the following national conditions:

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

2.3 In 2017, Cambridgeshire submitted a jointly agreed BCF Plan, covering a two year period (April 2017 to March 2019). The plan was approved by the Cambridgeshire Health and Wellbeing Board on 9th September 2017 and received full NHS England approval in December 2017.

2.4 The Section 75 agreement was established and outlined the breakdown of budgeted financial allocations for the BCF and iBCF in 2017/18. At the end of the financial year the budget was balanced. The breakdown of actual financial spend against budget is attached at **Appendices 1 and 2**. There was a performance fund element to the BCF allocation that was held back by the CCG, only to be released into the pooled fund on delivery of a successful reduction in non-elective admissions. At the end of 2017/18 performance against the non-elective admissions target was not met. In line with the conditions of the section 75 agreement, this money was not released into the pooled budget and was utilised to recompense acute based activity.

3. MAIN ISSUES

3.1 Better Care Fund (BCF) monies 2017/18

The BCF monies were not new monies into the system and nearly all of the funding included within the BCF budget was already being used in Cambridgeshire to support local health and social care services. Local areas were required to move specific budgets into the Better Care Fund, including:

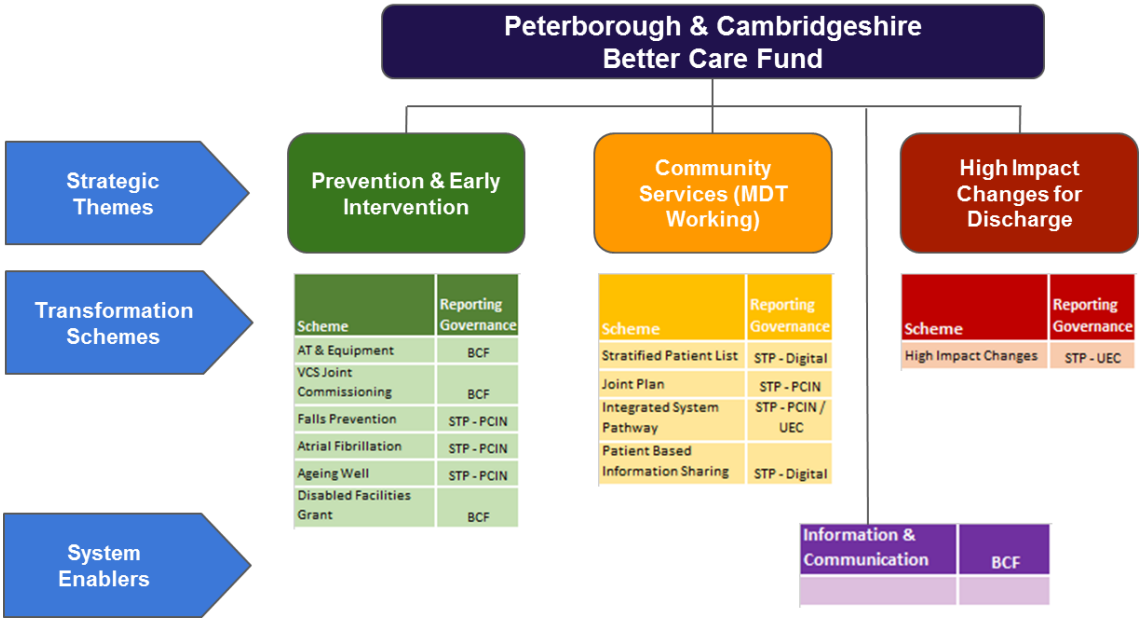
- Funding that was already providing community health services
- 'Section 256' funding that was already transferred from the NHS to social care to support social care services which benefitted the health and Care system
- Funding for delivery of new social care duties under the Care Act 2014
- Funding received by the NHS for funding local re-ablement provision
- Capital funding used by District Councils for provision of Disabled Facilities Grant
- The Adult Social Care Capital Grant used for capital requirements in Adult Social Care.

Therefore, BCF monies have been invested across two key areas:

1. BCF transformation projects
2. Business as Usual activities

1. BCF Transformation Projects

Transformation projects have progressed at varying speeds and the below offers a brief summary of the key progress to date and future plans for each of the key areas:



Assistive Technology & Equipment (no incremental investment from BCF): The aim of this project is to expand the impact of assistive technology, moving to the point where it is a core part of care pathways and a key element of the support we offer at every stage of a service users' journey. A joint Assistive Technology board has been established across Peterborough and

Cambridgeshire and a county wide strategy is in development. A joint Technology Enabled Care team has been set up across Cambridgeshire and Peterborough to unify and embed aligned approaches to support the following outcomes:

- Develop stronger links between assistive technology and neighbourhood teams, including the expansion of telehealth to monitor health indicators.
- Integration of Assistive Technology with Primary Care: to explore the impact of technology on managing demand for primary care or assist GPs in managing high-risk cases.
- Deployment of monitoring equipment (such as Just Checking) to more accurately assess the need for social care – helping manage demand and freeing up capacity in the care system – in turn easing pressure on health services
- Increased reach of Assistive Technology through maximising the potential of technology to enhance resilience in communities by ensuring as many people as possible are linked to a support network which knows when they are deteriorating and is able to respond.
- Exploring how we could unify the network of different call centres and monitoring hubs responding to community alarms and other technology. As well as achieving efficiency for the system this approach allows us to gather and use the live information from assistive technology, telecare and alarms to target our responses across public services.
- Unifying the different assistive technology arrangements which currently exist in different geographies and for different client groups – aligning arrangements in Peterborough and Cambridgeshire and establishing a consistent response for older people, people with learning disabilities, people with sensory impairments and children and young people.

Voluntary Sector (VCS) Joint Commissioning (£50,000 Investment in the Wellbeing Network): Building on the agreed joint commissioning principles, the existing arrangements are being reviewed by the CCG, Peterborough City Council (PCC) and CCC. A mapping exercise is being undertaken to review all commissioned services, including VCS provision across Peterborough and Cambridgeshire local authorities. This will inform a review and development of a joint commissioning plan. The two separate Cambridgeshire and Peterborough Wellbeing Networks merged into a single network in 2017, which has strengthened the co-ordination and support for wellbeing services and VCS activity across Cambridgeshire and Peterborough.

Disabled Facilities Grant (DFG investment, as below): The outcome of this transformation project includes development of a fast track system for smaller grants to improve efficiency; and the adoption of a Joint Adaptations Agreement across all partners committing to more flexible spend of the DFG Allocation in order to meet Better Care Fund outcomes. A joint working group with Cambridgeshire has been established and a joint Housing Adaptations and DFG policy continues to be developed to ensure a consistent approach county-wide.

Community Services (Multidisciplinary (MDT) Working) (Investment as per below for the Integrated Adults Community Services Contract): In 2017/18, the most significant investment in transformation through the BCF continued to be in the CCG's Integrated Adults Community Health Services (IACHS) Contract, delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Neighbourhood Teams in Cambridgeshire have continued to develop with Better Care Fund investment, supporting the continued roll out of the case management model. Coordinated and effective management of people who are elderly, frail and have complex needs will promote independence and allow people to stay at home in a supported environment for longer. Supporting these people through a broader MDT model that includes the voluntary sector gives the system an integrated structure to make the best use of services and resources. The project is supporting the following key outcomes:

- Stratified Patient List: Developing effective interventions to support frail older people and adults with long term conditions/disability is establishing a robust mechanism to identify these patients who are at risk (case finding).
- Joint Care Plan: co-produce a shared care plan, which will quickly inform professionals of agreed care plans
- Integrated System Pathway to admission and discharge: Ensure an integrated pathway from early identification of need, through intermediate care provision to long term care support and supported early discharge
- Patient Based Information Sharing: MDT working systems to share patient data and appropriate information governance will be developed to ensure seamless care and reducing the need for the patient to tell their story more than once

Information and Communication (No incremental investment from BCF): The goal is to deliver a trusted source of 'one version of the truth', enabling information and advice provided to customers to be consistent, accurate and comprehensive; regardless of the point of access. A proof of concept was developed which tested the viability of sharing local authority and VCS information via the 111 MiDOS platform and involved a piece of research, analysing customers of older people's services provided by Cambridgeshire County Council and Peterborough City Council, to understand their communication and information needs and preferences, development of a set of data standards that allow the collation of data from multiple databases into one place and a test system that demonstrated an automatic way of passing data from local authority and voluntary sector databases about services to a central point. CCC are undertaking detailed user research and development of a technical specification for development of a single directory platform for CCC. NHS Online and 111 Online are in development. There are ongoing discussions to review the most appropriate opportunities for linkages across these platforms, including linking with VCS and community services information, which is an ongoing priority for 2018/19. The project will support delivery of prevention and early intervention outcomes, supporting people to self-manage and maintain independence for as long as possible.

2. Other areas of existing BCF spend in 2017/18

There was continued existing investment in the following areas to support business as usual activity in 2017/18, in line with national BCF conditions:

- **Care Act monies (£1,500,000 investment)**: CCC is now legally compliant with the requirements of the Care Act and 2017/18 investment funded additional costs due to the increased responsibilities of CCC as a result of the Care Act changes, e.g. Carer's assessments.
- **Protection of Adult Social Care (£15,538,769 investment):** This investment has been allocated to core service budgets to ensure that the level of provision of Adult Social Care is protected. This has allowed us to continue to meet demand and respond to demographic pressures and increasing levels of need. The investment is broken down against the following core budgets:
    - £272,048 social care uplift – protection of adult social care
    - £338,000 social care commissioning
    - £8,600,000 Intermediate Care and Reablement
    - £1,525,000 Promoting Independence
    - £3,809,721 VCS Joint Commissioning
    - £994,000 Discharge Planning and DTOCs
- **Integrated Adults Community Services Contract (£17,333,769 investment)**: In 2017/18 Neighbourhood Teams in Cambridgeshire have continued to develop with Better Care Fund investment in their core contract and a commitment has remained to continue to deliver the integrated community service model.
- **Carer's Prescription (£350,000 investment):** Investment was made in the Carer's Prescription in 2017/18, which has facilitated support to Carer's. This investment has facilitated the GP Family Carers Prescription service, supporting GP commissioning by offering GPs and surgeries a proactive way to support carers.
- **Disabled Facilities Grant (£3,809,721 investment)**: Capital allocation was invested in this area to support minor and major adaptations for eligible adults and children via the Care and Repair service to enable people to stay in their homes. More innovative models of utilising the DFG were also implemented, including preventative small grants to aid hospital discharges.
- **CCG investment in Intermediate Care and Reablement (£1,944,916 investment):** This investment has been allocated to core service budgets to ensure that the level of provision in maintained.
- **Care Home Educators (£115,000 investment)**: During 2017/18 the BCF has continued to invest jointly with the CCG in the Care Home Support Team. The team provides clinical review, support, and training to care home staff. The educators provide a link between care homes and other health services to embed alternative pathways to prevent avoidable admissions, and, between the acute trust and care homes, to improve discharge pathways.
- **Discharge to Assess – Intermediate Care Workers (£485,000 investment)**: In 2017/18, BCF resource has been used in Cambridgeshire to invest in intermediate care, to ensure that neighbourhood teams are complemented by a resilient, integrated intermediate care tier offering home-based services and intensive rehabilitation services (therapy).

- **Performance Fund (£836,000 investment):** The performance fund was not released by the CCG into the pooled budget as the non-elective admissions target was not reached. Monies were utilised to recompense acute providers for increased activity.

3.2 Improved Better Care Fund (iBCF) Performance 2017/18

In line with national conditions, iBCF planned investment was in the following key areas:

Area of Investment	Amount	Description
Investment in Adult Social Care (ASC) & Social Work	£2,889k	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
Investment into the provision of care, including housing options & accommodation projects for vulnerable people*	£3,000k	Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	A joint investment with the Sustainability and Transformation Plan (STP) in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.
Detailed plan to support delivery of national reducing delayed transfers of care (DTOC) target	£2,300k	Targeted implementation of identified priority high impact changes.
Total of grant	**£8,339k**	

***** *Due to the unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures; in line with the iBCF national conditions, the funds have instead been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. However, CCC has committed to explore capital funding investment to enable continued delivery of this project in line with the original BCF plan intentions, as it becomes necessary and it is anticipated that due to the scale of the project, this investment will be over and above the value of £3,000,000.*

The below offers a brief summary of the key progress to date in relation to iBCF funded projects. Due to the delay in NHS England planning guidance and subsequent plan approvals, many of these initiatives did not commence until the latter part of Quarter 3.

Care and Support, including Housing for Vulnerable People (£3,000,000 planned investment): Due to the unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures; in line with the iBCF national conditions, the funds have instead been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. CCC has committed to explore the potential for capital investment funding to enable continued delivery of this project in line with the original BCF plan intentions, as it becomes necessary. There are plans underway now to secure land and build a core and cluster model bespoke and specific accommodation for the very high needs complex people both in out of area placements and within the county**.**

Falls Prevention (jointly funded with the STP) (£100,000 planned investment): The aim of this project was to reduce injurious falls by implementing a comprehensive, standardised, and integrated falls prevention pathway across Cambridgeshire and Peterborough. During 2017/18 there has been successful recruitment to the majority of new posts. Three out of four CPFT localities (Huntingdonshire, East Cambs and Fenland, Cambridge and South Cambs) have been trained, are receiving clinical supervision and are delivering assessments. Comprehensive CPFT falls documentation is in place, including a falls screen, that supports the identification of patients on CPFT case-loads who are at risk of falls. Solutions4Health Falls Prevention Health Trainer service contract issued, successful recruitment has been undertaken and the new service is being mobilised. A multi-agency falls implementation group has been established to oversee ongoing implementation and embedding of the project.

Atrial Fibrillation (Stroke Prevention) (Jointly funded with the STP) (£50,000 planned investment): The aim of the project is to develop and deliver a programme for patients on the Atrial Fibrillation register not currently receiving anticoagulation, to increase the level of anticoagulation across Peterborough and Cambridgeshire. The GRASP AF tool has been rolled out across GP practices to help with the identification of appropriate patients and regular data is being uploaded to support with case finding. GP clinical champions are in place and are supporting practices. Good progress is being made with the project, but slow engagement with primary care has led to slight delays in the project roll out. The project will continue to be embedded within 2017/18, with a full evaluation of impact planned.

DTOC Plan / Implementation of the High Impact Changes for Discharge (£2,300,000 planned investment): Significant iBCF investment was designated to support delivery of the 3.5% DTOC target, including the implementation of the High Impact Changes for Discharge; Early Discharge Planning, Systems to monitor patient flow, Multi-Disciplinary Teams, Home First/Discharge to Assess, 7 Day Services, Trusted Assessors, Focus on Choice and Enhanced Health in Care Homes. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment. A full evaluation of the initiatives implemented is contained at **Appendix 3.**

Other areas of iBCF Financial Investment in 2017/18

There have been unprecedented financial pressures on CCC, resulting from increasing costs of care and increasing demands on resources from winter pressures. In line with the iBCF national conditions, funds have been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. The below provides an overview of the other key areas of investment:

Meeting Adult Social Care Needs generally

- Investment in the Transfer of Care Team (TOCT) and respite services
- Cost pressures on the care placements budget as a result of increased demand and complexity of care
- Mental health and learning disability cost pressures

Reducing pressures on the NHS (including DTOC)

- Jointly funded Strategic Discharge Lead post
- Investment in Care Homes Local Authority Lead to support implementation of the Care Homes Hospital admissions avoidance business case

Stabilising the care market

- National Living Wage
- Addressed cost pressures relating to:
    - Self-funders
    - Home care costs as result of higher fees, increased demand and complexity
    - Nursing care fee increases
- Responding to loss of provider in the market:
    - Increased investment in reablement to deliver bridging packages as the provider of last resort
    - Increased investment in alternative provision, e.g. MiDAS cars
- Direct Payments cost pressure

3.3 A full review and evaluation of iBCF investment is underway to ensure that investment continues in the most effective areas for 2018-19. This evaluation will be completed over the next 6-8 weeks, following which any changes to investment will be agreed via the formal governance of the Integrated Commissioning Board.

3.4 **2017/18 Performance against BCF metrics**

Performance metrics included within the BCF are largely set at a national level and relate to national policy goals for health and social care. The national metrics in Cambridgeshire's Plan are:

- A reduction in non-elective admissions to acute hospital
- A reduction in admissions to long-term residential and nursing care homes
- An increase in the effectiveness of re-ablement services
- A reduction in Delayed Transfers of Care (DTOC) from hospital

Whilst performance against some indicators has been positive, performance against delayed transfers of care (DTOCs) and effectiveness of reablement have not delivered against target. The below table summarises performance against metrics:

Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Non-elective admissions to hospital	57,986	At year end performance was at 59,313 against a threshold target of 57,986.	**AMBER**	Continued roll out of falls prevention programme of work, stroke prevention (Atrial Fibrillation) ECG equipment rolled out across GP flu clinics. Admissions avoidance team, including social worker, operating well in Emergency Department. Ongoing focus on Red to Green rolled on all wards in December. GP streaming implemented in December High utilisation of JET service to help prevent avoidable admissions.

Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 21,301 occupied bed days	The system continued to report high levels of DTOC in Q4. Full year performance was 32,623 against a full year target of 21,301.	**RED**	Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning Implementation of Plan B integrated hospital discharge teams
Admissions to long-term residential and nursing homes in over 65 year olds	464.8 per 100,000	We exceeded our threshold target for 17/18 with residential admissions at a rate of 50.8 per 100,000 population.	**GREEN**	Target met.
Effectiveness of re-ablement services	82.8%	Final year performance was 75%.	**AMBER**	Additional iBCF investment in reablement provision Ongoing recruitment of reablement support workers to increase capacity by 20%. Domiciliary Care capacity being reviewed with providers at fortnightly forum to reduce bridging packages in reablement Additional VCS provision commissioned to support reablement and domiciliary care capacity

However, it is important to note that success in these indicators is reliant on a significantly wider range of factors than activity contained within the BCF Plan. Whilst BCF-funded activity will have successfully had an impact on preventing non-elective admissions and reducing DTOCs, this has not been sufficient to mitigate all underlying demand and increased pressures across the system.

3.5 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 Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. In addition, quarterly reporting to the Ministry of Housing, Communities and

Local Government on the progress of the iBCF is also undertaken. 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 is chaired by the Director of Community Services and Integration at the CCG. 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.

4 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The BCF is relevant to priorities 2 and 6 of the Health and Wellbeing Strategy:

- Priority 2: Support older people to be independent, safe and well.
- Priority 6: Work together effectively.

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

Appendix 1 – Better Care Fund Actual Spend 2017/18

					2017/18	
		Appendix 1 - Better Care Fund - Cambridgeshire Pool				
		2017/18 Budget - Year End Position				
		As at 31/03/18				
1		**2017/18 Financial Position**			**Budget**	**Actuals**
					£	**£**
		Revenue				
		Carer's Support			1,500,000	1,500,000
		Discharge Planning & DTOC			944,000	944,000
		Intermediate Care and Reablement			8,600,000	8,600,000
		Promoting Independence			1,525,000	1,525,000
		Social Care Commissioning			338,000	338,000
		Social Care Uplift (Protection of Adult Social Care)			272,048	272,048
		VCS Joint Commissioning			3,809,721	3,809,721
			Sub-Total		**16,988,769**	**16,988,769**
		Integrated Adults Community Health Services (IACHS) - Neighbourhood Teams			17,333,769	17,333,769
		Carer's Fund			350,000	350,000
		Wellbeing Network			50,000	50,000
		CCG - Intermediate Care and Reablement			1,994,916	1,994,916
		CCG Commissioning and Transformation (Discharge to Assess)			485,000	485,000
		CCG Commissioning and Transformation (Care Home Educators)			115,000	115,000
		Performance Fund			836,000	836,000
			Sub-Total		**21,164,685**	**21,164,685**
		Capital				
		Disabled Facilities Grant: Adults			3,809,721	3,809,721
			Sub-total		**3,809,721**	**3,809,721**
			TOTAL		**41,963,175**	**41,963,175**
		Financed by				
		CCG		Revenue	38,153,454	38,153,454
		CCC		Capital	3,809,721	3,809,721
			TOTAL		**41,963,175**	**41,963,175**
1		**17/18 Financial Position**				
	1.1	The pool finished in balance				
	1.2	Performance Fund was not released by CCG into the pooled budget as the non-elective admissions target was not reached. Monies were utlised to recompense acute providers for increased activity.				
		Name				
		Stephen Howarth, Strategic Finance Manager				
		Cambridgeshire County Council				
		30/03/2018				

Appendix 2 – Improved Better Care Fund Actual Spend 2017/18

CAMBRIDGESHIRE COUNTY COUNCIL iBCF	Detail	Spend
Planned	Reablement capacity - General	314,602
Planned	Reablement capacity - Flats	86,059
Planned	Reablement capacity - Doddington Court	127,800
Planned	Community Equipment pressures	140,000
Planned	Dedicated Social Worker Capacity to support self-funders (CUH)	16,176
Planned	Social Care Lead (1 per acute) to support D2A 4Q Pathway	39,347
Planned	Part-funding of Adults Services demographic and legislative pressures identified during business planning	508,000
Planned	Admissions avoidance (locality teams)	80,000
Planned	Enhanced Response Service - Falls and Telecare	348,665
Planned	Investment in support for long-term redesign of Adults Services and other related investments	400,000
Planned	Extension of dedicated reassessment and brokerage cpacity in for Learning Disability services	100,000
Planned	Implementation of contracting and brokerage system for domiciliary care	26,360
Planned	Disability Access Projects	68,726
Planned	Support from Atebion (Cardiff Council) around CareHome Capacity	40,182
Unplanned	Head of DTOC Performance	66,038
Unplanned	Dedicated commissioner working to improve performance of large domiciliary care provider	53,765
Unplanned	Additional DTOC team agreed by Exec Director (4 x SW , 3 x Brokerage) - part year	38,918
Unplanned	Pricing pressures on Older People Residential and with dementia placements	1,145,000
Unplanned	Volume pressures on Nursing Dementia placements (Older People)	706,000
Unplanned	Direct payments - growth of packages/live in care	868,000
Unplanned	Additional pressures on Community Equipment	28,000
Unplanned	Demand pressures within preventative services for adults with mental health needs	58,000
Unplanned	Reduced level of Funded Nursing Care (especially out of county)	195,000
TOTALS	SUBTOTAL SPENDING	5,454,638
	ORIGINAL ALLOCATION - improved Better Care Fund	8,339,311
	SUBTOTAL SURPLUS	-2,884,673
	LEARNING DISABILITY PRESSURES AND INVESTEMENT FUNDED BY COUNTY COUNCIL	3,635,625
	DEFICIT FUNDED BY COUNTY COUNCIL (ON ADULTS SERVICES)	750,952

excludes Children's Services Pressures, Adults Services Housing schemes capital contribution

APPENDIX 3

CAMBRIDGESHIRE & PETERBOROUGH

IBCF DTOC PERFORMANCE REVIEW 2017/18

Purpose of Report

Both Councils have worked in close partnership with the NHS, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plan, resulting in significant investment to reduce current challenges. At an operational level we have actively participated in a range of forums to co-ordinate our activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues.

The purpose of this report is to provide an overview of 2017/18 performance and financial expenditure in relation to the Improved Better Care Fund (iBCF) Delayed Transfer of Care (DTOC) plans for Cambridgeshire and Peterborough.

Cambridgeshire

Improved Better Care Fund (IBCF) Investment

The 2017/18 iBCF financial contribution of £8,339,311 comprised new monies, 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

A detailed breakdown of expenditure was jointly agreed as part of our Cambridgeshire Better Care Fund Plan 2017-19. This plan was approved by the Cambridgeshire Health and Wellbeing Board on 8th September 2017 and received subsequent full approval from NHS England in December 2017.

The below table provides a breakdown of the agreed areas of planned iBCF investment:

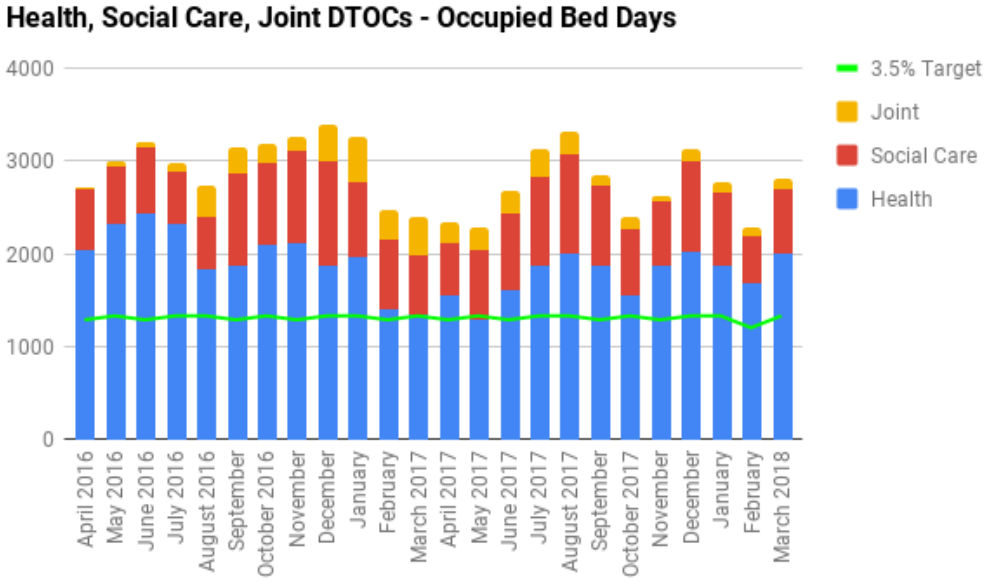
Area of Investment	Amount	Description
Investment in Adult Social Care & Social Work	£2,889k	Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity
Investment into housing options & accommodation projects for vulnerable people	£3,000k	Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	Targeted implementation of identified priority high impact changes.
Total of grant [allocated]	**£8,339k**	

DTOC Performance

The below tables provide an overview of targets and performance to date across Cambridgeshire at the end of 2017/18:

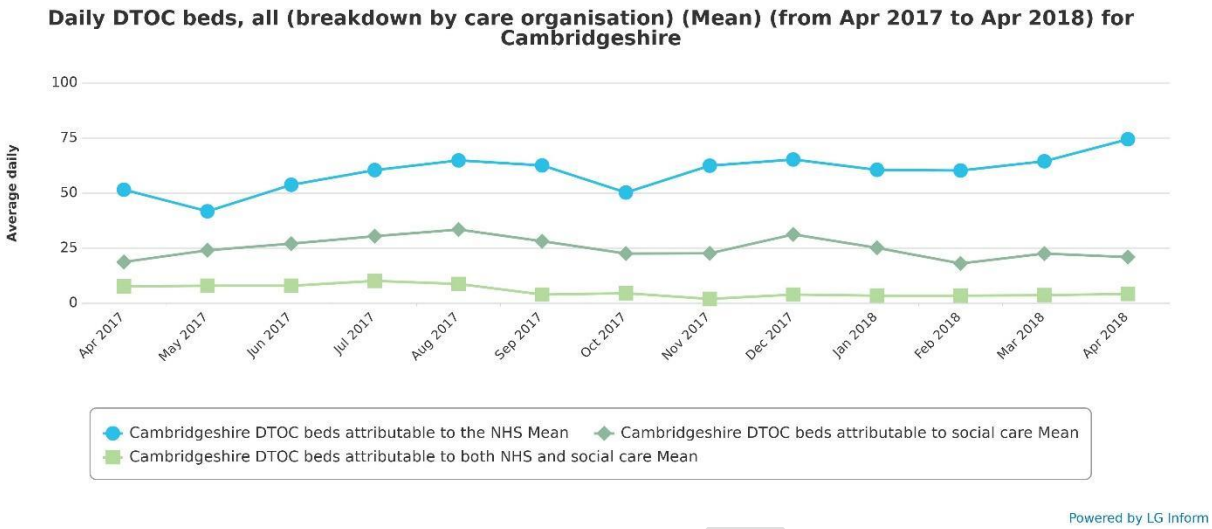
Metric	2017/18 Planned Target	Cambridgeshire Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Delayed Transfers of Care (DTOCs) from hospital	21,301 occupied bed days	The system continued to report high levels of DTOC in Q4. Full year performance was 32,623 against a full year target of 21,301.		Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs – ongoing implementation of plan Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning Discharge Programme Delivery Group established

The below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that there has been a significant underperformance against the overall target.



The biggest acute hospital pressure has been felt in Addenbrookes (CUHFT), with current performance currently running at approximately 6% of the total number of beds (1000).

The below graph shows the trend of DTOCs by attributable organisation for Cambridgeshire.



During March, 74.6% of all delayed days were attributable to the NHS, 21.1% were attributable to Social Care and the remaining 4.3% were attributable to both NHS and Social Care.

Cambridgeshire, compared to all single tier and county councils in England, is ranked 142 out of 151 on the overall rate of delayed days per 100,000 population aged 18+. It is ranked 147 on the rate of delayed days attributable to the NHS, and 119 on the rate of delayed days attributable to social care.

A breakdown of DTOC reasons can be found at Appendix 1.

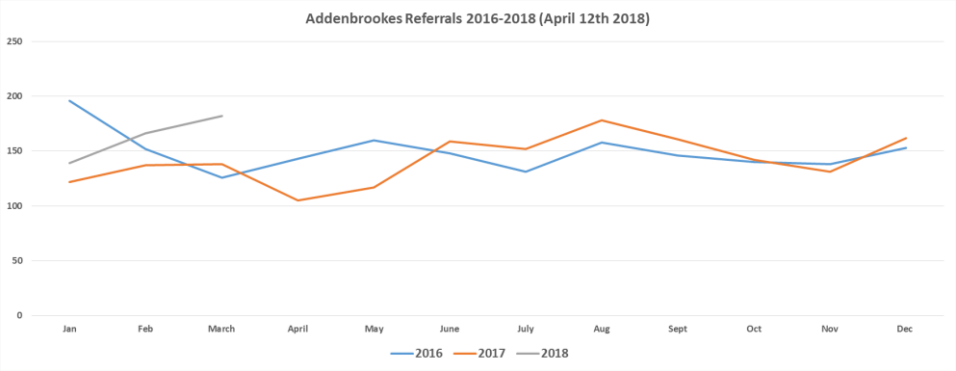
Impacts on Adult Social Care and Health

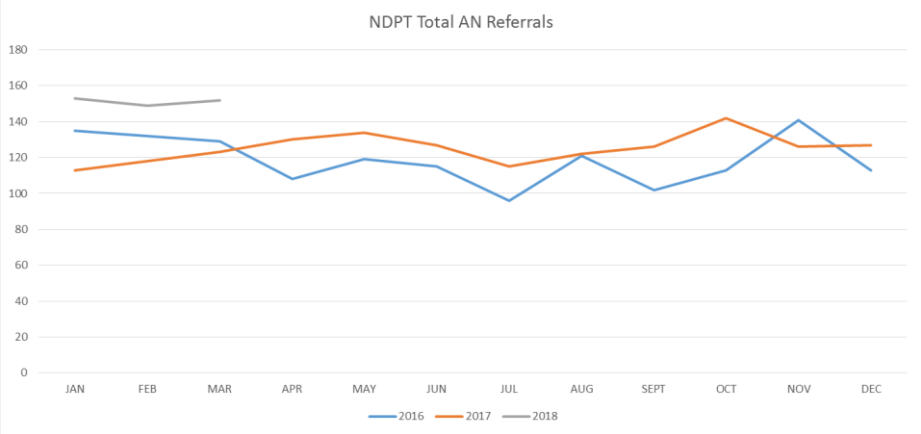
Hospital admissions of over 80 year olds in 2017/18 has increased significantly since 2016/17 (see below table). This in turn has had a very big impact on demand on social care and community services post discharge, as well as on the overall DTOC performance figures. The numbers are particularly high in Addenbrookes, and also in Queen Elizabeth Hospital, where there are a number of Cambridgeshire residents. However, as Addenbrookes is a much larger hospital the number of additional patients is particularly important, as it has a very big impact on demand on social care and community services post discharge, as well as on the overall performance figures for Cambridgeshire.

Admissions of over 80 year olds from April 2017 to January 2018 compared to the same period in the previous year

Hospital	Increase 2017/2018	% Change
Addenbrookes (CUHFT)	280	+4.4%
Hinchingbrooke	151	+5%
Peterborough City Hospital	-113	-2.4%
Queen Elizabeth Hospital (Kings Lynne)	167	+15.5%
TOTAL	**503**	**+3.2%**

The below graphs show a significant increase in referrals into Adult Social Care via the CCC hospital discharge planning teams, where referrals into the South Discharge Planning Team (Addenbrookes) in March were 32% higher than the same month in 2017 and referrals into the North Discharge Planning Team (Hinchingbrooke and Peterborough City Hospital) were 24% higher in March, compared to the same month in 2017.





DTOC Plan Performance

There was significant investment of £2.3m from the iBCF to support a range of initiatives to reduce DTOCs. This investment was targeted specifically at the health and social care interface and it is important to note that the STP is responsible for a range of health related activities to support delivering the 3.5% DTOC target.

For the key funded interventions, a range of outcomes were identified to enable monitoring of progress. The below table provides an overview of performance to date against those outcomes. However, it is important to note that DTOC plan implementation only commenced in November, with some of the initiatives only coming on line towards the end of the year. Therefore full impacts were delayed slightly.

Summary Dashboard

DTOCs

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Total across all hospitals	#DIV/0!	#N/A	Currently in development						

Discharge cars

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage car utilisation	48%	High		33.6%	48.2%	43.8%	38.7%	39.0%	73.1%

Commentary - Apr-18

Daily hours given
Last two block cars have now moved across to Westminster allowing further use of their capacity. One car still to start with Radis
Reablement transfers also added to block cars by PCC
Figures provided by Lorna Slocombe input by Lisa Knight

Reablement step-down (Doddington Court)

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage occupation	81%	Low		36%	35%	81%	88%	82%	45%
Percentage of total discharged who went home	81%	High		100%	100%	0%	100%	0%	67%
Average length of stay of individuals discharged	69	High		82	40	99	57	28.6	13.5

Commentary - Apr-18

Occupancy: There are currently 2 flats vacant in Doddington Court

These beds do not stay vacant for very long

Finance:

Reablement flats - Eden Place

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage occupation	20%	Low		0%	0%	31%	48%	30%	11%
Percentage of total discharged who went home	33%	High		0%	0%	100%	50%	50%	0%
Average length of stay of individuals discharged	12	High		0	0	4	9	44	16

Commentary - Apr-18

Occupancy: Utilisation is low. From speaking with Alison Finlay there are thoughts that the chain is too long (hand offs) and that perhaps if the discharge planning team approached Ditchburn place directly (taking out Brokerage from the chain) this might reduce the number of inappropriate referrals that come through to Eden place. Alison also informs that there has not been more than 2-3 beds used at any one time in Eden Place for some time now

Finance:

Reablement flats - Ditchburn Place

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage occupation	80%	Low		100%	68%	94%	100%	127%	53%
Percentage of total discharged who went home	33%	High		0%	100%	100%	0%	0%	0%
Average length of stay of individuals discharged	31	Low		0	157	0	0	11	17

Commentary - Apr-18

Occupancy: There are 5 beds at Ditchburn Court

Finance:

Reablement and AEH

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage individuals discharged as independent	67%	High		57.1%	57.4%	57.2%	57.3%	57.7%	0.0%

Equipment and AT

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Number of DTOCs due to lack of equipment	#DIV/0!	#DIV/0!		Currently in development					

Commentary - Mar-18

Feb and March we high volume months demonstrating more people being supported through equipment provision and a continued high number of contacts from the hospitals

Outstanding reviews

	Average	Trend in most recent month	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Percentage change in outstanding reviews based on October 2017	-10.7%	Increasing		-3.0%	1.4%	-8.6%	-3.7%	3.1%	0.0%

Winter Pressures Service

	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Main stream home care hours in reablement	324.7	Low		2212.0	1742.8	1886.9	2057.8	1219.0	0.0

Commentary - Mar-18

The Adam brokerage system was launched on 12th March 2 the plan has been to migrate the entire pending list over to Adam whilst cleaning the data at the same time. Brokerage have said they are unable to provide accurate pending list data whilst the migration is still ongoing. Approx. 70% of the pending list data has been migrated across to adam

DTOC Plan Progress

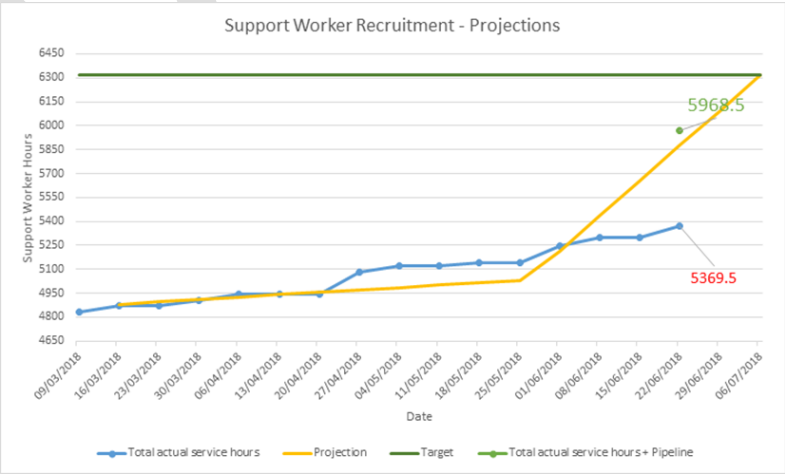
The below provides a more detailed review of progress against the iBCF funded DTOC initiatives across Cambridgeshire. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment.

<u>Reablement Capacity</u>

Planned Investment: £1,000,000

Actual Spend: £314,602

Investment from the iBCF was made to increase reablement capacity by 20%. A challenging recruitment trajectory was set and since the additional investment and escalation of recruitment issues in early 2018, a significant amount of work has taken place to improve the efficiency of the recruitment process thereby increasing the recruitment rate. The below graph shows recruitment and establishment hours against target. Continued recruitment plans are ongoing and include improved marketing approaches, refer a friend scheme, a review of pay awards, working with the Health and Care Academy and exploring apprenticeship opportunities.



Impact:

- An increase of an additional 419 hours of reablement capacity per month
- 20,450 hours of bridging packages delivered in 2017/18 as the provider of last resort

Reablement Flats – Eden Place and Ditchburn

Planned Investment: £140,000

Actual spend: £86,059

These flats are designed to deliver a period of reablement and recovery to individuals who no longer have acute needs on discharge from hospital, but require a further period of recovery before returning home or where mainstream care required is unavailable. The aim of this service is to enable individuals to maximise their independence and return home following a stay in hospital. Beds were therefore commissioned within Extra Care settings to prevent the risk of increasing dependency resulting in a permanent placement.

Given the availability of Doddington Court in the north of the County, Reablement Flats were commissioned to primarily manage demand arising from Addenbrookes in the South of County. An overview of the volume of provision commissioned is included below:

Provider	Start Date	Units
Eden Place Flats - Luminus	14th November 2017	5 Flats
Eden Place Care Provision - Radis	14th November 2017	Average 15 hours per customer per week
Ditchburn Place - Flats and care provision (Spot)	February 2018	2 Flats

Overall the utilisation of Eden Place has fluctuated. Between November and January 2018 there were a number of issues arising which resulted in the beds not being fully utilised. Issues have now been clarified and resolved, with a positive impact on utilisation from February 2018.

Due to the implementation of a long term refurbishment programme, Cambridge City Council were only able to offer 2 beds at Ditchburn Place from February 2018. The utilisation of these beds continues to be extremely high at around 100%. These beds are highly cost effective, achieve good individual outcomes and operate extremely efficiently.

Impact:

- 11 patients have been discharged to these beds

Reablement flats - Eden Place

Utilise available capacity within extra care for reablement flats

Report updated monthly | **Last update** | Apr-18

Occupancy	Average	Most recent month compared to average	Trend	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Occupied bed days	32.60	Low		0	0	48	68	47	16
Percentage occupation	22.0%	Low		0.0%	0.0%	31.0%	48.6%	30.3%	10.7%
Number of individuals discharged	1.20	High		0	0	2	2	2	0
Percentage of total discharged who went home	40.0%	High		0.0%	0.0%	100.0%	50.0%	50.0%	0.0%
Average length of stay of individuals discharged	11	High		0	0	4	9	44	16

Reablement Flats – Doddington Court

Planned investment: £50,000

Actual Spend: £127,800

Until recently, Doddington Court was a jointly funded by CCC and the CCG to provide short term, step down support to individuals on discharge from hospital. In 2017/18, the CCG announced their intention to withdraw funding to this area. Whilst the CCG will continue to honour the lease agreement on Doddington Court, CCC agreed to fund the provision of care to the short term.

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 and reduce delays on discharge from hospital.

Impact:

- 8 patients have been discharged into Doddington Court

Community Equipment Pressure

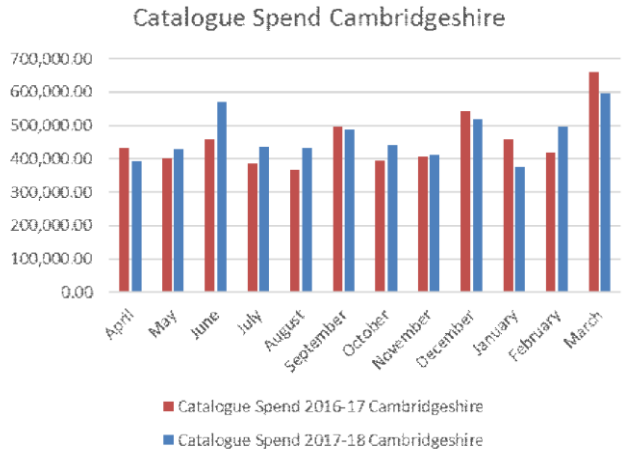
Planned Investment: £140,000

Actual Spend: £168,000

The Integrated Community Equipment Service (ICES) continued to deliver an essential element of the adult social care agenda in providing equipment to enable people to manage as independently as possible in the home of their choice. Additional investment from the iBCF was agreed to offset this budget pressure.

Impact:

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.

Dedicated Social Worker – CUH

Planned Investment: £41,000

Actual spend: £16,176

A dedicated Social Worker was recruited to work with health and social care teams to support individuals who self-fund their care through the hospital discharge process within CUH. There were significant numbers of DTOCS at CUH which related to self-funders who required ongoing nursing/residential placements or homecare post discharge. Whilst CUH fund an unqualified post which supports a majority of self-funding service users through the discharge process, delays were often associated with more complex cases who may require a statutory

assessment, Mental Capacity or Best Interests assessment placing increasing pressure on existing resource. The Local Authority also has a duty under the Care Act to support self-funders.

Impact:

- Although, there isn't sufficient data to show a trend analysis, 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.

Social Worker Capacity – Locality Review Backlog

Planned Investment: £125,000

Actual Spend: £80,000

Social Worker capacity was recruited to address the backlog of reviews held within Locality Teams in order to avoid admission to hospital and ensure individuals are receiving the right level of care to meet their outcomes within the community.

In August 2017, the Older People's Locality Team had 1112 overdue reviews. Annual reviews are required to ensure all service user's are in receipt of a Care Act compliant assessment and are fundamental to ensuring people receive the right level of care to meet their outcomes and needs. 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.

Impact:

- A reduction in the backlog from 1112 overdue reviews in August 2017 to 922 in March 2018.

Outstanding reviews

Target: reduce outstanding reviews by 30% based on October 2017 figures

Report updated monthly	Last update	Mar-18									
	Average	Most recent month compared to average	Trend	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Outstanding reviews	965	Low		1032	1001	1015	928	894	922	0
Outstanding reviews undertaken	122	Low		115	147	108	130	110	119	0
Percentage change in outstanding reviews based on previous month	-10.7%	Increasing		–	-3.0%	1.4%	-8.6%	-3.7%	3.1%	0.0%

Strategic Discharge Lead

Planned Investment: £100,000

Actual Spend: £39,347

A coordinating social worker discharge lead was established in both Addenbrookes and Hingbrooke Hospitals. This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. This enabled the close management of DTOCs over winter period to ensure social care DTOCs remained low. The role has led on the local implementation the Continuing Health Care 4Q hospital discharge pathway.

Impact:

- Support an ongoing reduction in social care related DTOC delays.
- Supporting the implementation of the discharge to assess and CHC 4Q pathway.

Trusted Assessor

Planned Investment: £NIL

Actual Spend: £NIL

The Trusted Assessor pilot was commissioned from LINCA, building on learning from the Peterborough pilot, providing trusted assessments on behalf of care homes, to reduce unnecessary discharge delays in

Addenbrookes Hospital. The pilot went live in March 2018 and the trusted assessors are working across system, working closely with local care homes.

Impact:

- The pilot went live in March 2018, so end of year performance data was not available.

Continuing Healthare (CHC) 4Q

Planned Investment: £120,000

Actual Spend: £NIL

Funding for additional social workers and discharge planning nurse posts was invested in from the iBCF. 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. Recruitment is ongoing, with interim options being explored. The 4Q pilot is currently undergoing a system wide evaluation to assess its' effectiveness and recommended next steps.

Impact:

- 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)

Other areas of iBCF Financial Investment in 2017/18

There have been unprecedented financial pressures on CCC, resulting from increasing costs of care and increasing demands on resources from winter pressures. In line with the iBCF national conditions, funds have been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. The below provides an overview of the other key areas of investment:

Meeting Adult Social Care Needs generally

- Investment in the Transfer of Care Team (TOCT) and respite services.
- Cost pressures on the care placements budget as a result of increased demand and complexity of care Mental health and learning disability cost pressures.

Reducing pressures on the NHS (including DTOC)

- Jointly funded DTOC teams.
- Investment in Care Homes Local Authority Lead to support implementation of the Care Homes Hospital admissions and improve domiciliary care performance.
- Admissions Avoidance: Falls Prevention and Atrial Fibrillation.

Stabilising the care market

- National Living Wage
- Addressed cost pressures relating to:
    - Self-funders
    - Home care costs as result of higher fees, increased demand and complexity
    - Nursing care fee increases
- Responding to loss of provider in the market:
    - Increased investment in reablement to deliver bridging pacakages as the provider of last resort
    - Increased investment in alternative provision, e.g. MiDAS cars
- Direct Payments cost pressure. Planned Investment: NIL, Actual spend: £868k

Financial Spend Breakdown 2017/18

CAMBRIDGESHIRE COUNTY COUNCIL iBCF	Detail	Spend
Planned	Reablement capacity - General	314,602
Planned	Reablement capacity - Flats	86,059
Planned	Reablement capacity - Doddington Court	127,800
Planned	Community Equipment pressures	140,000
Planned	Dedicated Social Worker Capacity to support self-funders (CUH)	16,176
Planned	Social Care Lead (1 per acute) to support D2A 4Q Pathway	39,347
Planned	Part-funding of Adults Services demographic and legislative pressures identified during business planning	508,000
Planned	Admissions avoidance (locality teams)	80,000
Planned	Enhanced Response Service - Falls and Telecare	348,665
Planned	Investment in support for long-term redesign of Adults Services and other related investments	400,000
Planned	Extension of dedicated reassessment and brokerage cpacity in for Learning Disability services	100,000
Planned	Implementation of contracting and brokerage system for domiciliary care	26,360
Planned	Disability Access Projects	68,726
Planned	Support from Atebion (Cardiff Council) around CareHome Capacity	40,182
Unplanned	Head of DTOC Performance	66,038
Unplanned	Dedicated commissioner working to improve performance of large domiciliary care provider	53,765
Unplanned	Additional DTOC team agreed by Exec Director (4 x SW , 3 x Brokerage) - part year	38,918
Unplanned	Pricing pressures on Older People Residential and with dementia placements	1,145,000
Unplanned	Volume pressures on Nursing Dementia placements (Older People)	706,000
Unplanned	Direct payments - growth of packages/live in care	868,000
Unplanned	Additional pressures on Community Equipment	28,000
Unplanned	Demand pressures within preventative services for adults with mental health needs	58,000
Unplanned	Reduced level of Funded Nursing Care (especially out of county)	195,000
TOTALS	SUBTOTAL SPENDING	5,454,638
	ORIGINAL ALLOCATION - improved Better Care Fund	8,339,311
	SUBTOTAL SURPLUS	-2,884,673
	LEARNING DISABILITY PRESSURES AND INVESTEMENT FUNDED BY COUNTY COUNCIL	3,635,625
	DEFICIT FUNDED BY COUNTY COUNCIL (ON ADULTS SERVICES)	750,952

excludes Children's Services Pressures, Adults Services Housing schemes capital contribution

excludes Children's Services Pressures, Adults Services Housing schemes capital contribution

The original intention was to invest £3,000,000 of iBCF monies into housing for vulnerable people. Adult Social Care is facing unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures. In line with the IBCF national conditions, we are using the funds to mitigate these pressures and provide solutions to meet the DTOCs target and meet Adult Social Care (ASC) needs. The Council has committed to explore Capital funding investment to enable continued delivery of the vulnerable housing project objectives.

Peterborough

Improved Better Care Fund (IBCF) Investment

The iBCF financial contribution of £3,876,686 comprised new monies, 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

A detailed breakdown of expenditure was jointly agreed as part of our Cambridgeshire Better Care Fund Plan 2017-19. This plan was approved by the Peterborough Health and Wellbeing Board on 11th September 2017 and received subsequent full approval from NHS England in December 2017.

The below table provides a breakdown of the agreed areas of iBCF investment:

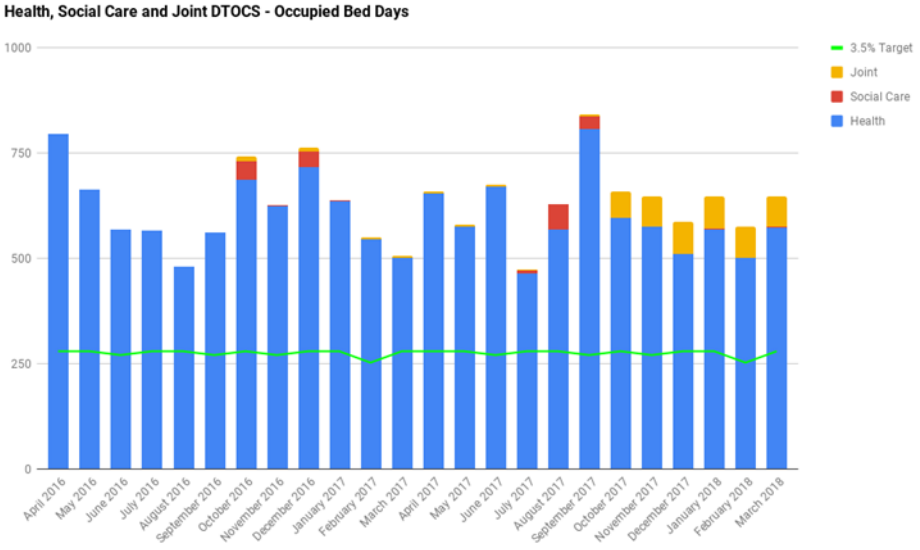
Area of Investment	Amount	Description
Investment in Adult Social Care & Social Work	£727k	Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity
Investment into housing options & accommodation projects for vulnerable people	£2,000k	Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.
Detailed plan to support delivery of national reducing delayed transfers of care target	£1,000k	Targeted implementation of identified priority high impact changes.
Total of grant [allocated]	**£3,877k**	

DTOC Performance

The below tables provide an overview of targets and performance to date across Cambridgeshire at the end of 2017/18:

Metric	2017/18 Planned Target	Peterborough Performance		Mitigating Actions
		Summary Performance to date	RAG Rating	
Delayed Transfers of Care (DTOCs) from hospital	3.5% Occupied Bed Days 21,301 occupied bed days	The system continued to report high levels of DTOC in Q4. Full year performance was 32,623 against a full year target of 21,301.		Ongoing weekly monitoring of DTOC performance to ensure quick identification of trends iBCF investment in DTOCs Ongoing review of iBCF DTOC plan to ensure investment is delivering outcomes Senior leadership review of DTOC position to ensure integrated approaches to address pressures Evaluation of Continuing Healthcare 4Q hospital discharge pathway 3 month pilot in planning Discharge Programme Delivery Group established

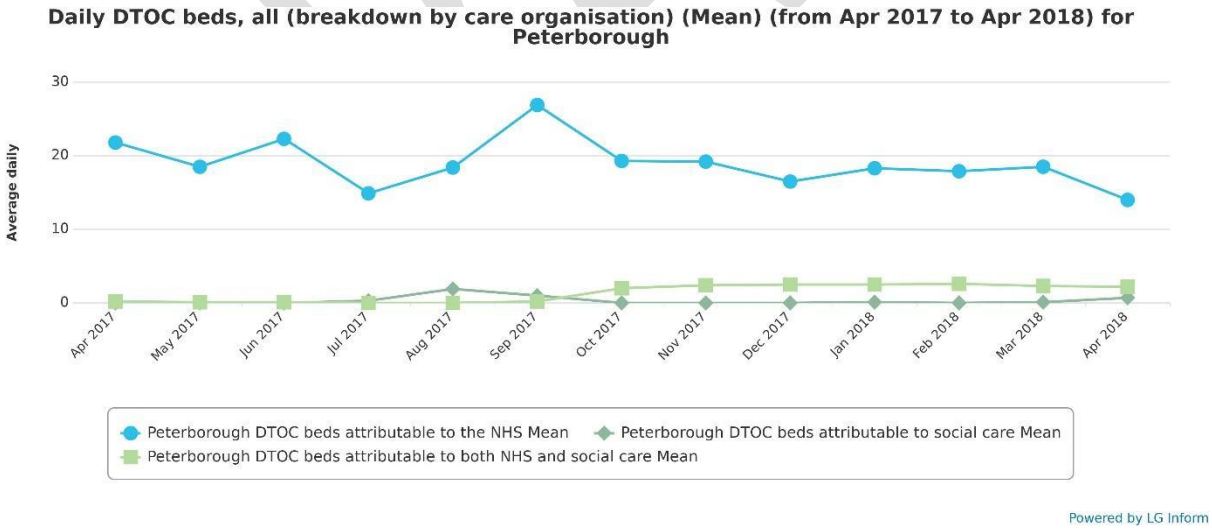
The below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



During December, 82.7% of all delayed days were attributable to the NHS, 4.3% were attributable to Social Care and the remaining 13% were attributable to both NHS and Social Care.

Peterborough, compared to all single tier and county councils in England, is ranked 101 out of 151 on the overall rate of delayed days per 100,000 population aged 18+. It is ranked 124 on the rate of delayed days attributable to the NHS, and 27 on the rate of delayed days attributable to social care.

The below graph shows the trend of DTOCs by attributable organisation for Peterborough.



A breakdown of DTOC reasons can be found at Appendix 1.

DTOC Plan Performance

There was significant investment of £1m from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs. This investment was targeted specifically at the health and social care interface and it is important to note that the STP is responsible for a range of health related activities to support delivering the 3.5% DTOC target.

For the key funded interventions, a range of outcomes have been identified to enable monitoring of progress. The below table provides an overview of performance to date against those outcomes. However, it is important to note that DTOC plan implementation only commenced in November, with some of the initiatives only coming on line towards the end of the year. Therefore full impacts were delayed slightly.

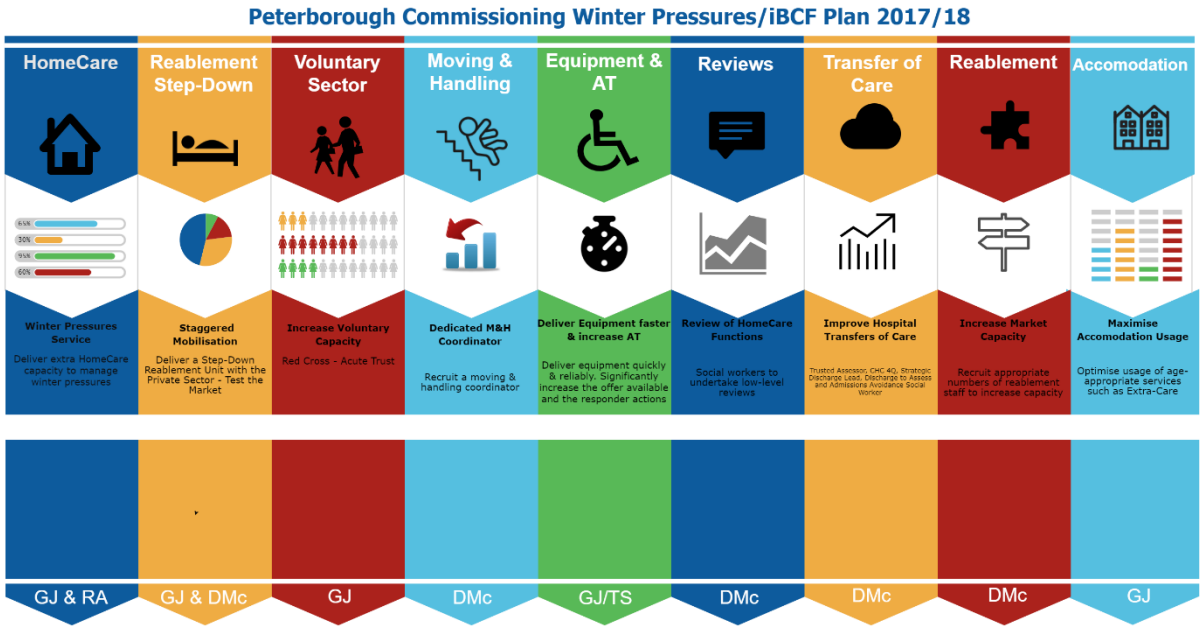
Peterborough

Delayed Transfer of Care system metrics

Objective: To reduce system wide delayed discharges of care

Objective	Key Strategy	Key Metrics	Project alignment	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Direction of travel	RAG
	DTOC	Final published DTOC Occupied bed days from Unify		472	628	841	659	647	587	648	574		Decreasing	
	Homecare capacity	Number of hours of domiciliary care on waiting list	Homecare							221.16	204.98	152.37	Decreasing	
		Number of hours of supplementary "bridging" provided by PCC reablement		11.90%	39.79%	63.54%	48.67%	30.74%	0.00%	0.00%	0.00%	0.51%	Decreasing	
	Reablement capacity	% of social care discharges (patients) from hospital that go into reablement	Reablement	23.08%	22.99%	23.08%								
		Available capacity - Reablement hours		2152	2101	2123	2490	2490	2490	2,431	2428	2761	Increasing	
	Discharge Assessments	% CHC assessments (DST's) completed in hospital	Transfer of Care				100%	72%	61%	0%	0%	0%	Decreasing	
		Total number of assessments undertaken (Trusted Assessor)									8			
	Admissions Avoidance	Final published Non elective admissions to Hospital (65+) from Unify			4170			4474			4,630		Stable	
	Social care Admissions avoidance	Total number of admissions avoided from VCS BRC initative	Voluntary Sector						18	20	17		Increasing	
		Total number of admissions avoided from AA social worker specific initiatives	Transfer of Care											
		Number of Cross Keys falls interventions	Falls Prevention					2	3	10	9	11	Increasing	
		Proportion of Cross Keys falls interventions where Ambulance was not required						0%	67%	73%	67%	95%	Increasing	

The below provides a more detailed review of progress against the iBCF funded DTOC initiatives across Cambridgeshire. Following a system wide self-assessment of progress against the High Impact changes, the following interventions were identified as local priorities for investment.



Trusted Assessor

Planned Investment: £50,000

Actual Spend: £18,000

The Trusted Assessor pilot was jointly commissioned with South Linolnshire County Council and is provided by LINCA, providing trusted assessments on behalf of care homes, to reduce unnecessary discharge delays. The pilot went live in December 2017 and the trusted assessors are working across system, working closely with local care homes. There is increased uptake, as we are seeing greater buy in from care homes as confidence builds. This has been a useful resource for the team, speeding up assessments and therefore reducing days lost.

Impact:

- Number of patient assessments undertaken: 75
- Number of discharges facilitated: 61

Continuing Healthcare (CHC) 4Q

Planned Spend: £80,000

Actual Spend: £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 4Q pilot is currently undergoing a system wide evaluation to assess its' effectiveness and recommended next steps.

Impact:

- Number of patients having a 4Q (at end of March 2018): 86
- 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)

Falls Pilot

Planned Investment: £NIL

Actual Spend: £20,000

From 13th November 2017, Cross Keys Housing (CKH) have delivered an enhanced falls service, picking up clients that have fallen with the aim of preventing unnecessary hospital admissions. CKH have utilised existing staff and delivered a bespoke training course. Only clients that reside in Peterborough that do not need medical attention will be lifted, 24hrs a day. To meet industry standards CKH aims to respond to 90% of falls within 45 minutes and 100% of calls within 60 minutes. There was limited business intelligence regarding the scale of the problem, so data collection mechanisms were developed to collate all the necessary data sets to evidence this trial. The service went from a 12-hour service to a 24-hour service (in early January 2018)

Impact:

- 28 clients have been visited
- The average response rate was approximately 14 minutes.

Reablement

Planned Investment: £191,000

Actual Spend: £158,390

Investment to increase the reablement provision by 20% has been successful in increasing capacity, the additional posts created have all been recruited to and the service is almost at full capacity. The service is regularly meeting their monthly referral target of 85; the number of people being referred to the service has increase and the number of people accessing the service has decreased (2017/18). In addition 12 reablement step down beds were commissioned at Clayburn Court.

Impact:

- Reablement capacity has increased 20% with 4516 hours available per month
- 10,018 hours of bridging packages were delivered between December 2017 and March 2018.

Voluntary Sector Support
Planned Investment: £100,000
Actual Spend: £90,672 + £35,975
The British Red Cross have been commissioned from November 2017 to provide admissions avoidance support in the Emergency Department and low level reablement support to support discharge.

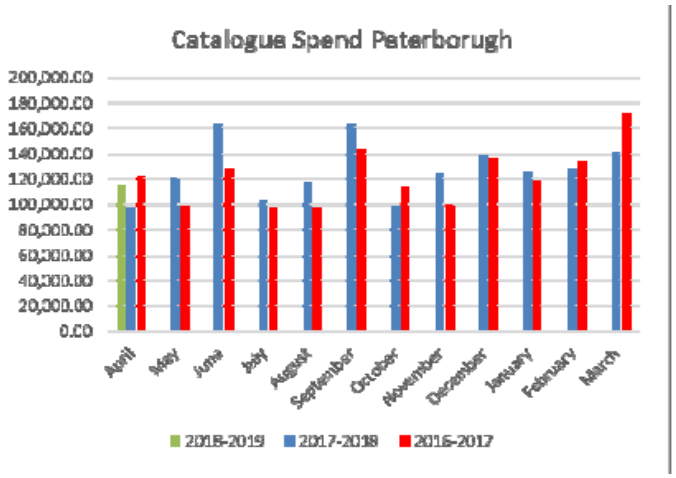
Age UK were commissioned to provide a Community Support at Home service to help support low level needs on discharge which went live in January 2017. The service is providing much needed daily contact for people to ensure their wellbeing and independence is positively supported. The service is picking up more referrals recently, but there is further work to improve understanding of the service provision across the acute, reablement and brokerage teams.

The Carer's Trust have been commissioned to provide low level reablement for up to 6 weeks to support hospital discharge and reduce the burden of bridging clients on the reablement service. The service went live in January 2017 and we have seen a positive reduction in bridging packages stuck in the reablement service.

Impact:
- Between January and March 2018, the British Red Cross supported 108 patients.
- Reduction of in bridging packages in the reablement service by an average of 450 hours per month since January 2018.

Community Equipment Pressure
Planned Investment: £80,000
Actual Spend: £80,000
The Integrated Community Equipment Service (ICES) continued to deliver an essential element of the adult social care agenda in providing equipment to enable people to manage as independently as possible in the home of their choice. Additional investment from the iBCF was agreed to offset this budget pressure.

Impact:
The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.



Moving and Handling Coordinator
Planned Investment: £50,000
Actual Spend: £31,200
An Occupational Therapist is has been based within Peterborough City Hospital Emergency Department since October 2017 with a view to embedding greater provision of community equipment and assistive technology to support with admissions avoidance and hospital discharge.

The post has resulted in closer working with ward therapists, improving understanding of what is available in the community. The role has also developed close links with the community OT, which is improving patient follow up in the community.

Impact:

- Discharges have been expedited, advising on how ward recommendations for double up packages can be managed with equipment and single handed care and there is financial evidence of a significant reduction in the number of hospital discharges requiring double up packages.

Admissions Avoidance Social Worker
Planned Investment: £40,000
Actual Spend: £29,900
The role is supporting admissions avoidance in the emergency department, improving ward staff understanding of what support is available and liaising with care providers to accept patients back rather than attendances resulting in an admission. There is close liaison with care providers, which is proving positive and they are becoming more confident about accepting patients back into their care from the Emergency Department.

Impact:

- An average of 35 hospital admissions avoided per week.

Strategic Discharge Lead
Planned Investment: £50,000
Actual Spend: £25,150
A coordinating social worker discharge lead was established in Peterborough City Hospital in October 2017. This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning. The role has led on the local implementation of the Continuing Health Care 4Q hospital discharge pathway. There has been improved liaison with reablement, including working to develop the Reablement beds at Clayburn Court to expedite discharges. Liaison with care homes through attendance at Winter Pressures Task and Finish Group and Care Homes Discharge Forum has helped to develop and strengthen these relationships. The role is working with NWAFT and CPFT on the Choice Policy and implementation of the Discharge to Assess model of working.

Impact:

- Close management of DTOCs over winter period to ensure social care DTOCs remained low.
- Supporting the implementation of the discharge to assess model and CHC 4Q pathway.

Other areas of iBCF Financial Investment in 2017/18
There have been unprecedented financial pressures on PCC, resulting from increasing costs of care and increasing demands on resources from discharge pressures. In line with the iBCF national conditions, funds have been used to mitigate these pressures and provide solutions to meet the DTOC target and meet Adult Social Care needs. The below provides an overview of the other key areas of investment:

Meeting Adult Social Care Needs generally

- Investment in the Transfer of Care Team (TOCT) and respite services
- Cost pressures on the Independent Sector Placement (ISP) budget as a result of increased demand and complexity of care
- Mental health and learning disability cost pressures

Reducing pressures on the NHS (including DTOC)

- Jointly funded Strategic Discharge Lead post
- Investment in Care Homes Local Authority Lead to support implementation of the Care Homes Hospital admissions avoidance business case

Stabilising the care market

- National Living Wage
- Addressed cost pressures relating to:
    - Self-funders
    - Home care costs as result of higher fees, increased demand and complexity
    - Care home costs as result of higher fees, increased demand and complexity
- Responding to loss of provider in the market – increased investment in reablement to deliver bridging packages as the provider of last resort
- Direct Payments cost pressur

Peterborough iBCF Actual Spend 2017/18

PETERBOROUGH CITY COUNCIL iBCF	Detail	Forecast Spend
Planned	Reablement capacity - general	35,240
Planned	Reablement Step down beds	123,150
Planned	Admission Avoidance SW in ED x 1	29,900
Planned	CHC 4Q = 1 DPN x 1SW and utilise existing resource	72,500
Planned	Equipment Budget Pressures	80,000
Planned	Moving and Handling Coordinator	31,200
Planned	Increased low level reablement support (VCS provision)	90,672
Planned	Social Care Lead (1 per acute) to support D2A 4Q Pathway	25,150
Planned	Brokerage Capacity	0
Planned	Cross Keys 7 Day Lifting service	20,000
Planned	CHC Nurse resource to address CHC backlog (provision)	0
Planned	Social Worker Capacity to address CHC backlog	0
Planned	Trusted Assessor	18,000
Planned	Age UK Domiciliary Care Provision	35,975
Planned	Market Management Review	170,469
Planned	Stay Well in Winter	50,000
Planned	Keep Your Head Website	0
Planned	Dementia Alliance Coordinator	0
Planned	Falls prevention and atrial fibrillation	150,000
Planned	Taken to Savings	353,599
Planned	Repay investment	350,000
Unplanned	Community Team Staffing Pressures	219,520
Unplanned	Commissioning Pressures	87,692
Unplanned	Reablement/Therapy pressures	31,049
Unplanned	Current balance of care package budget pressures	1,481,995
Unplanned	Reserves to cover staffing and continuation of DTOC plan*	686,000
TOTALS	SUBTOTAL SPENDING	**4,142,111**
	ORIGINAL ALLOCATION - improved Better Care Fund	3,876,686
	DEFICIT FUNDED BY CITY COUNCIL (ON ADULTS SERVICES)	265,425

excludes Children's Services Pressures, Adults Services Housing schemes capital contribution

The original intention was to invest £2,000,000 of iBCF monies into housing for vulnerable people. Adult Social Care is facing unprecedented financial pressures resulting from increasing costs of care and increasing demands on its resources from winter pressures. In line with the IBCF national conditions, we are using the funds to mitigate these pressures and provide solutions to meet the DTOCs target and meet Adult Social Care (ASC) needs. The Council has committed to invest Capital funding to enable continued delivery of the vulnerable housing project objectives.

Appendix 1

Delayed Transfer of Care system metrics

Delayed Transfers of Care detailed breakdown of reasons

Latest DTOC detailed analysis (monthly) *Lead data source: Caroline Townsend*

Detailed breakdown of reasons	CCC Project alignment	PCC Project alignment	July 2017			August 2017			September 2017			October 2017			November 2017			December 2017			January 2018			February 2018			March 2018			April 2018		
			CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng	CCC	PCC	Eng
A. Awaiting completion of assessment	Transfer of Care	Transfer of Care	11%	57%	16%	13%	51%	14%	11%	59%	14%	8%	39%	13%	10%	22%	13%	10%	28%	13%	9%	32%	13%	7%	29%	13%	7%	34%	12%	10%	26%	12%
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	-	-	18%	4%	16%	18%	10%	15%	18%	10%	15%	24%	8%	16%	30%	19%	16%	24%	18%	17%	2%	14%	18%	26%	12%	18%	25%	17%	19%	22%	11%	18%
D i). Awaiting residential home placement or availability	Reablement Step-Down	Reablement Step-Down	7%	3%	11%	8%	6%	12%	10%	8%	12%	8%	1%	12%	6%	3%	12%	5%	5%	12%	6%	2%	12%	4%	3%	12%	6%	0%	12%	5%	2%	12%
G. Patient or Family choice	-	-	7%	7%	11%	9%	3%	12%	10%	7%	12%	8%	16%	12%	4%	10%	12%	4%	4%	11%	5%	11%	11%	10%	14%	11%	7%	13%	11%	12%	20%	12%
E. Awaiting care package in own home	Homecare Discharge Cars Reablement Capacity	Homecare Reablement Capacity	36%	14%	20%	29%	10%	22%	27%	5%	20%	31%	15%	21%	29%	19%	21%	40%	20%	21%	29%	17%	21%	21%	14%	22%	33%	13%	22%	30%	12%	20%
I. Housing – patients not covered by Care Act	-	Accommodation	1%	4%	3%	0%	5%	3%	0%	5%	3%	0%	5%	3%	0%	3%	3%	0%	1%	3%	2%	5%	4%	2%	0%	3%	1%	0%	4%	1%	0%	4%
B. Awaiting public funding	-	-	3%	6%	4%	3%	4%	3%	3%	3%	4%	1%	8%	4%	2%	15%	4%	1%	13%	4%	1%	11%	3%	1%	13%	3%	3%	12%	3%	4%	17%	3%
F. Awaiting community equipment and adaptations	Equipment & AT	Equipment & AT & Moving & Handling Coordinator	1%	3%	3%	1%	3%	1%	2%	3%	1%	5%	3%	1%	4%	3%	0%	2%	2%	0%	1%	2%	1%	1%	2%	1%	3%	2%	3%	2%	2%	3%
D ii). Awaiting nursing home placement or availability	-	-	14%	1%	14%	20%	8%	15%	19%	1%	15%	17%	1%	15%	17%	3%	15%	17%	9%	15%	24%	7%	14%	16%	13%	14%	15%	10%	13%	14%	10%	14%
H. Disputes	-	-	0%	0%	1%	0%	0%	1%	1%	0%	1%	1%	2%	1%	1%	1%	1%	1%	0%	1%	1%	0%	1%	2%	1%	1%	2%	0%	1%	0%	0%	1%
J. Other	-	-	0%	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	1%
Grand Total			3436	472	481888	3342	628	180065	2841	841	168302	2402	839	170089	2642	647	155059	3124	587	145818	2767	649	151291	2292	574	140133	2815	646	154602	2996	508	144977

Agenda Item No: 6

DELAYED TRANSFER OF CARE

To: **Health and Wellbeing Board**

Meeting Date: **26th July 2018**

From: **Amy Page**
Discharge Transformation Director

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

a) **Note the Delayed Transfer of Care (DTOC) Governance arrangements;**

b) **Note performance against trajectory; and**

c) **Note the Main issues and Programme risk register.**

	Officer contact:		***Member contact:***
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1.0 PURPOSE

1.1 The purpose of this paper is to provide assurance to the Health & Well Being Board of:

a) Progress against plan in implementing the Integrated Discharge Teams on each of the provider sites
b) Progress against plan in achieving the target numbers for our Delayed Transfer of care patients across our system
c) Continued remedial actions to ensure rigour and pace are consistently applied to the 'rhythm of the day' such that the ward nurse shift leaders with the operational discharge teams know what is expected of them every day to develop a sense of accountability for each patients discharge pathway

2.0 BACKGROUND

2.1 The guidance states that:

A SitRep delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed.

A patient is ready for transfer when:

a) A clinical decision has been made that patient is ready for transfer **AND**
b) A multi-disciplinary team decision has been made that patient is ready for transfer **AND**
c) The patient is safe to discharge/transfer.

2.2 Delayed transfer of care (DTOC) is the terminology applied to patients who are medically fit for discharge and in need of complex discharge support which requires members from health and social care to work together to achieve the agreed discharge pathway for each patient in turn.

2.3 The metric that is measured is the number of occupied bed days at a point in time, the national and local target is to achieve no more than 3.5% of occupied bed days. Our business intelligence team have then translated the number of occupied bed days into a count of patients by County. These numbers are recognised and owned by the system and the delivery teams at each of the acute and non-acute hospitals.

2.4 There is a long-standing historical issue with the high numbers of DTOC patients in our local system. This remains a significant concern, both in terms of our patients' ongoing health and well being and in terms of being able to evidence a cohesive system approach to repairing and redesigning the systems and processes to ensure delivery of the DTOC target through a sustainable approach

2.5 There has been a recent change in leadership for the Delayed Transfer of Care Programme with Jan Thomas' appointed as the Accountable Officer for the Clinical Commission Group (CCG).

Amy Page commenced in post as the Discharge Transformation Director.

A team of Discharge Programme Leads has been appointed with a designated site lead at each of our provider sites:

- Sue Graham is at Cambridge University Hospital (CUH)
- David Allison is at Peterborough City Hospital (PCH)
- Eliza Bautista is at Hinchingbrooke Hospital (HH)
- Katie Wilson at Cambridgeshire and Peterborough Foundation NHS Trust (CPFT) and
- Debbie McQuaid from the Local Authority have joined the team and
- Sam Merridale is the Programme Management Office (PMO) Lead

2.6 With the revised programme approach comes a revised programme structure and programme governance which are included in this briefing. The Programme Director reports monthly to the Chief Executive Officers (CEO) DTOC group where there is the opportunity to escalate any emerging risks and be specific about the actions that are required by each of the Systems CEO's. Likewise, it is the Systems CEO's opportunity to challenge the Programme Director about delivery and performance issues

2.7 The Programme Delivery Group meet bi-weekly and this Group is the vehicle for design of the Programme and its delivery. Whilst the plan initially was to have a Steering Group and an Operational Group, the guidance from the CEO DTOC Group was to move to one unified programme delivery group to ensure cohesion, enable quick responses to emerging risks and as an enabler to the pace of delivery.

2.8 The Programme team meet weekly to ensure every opportunity is taken to share the teams individual experiences, skill sets and expertise and that all opportunities to apply cross-fertilisation of ideas into practice are taken in a consistent way so that we move towards one discharge narrative across our system. Achieving a standardised approach to delivery is one of our core objectives whilst recognising there is always the need for local situations to be taken into account

3. MAIN ISSUES

3.1 Performance remains challenging across all sites.

The performance document attached at **Appendix 1** evidences performance against trajectory for the first few weeks of the programme. The points in time when each of the Leads commenced on their respective sites have been referenced. There was a positive impact on performance at both Cambridge University Hospital (CUH) and Hinchingbrooke Hospital (HH) when the Site Leads landed on site and began to utilise their skills.

At Peterborough City Hospital (PCH), David commenced in the BH Week where we experienced many senior people from multiple organisations being on leave which led to delays in decision making and impacted on performance as evidenced in the gradual increase through that week and into early part of the following week.

3.2 The Programme team have recently met to scope the detailed programme of work required to achieve a stepped change in performance

3.3 The most recent performance data is attached **(Appendix 1*)***

This data sheet captures the trajectory and the actual performance relating to the number of occupied bed days blocked by delayed transfer of care patients as a percentage of a well-defined hospital bed base. This data is then translated into a performance chart for each of our hospital sites.

3.4 One of the programmes identified risks is maintaining momentum and day to day delivery through the summer weeks given the experience we had over the May Bank Holiday week when the impact of many senior officers being on leave from multiple organisations severely compromised patient flow.

All sites are now completing a 'Summer staffing plan' to ensure that every day, there is an accountable person with decision making authority at all the relevant meetings to mitigate against variation in performance during the major summer holiday period.

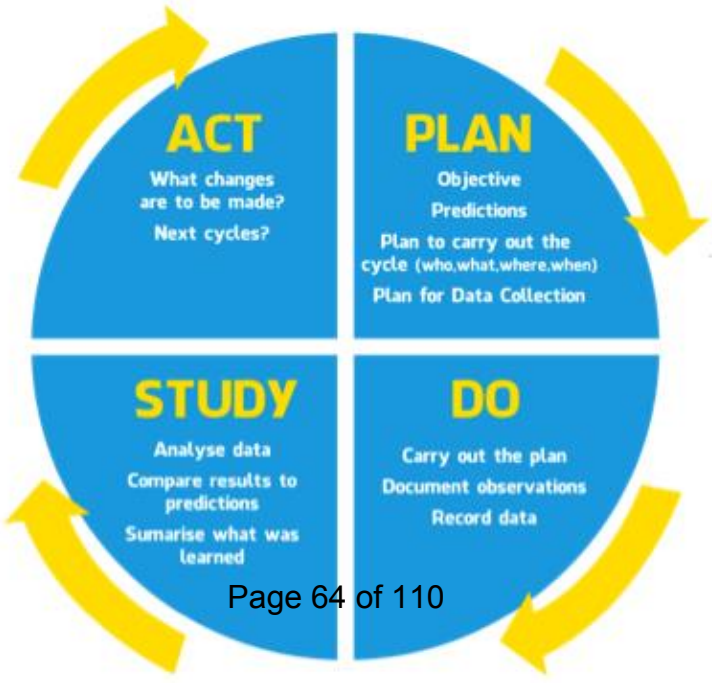
3.5 At CUH, a change in the senior discharge team leader role led to variation in the consistency of approach becoming an issue which led to a loss of traction in the improvement trajectory. We did not foresee that such a change would have such an impact and is a risk we are now sighted on and will develop mitigation plans to prevent this re-occurring during the Programme.

3.6 Implementation of the Integrated Discharge Teams is variable across the System with CUH having this approach further developed. It is now being progressed through North West Anglia Foundation Trust (NWAFT) with the learning from CUH to enable this to take place at pace.

3.7 At CUH, the point of delivery, (POD) pilots are supporting admission avoidance for our older people with the aim of achieving a 25% reduction in admissions into the assessment wards.

3.8 A key component to enable working in an integrated manner is space to bring the respective discharge team members together and this is currently being scoped to mobilise at pace with the assistance of the Chief Operating Officer.

3.9 Discharge to Assess pathway 1 has been piloted at PCH on 4 wards from Monday 2nd July, with the intention to apply a Plan, Do, Study, Act (PDSA) approach to enable rapid deployment across NWAFT and also apply the learning from this approach to CUH.



3.10 A recovery plan is in place and consists of all sites maintaining the rigour of holding daily DTOC meetings in the morning to ensure that every patient in this category has a daily MDT review with agreed discharge pathway management that all parties are aligned with. This process either ensures patients move along their discharge pathway, or are validated from the list.

To prevent those that are validated from the list potentially being put to one side, these patients are then captured in the weekly long-stay patient meetings that are held to ensure that all patients both on and off the DTOC list have a meaningful multidisciplinary team (MDT) review with agreed discharge pathways agreed by all parties.

3.11 Programme governance has been established with agreed Terms of Reference for the Programme Delivery Group who's role is primarily:-

'To ensure that all elements of the Cambridgeshire and Peterborough Discharge Pathways are functional and resilient in times of high demand/pressure, and deliver high quality, timely and safe services to all our patients/service users through an Integrated Discharge Team approach'

The full Terms of Reference and Programme Governance structure are attached for information **(Appendix 2)**.

These were reviewed and amended by the CEO DTOC Group, which meets monthly, prior to the first Programme Delivery Group which meets bi-weekly with cross organisational membership at both strategic executive level and also from operational delivery perspective to ensure traction, timely progress and to enable decisions taken to be mobilised into actions taken at pace to make a difference The Programme also reports monthly via a standing item on the agenda for both A & E Delivery Boards at CUH and NWAFT.

3.12 A programme risk register has been initiated and is reviewed at every Programme Delivery Group meeting to ensure this remains fit for purpose and that all risks and mitigating actions provide assurance that everything is being done that can be done to ensure the patients have the best and most clinically appropriate experience possible along their respective discharge pathways. The strategic risks are taken to the CEO DTOC group for review and attention. This is attached for information **(Appendix 3)**.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The Discharge Transformation programme will achieve the optimum performance for our delayed transfer of care patients and is relevant to priorities (2, 3, 4, 5,6) of the Health and Wellbeing Strategy:

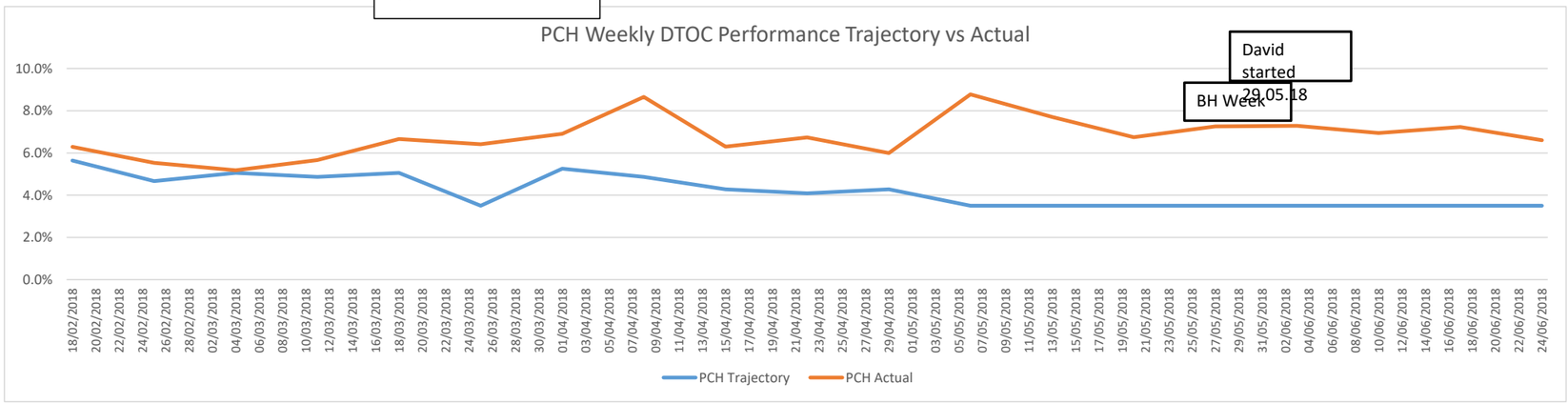
- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.

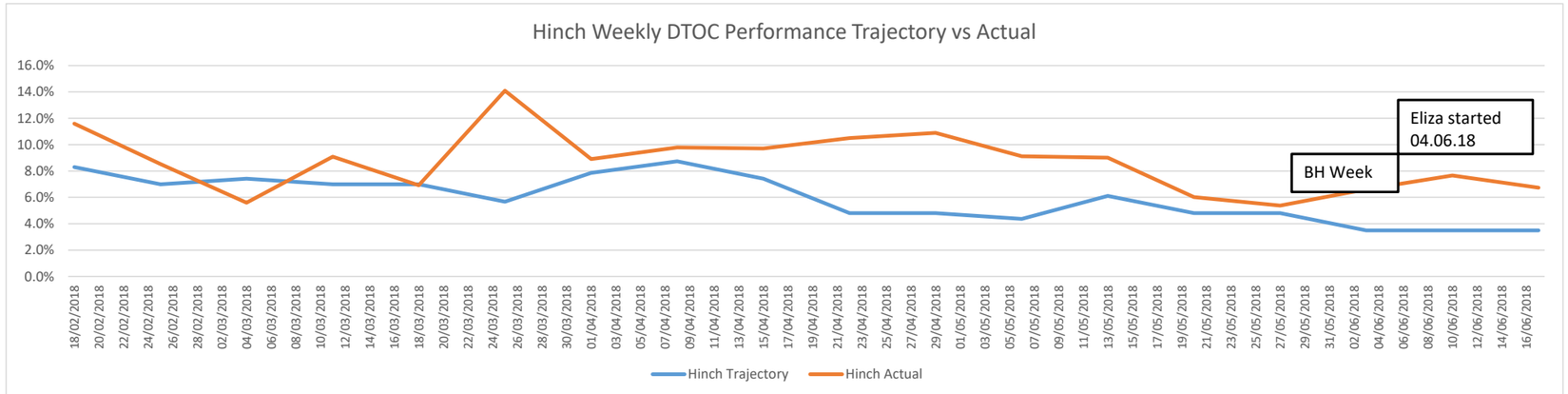
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

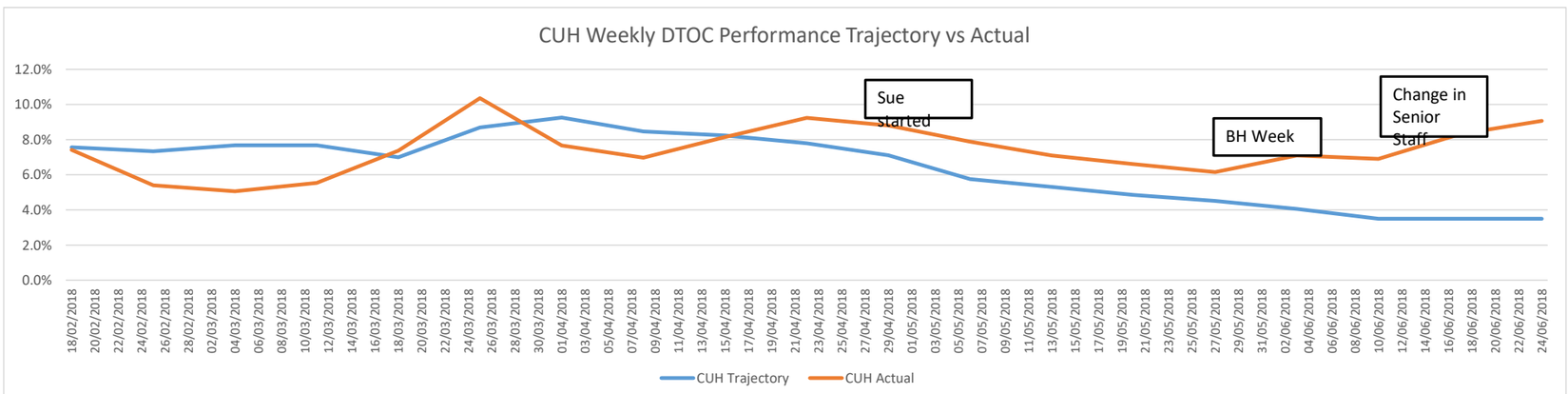
Source Documents	Location
Delayed Transfer of Care Programme Delivery Group Terms of Reference Programme plan Highlight reports by Site Lead – CUH; HH; PCH Risk register Comms and engagement plan Performance monitoring	These documents are held by the Programme Director, Leads and with the PMO Lead who holds the pen on all of these documents except the highlight reports which are produced by each of the relevant site leads due to the site specificity required

	18/02/2018	25/02/2018	04/03/2018	11/03/2018	18/03/2018	25/03/2018	01/04/2018	08/04/2018	15/04/2018	22/04/2018	29/04/2018	06/05/2018	13/05/2018	20/05/2018	27/05/2018	03/06/2018	10/06/2018	17/06/2018	24/06/2018
CUH Trajectory	7.6%	7.3%	7.7%	7.7%	7.0%	8.7%	9.3%	8.5%	8.2%	7.8%	7.1%	5.8%	5.3%	4.9%	4.5%	4.1%	3.5%	3.5%	3.5%
CUH Actual	7.4%	5.4%	5.1%	5.5%	7.4%	10.4%	7.7%	7.0%	8.1%	9.2%	8.8%	7.9%	7.1%	6.6%	6.2%	7.1%	6.9%	8.3%	9.1%
Hinch Trajectory	8.3%	7.0%	7.4%	7.0%	7.0%	5.7%	7.9%	8.7%	7.4%	4.8%	4.8%	4.4%	6.1%	4.8%	4.8%	3.5%	3.5%	3.5%	3.5%
Hinch Actual	11.6%	8.5%	5.6%	9.1%	6.9%	14.1%	8.9%	9.8%	9.7%	10.5%	10.9%	9.1%	9.0%	6.0%	5.4%	6.6%	7.7%	6.7%	
PCH Trajectory	5.6%	4.7%	5.1%	4.9%	5.1%	3.5%	5.3%	4.9%	4.3%	4.1%	4.3%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%	3.5%
PCH Actual	6.3%	5.5%	5.2%	5.7%	6.7%	6.4%	6.9%	8.7%	6.3%	6.7%	6.0%	8.8%	7.7%	6.7%	7.3%	7.3%	6.9%	7.2%	6.6%

Appendix 1: Performance







Appendix 2:
Programme Delivery Group
Terms of Reference

Cambridgeshire and Peterborough Discharge Transformation Programme

Programme Delivery Group – Terms of Reference v4.0

June 2018

1. The role of the Delivery Group:

The fundamental goal of the Delivery Group is to ensure that all elements of the Cambridgeshire and Peterborough Discharge Pathways are functional, resilient in times of high demand/pressure, and deliver high quality, timely and safe services to all our patients/service users through an Integrated Discharge Team approach

- Will develop, steer, direct and secure delivery of the benefits associated with creating the Integrated Discharge Teams as outlined in the Plan B DTOC Recovery Approach (attached) through a dedicated programme structure, resource and plan to ensure delivery at scale and pace
- Ensure quality and outcomes are at the centre of the work
- Patient engagement, Equality and diversity is prioritised
- Will provide oversight of delivery against outcome measures
- Ensure delivery of effective Discharge Pathways
- Ensure organisations are accountable
- Unblock system issues and enable delivery

And:

- Improve DTOC performance through the range of integrated services which enable the discharge pathways within an agreed cost envelope and as part of the wider strategic plan in both health and social care settings;
- Work across organisational boundaries to improve patient experience and clinical outcomes;
- Review clinical risk associated with pressures in the system;
- Establish partnerships and better working relationships between all Health and Social Care organisations across the C&P geographical area;
- Agree and sharing goals, objectives and responsibilities throughout the community;
- Make sure any developments produce system wide improvement;
- Make sure delays are not caused by organisational boundaries or other non-clinical reasons.

The Delivery Group will achieve these goals by:

- Reviewing the implementation and delivery of DTOC management through the Integrated Discharge Teams performance, monitoring the recovery and delivery of system performance;
- Making patient perspectives and quality of care the top priorities in planning discharge;
- Offering patients appropriate choices;
- Ensuring easy access to clinically appropriate services at the appropriate time without unnecessary duplication and in line with national standards;
- Ensure the Integrated Discharge Teams enable patients to achieve their

discharge into the most clinically appropriate environment at the right time;
- Working with the C&P Health and Social Care Commissioners and Providers to agree our local priorities;
- To improve and spread knowledge and understanding of the role of the Integrated Discharge Teams throughout the system
- Supporting and maintaining improvement work in line with the other strategic programmes of work;
- Keeping professionals and patients informed about developments in discharge planning.

2. Focus of the Delivery Group

The initial focus for the Delivery Group will be to review the current performance issues inherent across all providers, and implement an action plan to manage this performance to ensure that there is sufficient improvement within a contractual framework to deliver safe and clinically appropriate care, and to meet the 3.5% DTOC target. The work programme for the Delivery Group is centred around, but not restricted to the effectiveness of the Integrated Discharge Teams and their management of Discharge and out of hospital care – "Outflow".

The key focus of an initial review will be to examine the following areas:

- The establishment and implementation of the Integrated Discharge Teams, Plan B DTOC Recovery Approach;
- The effectiveness, the range and scale of discharge pathways including the range of professions and skill sets available, along a range of clinical pathways INCLUDING Discharge to Assess;
- The capacity and quality of community based services to facilitate discharge and step up/step down services available across the county;
- The effectiveness of the Intermediate Care services available post discharge (step down care).
- The capacity and quality of services managing the patient journey as part of their discharge process through hospital services (both acute and community)
- The capacity and resource available in both health (CHC) pathways and social care pathways to facilitate discharge;
- The patient and carer experience of discharge planning across C&P.

3. Responsibilities

- Oversee the establishment and implementation of the Integrated Discharge Teams alongside the development of the programme plan to enable the Health and Social Care partners to achieve their objectives and ensure a single integrated approach across the system.
- Establish reliable metrics and outcome measures to inform progress against plan
- Monitor and review system performance against agreed baselines;
- Ensure the co-ordination of projects and programmes across all stakeholders.
- Oversee the delivery of improvement plans in line with national imperatives and local priorities
- Review pathway change proposals for the whole system to ensure alignment of work streams.
- Maintenance of a risk register
- Provide inter-programme links with other high level programmes of work (e.g. D2A; the BCF)
- Oversee the performance management and delivery of the Integrated Discharge

Teams;.

- Supervise any additional non-recurrent or recurrent resources specifically allocated to the delivery of Discharge standards including the recovery of operational performance.
- Promote the adoption of care pathways across all components of the discharge process which deliver best practice and meet national standards and guidance.
- Hold the whole system to account to ensure that productivity and efficiencies are delivered through patients being treated and cared for by evidence based services that meet their needs in the least intensive environment.
- Ensure local service developments provide support to specific groups of patients who are likely to be at increased risk of needing longer term care e.g. the frail elderly, children with disabilities or long term illness, vulnerable adults including people with Mental Health problems, learning disabilities and substance misuse problems.
- Ensure that the patient and carer perspective and quality of care are the priorities in planning discharge pathways in the local Health and Social Care community.

4. Prioritisation

The Delivery Group will base its prioritisation for its work programme on answers to the following questions:

1. Where are we experiencing the biggest issues in system performance?
2. What is working well locally and elsewhere?
3. Which areas can be improved?
4. Whether services are safe, and providing a good patient experience
5. Where are delays occurring?
6. Is there any duplication or bottlenecks in the local system?
7. Are services effective and providing good value?
8. Are all services that patients and providers need available?
9. What quality measures can be applied across the whole patient journey?

4. Performance

5.

The Delivery Group will further develop and publish an operational dashboard and will receive weekly performance reporting to monitor its progress. High impact changes/actions will be contained within a Recovery Action Plan.

The current proposed metrics by site and as a system are as follows:

1. Percentage DTOC rate at close of play
2. Percentage of discharges from hospital before and after midday.
3. Delayed transfers of care standard metrics
4. Classification of Delayed transfer of care using national metrics
5. Emergency Readmissions (i.e. failed discharges) within 30 days
6. Discharges by day of week
7. Long term admissions to residential care

6. Frequency of meetings

The Delivery Group will meet fortnightly in the first instance, with this being reviewed in the Summer of 2018.

7. Communications
8.

The Delivery Group will be responsible for ensuring stakeholder organisations are communicating and engaging with each other and within their own organisations and that all stakeholders have identified champions to optimise the delivery of discharge pathways.

9. Membership and Responsibilities

The Delivery Group membership is drawn from the local Health and Social Care organisations across Cambridgeshire and Peterborough. The membership of the group and the attendance will be reviewed regularly to ensure constituent organisations are being represented by senior clinical and senior management and operational leads with delegated authority to make decisions on behalf of their organisations.

Senior membership of the Delivery Group is required and received from all contributing organisations:

Clinical Leaders

To be completed

Organisational Leaders

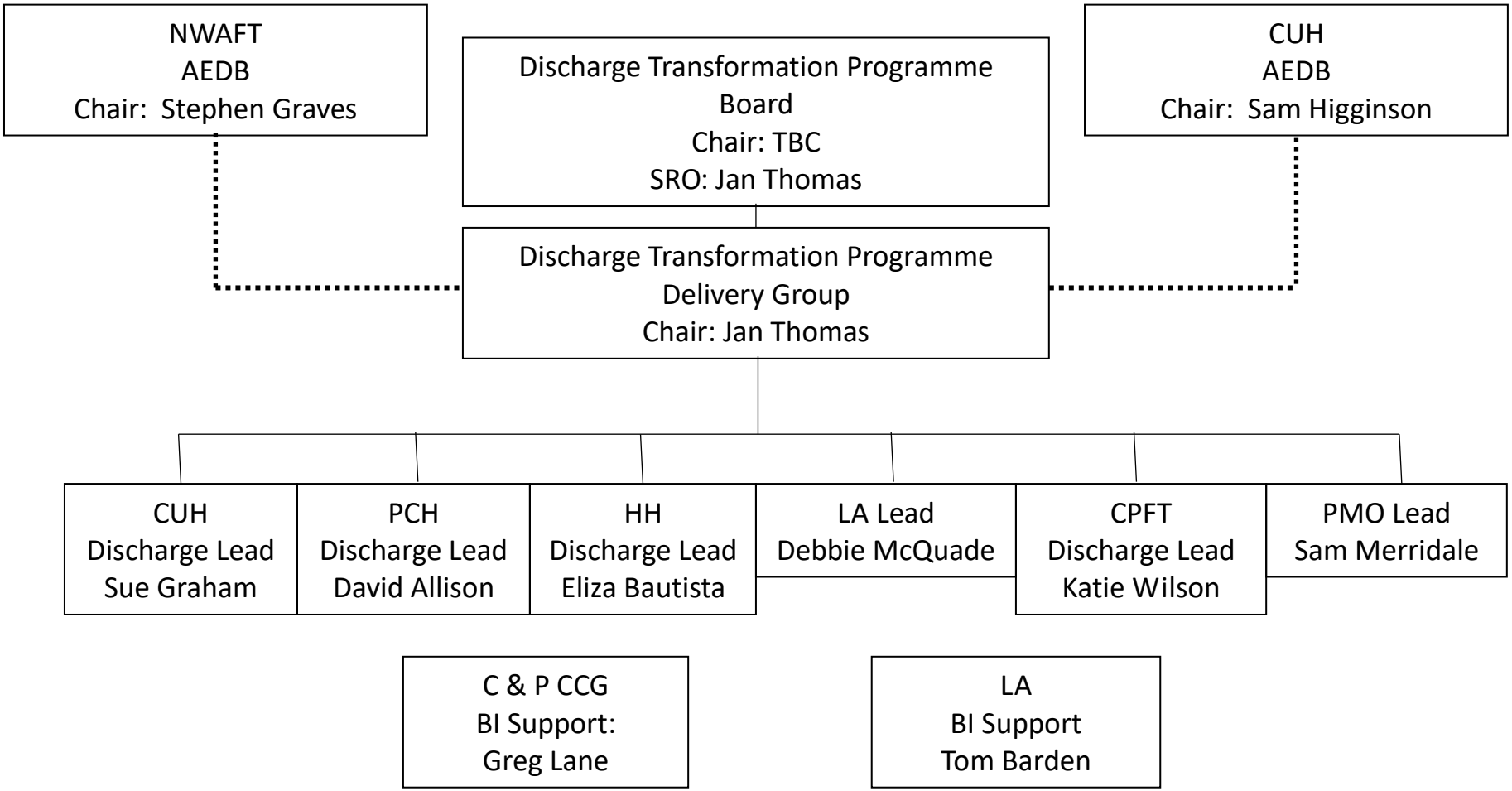
Jan Thomas – Chair, (COO Cambridgeshire and Peterborough CCG)
Amy Page – Programme Director, C&PDP
Sam Merridale – Programme Manager, C&PDP
Sandra Myers – COO - Addenbrookes Hospital
Neil Doverty, COO - Hinchingbrooke Hospital
Charlotte Black – Service Director, Adults and Safeguarding - Cambs CC
Julie Frake Harris – Director of Operations, CPFT
Oliver Hayward – AD Commissioning, Peterborough CC
Debbie McQuade – AD Adult Services, Peterborough CC
Sam Higginson – COO, Addenbrookes Hospital
Caroline Townsend – BCF lead
Sara Rodriguez-Jiminez – Cambs CCG
David Allison – DTOC lead (Hinchingbrooke Hospital
Eliza Bautista – DTOC lead (Peterborough Hospital)
Sue Graham – DTOC Lead (Addenbrookes Hospital)
Mark Cook – Head of Out of Hospital Care – Cambridgeshire Partnership Foundation Trust
Vicky Main – Head of Transfers of Care – Cambridgeshire County Council / Peterborough City Council
Tom Barden – BI lead – Peterborough City Council
Greg Lane – BI lead – Cambs CCG

This list to be reviewed and amended

Further attendees will be invited on an ad-hoc basis for specific programmes of work.

Samantha Merridale
Interim Programme Lead
5th June 2018

Discharge Transformation Programme Resource & Structure



DTOC PROGRAMME BOARD RISK LOG

Appendix 3

Guidance note: Continue to update the Project Risk Log during the Project's cycle.

Appendix 3

Risk Reference	Date posted	Deliverable Theme	Description of Risk	Risk Owner	Mitigation	Update -June 2018	Risk Score before Mitigation (likelihood x consequence)	Risk Score after Mitigation (likelihood x consequence)
	13/06/2018	CHC	The CHC process is not functioning correctly and this is leading to staff frustrations, poor patient outcomes, a financial implication and a massive backlog for CPFT. The process must be revisited and a more efficient model put in place.	Jan Thomas	Data analysis to be completed. Task and Finish group to describe a new model, to be implemented during June 2018.		20	12
PROG01	31/05/2018	Performance targets	BCF DTOC target for health doesn't match the 3.5% stretch target we have committed to reach by 30/6/2018. The risk is that this will cause confusion in terms of trajectories.	Delivery Group	Manage expectations across all partners through clear briefings, explanation of trajectories, and plans to support our delivery of the target by 30/6/2018. The CEOs at the DTOC meeting are united in agreement to maintain focus to achieve the 3.5% target for our patients	CEOS to be briefed by Amy Page 31/5	20	16
PROG02	01/06/2018	Performance targets	Delivery of the 3.5% target by 30 June, 2018	Programme Board	Site leads now in place and working to ensure operational processes in place to deliver target	CEOs sighted on this as a key requirement	20	16
PROG03	01/06/2018	Workforce	Ward Manager and shift leader engagement with discharge processes for their patients is variable. It is causing significant delays in progressing discharges especially at NWAFT.	Delivery Group	Lesley Crosby aware and is working to address this. Engagement and OD plan being prepared to re-engage all ward shift leaders in their responsibilities for the safe discharge pahtways for their patients	CEOs agreed to support communication into each organisation	16	12
PROG04	01/06/2018	Workforce	Significant variation in DPSN input during times of peak holiday periods. This had an impact wc 28th May as DTOC numbers remained fairly static rather than continuing to decrease as per the plan.	Delivery Group	An understanding of system wide annual leave commitments will be essential to ensure preparedness to maintain delivery ahead of going into main holiday period		16	12
	13/06/2018	Workforce	Recruitment of DPSNs	Site Leads / Delivery Group	Staffing variations across all IDTs on each site needs to be analysed in more detail and site nursing leads to provide detailed plans of how this is to be managed, with teams fully staffed before Autumn 2018.		16	12
PROG05	01/06/2018	Transformation	Discharge to Assess programme – to be commenced at pace from early July, once DTOC trajectory and target achieved. The risk is around the funding model for the programme, which is estimated to be around £12M - only £7M currently identified.	Programme Board	This is a key enabler for all discharges to be mobilised in a more effective manner once medical fitness for discharge has been determined. The business case needs to be reassessed for viability and effectiveness of the proposed model.		16	12

PROG06	01/06/2018	Performance targets	Reporting mechanisms – current variation on each of the 4 sites can lead to discrepancies in performance reporting.	Delivery Group	Plan is in place to determine system wide understanding and agreement of DTOC classification and then classification process for category of reason for delay in transfer of care. This will be presented to CEO DTOC group to understand any emerging issues from standardised approach that may emerge.		12	8

Agenda Item No.7

CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES - ACTION PLANNING

To: **Health and Wellbeing Board**

Meeting Date: **26th July 2018**

From: **Dr Liz Robin, Director of Public Health**

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

a) **Note progress with progressing action planning for the three priorities confirmed at the HWB Board on April 24th 2018.**

b) **Consider how the Living Well Partnerships might wish to work with the HWB Board and county-wide officer groups, on these priorities.**

	Officer contact:		***Member contact:***
Name:	Dr Liz Robin	Names:	Councillor Peter Topping
Post:	Director of Public Health	Post:	Chairman
Email:	Liz.robin@cambridgeshire.gov.uk	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:	01223 703261	Tel:	01223 706398

1.0 PURPOSE

1.1 The purpose of this paper is:

- To update the HWB Board on delivery arrangements and actions to take forward the three agreed priorities for Cambridgeshire HWB Board.
- To stimulate debate on the role of the Living Well Partnerships, and how they may wish to contribute to these priorities.

2 BACKGROUND

2.1 At the HWB Board meeting in November 2017, priorities were proposed for the Cambridgeshire HWB Strategy, building on feedback from a stakeholder workshop. Following further discussion by the HWB Board members, the following three priorities were selected:

- Health inequalities, including the impact of drug and alcohol misuse on life chances
- New and growing communities and housing
- Integration – including the Better Care Fund, delayed transfers of care. This would also cover monitoring the impact of developing place based care models.

2.2 These priorities were initially identified in the context of refreshing the HWB Strategy for Cambridgeshire. Due to wider changes in the strategic landscape it was agreed in April 2014, to extend the current HWB Strategy to 2019 and to focus instead on action planning and delivery against the three identified priorities.

3. MAIN ISSUES

Priority 1: Health inequalities, including the impact of drug and alcohol misuse on life chances:

3.1 In April, the HWB Board agreed that the multi-agency Public Health Reference Group (PHRG), working closely with the Living Well Partnerships, would be an appropriate officer group to oversee action planning against this priority. Action on the impact of drug and alcohol misuse on life chances could be overseen by the multi-agency Drug and Alcohol Misuse delivery board, working with Living Well Partnerships and Community Safety partnerships.

3.2 The Public Health Reference Group will meet on July 20th to discuss how to take forward work on health inequalities as its key delivery priority for 2018/19. Verbal feedback on progress will be provided at the HWB Board.

3.3 The drug and alcohol treatment services contract for Cambridgeshire has been awarded to Change Grow Live (CGL) following a competitive tender process, and the new contract will commence in October 2018. The contract has a requirement to focus upon developing recovery services that should endeavour to address any socio-economic issues that undermine successful outcomes.

3.4 The Drug and Alcohol Misuse Delivery Board (DADB) is a multi-agency Board, co-chaired by Police Superintendent Laura Hunt and the Director of

Public Health. It reports to the County-wide Community Safety Board and to the Health and Wellbeing Boards. The DADB has used the Drug and Alcohol Joint Strategic Needs Assessment (approved by the Cambridgeshire HWB Board in 2016) and the new National Drugs Strategy, to identify three priorities for action:

PRIORITY ONE - Prioritising early help interventions to young people, families and children most at risk of substance misuse
PRIORITY TWO - Reducing drug related deaths and implementing the recommendations of the local drug related death review 2017
PRIORITY THREE - Improving outcomes by addressing barriers across

- Housing and homelessness
- Education, employment and training
- Mental health pathways
- Criminal justice systems

3.5 Separate leads have been identified for priority one, priority two, and each bullet point under priority three. Each lead is preparing a multi-agency action plan and these plans will be monitored quarterly by the DADB. A key aspect of the action plans is about 'join-up' - ensuring that the needs of people with drug and alcohol misuse problems are included in existing multi-agency work e.g. on employment and health, or homelessness/housing.

Priority 2: New and growing communities and housing

3.6 A paper was taken to the combined meeting of the Cambridgeshire Public Service Board (chief officers of local authority, fire, police, Clinical Commissioning Group (CCG)) and the Health and Care Executive (local NHS chief executives) in June, outlining current issues and challenges for aligning NHS estates planning with the local authority planning system, including section 106 and Community Infrastructure Levy (CIL) funding. The paper made recommendations for action to address these issues. The paper also identified three strategic questions:

Question 1 - How do we develop a better understanding of the projected impact of planned growth on health and wider public services going forward?

Question 2 - How do we ensure residents living in new communities, in areas where there is limited or no developer contributions for health facilities, have equitable access to health and care infrastructure?

Question 3 - How do we ensure resources and investment for health and wider public sector infrastructure and services keep pace with the planned growth?

3.7 The CPSB/HCE meeting asked for some further actions and stakeholder involvement to be taken forward, and for the issues to be reviewed following this at the Cambridgeshire Public Service Board (CPSB)/Health and Care Executive (HCE) meeting in October. This is being taking forward by a multi-agency officer group.

Priority 3: Integration – including the Better Care Fund, delayed transfers of care. This would also cover monitoring the impact of developing place based care models.

3.8 The Better Care Fund and Delayed Transfers of care have been covered in other agenda items. The current Better Care Fund Plan is a two year plan with 2018/19 as a second year.

3.9 Place based models of care are being developed from the perspective of the Sustainable Transformation Partnership (STP) through the 'Home is best' work, which will now be focussed into two geographical areas, 'North' and 'South', which are linked to NHS Acute Trust catchment areas. New neighbourhood models of social care are being piloted in parts of the county. The Combined Authority has commissioned a piece of work to review the potential for a proposal to national government on health and social care integration. The Living Well Partnerships are developing as place based partnership for preventive work with a wider range of local partners. The Health and Wellbeing Board may wish to consider how it is updated on and links to these workstreams on place based models of care.

4. ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 The priorities for action described in this paper are cross-cutting and will impact on all six priorities of the overarching Health and Wellbeing Strategy:

- Priority1: Ensure a positive start to life for children, young people and their families.
- Priority 2: Support older people to be independent, safe and well.
- Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.
- Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health.
- Priority 5: Create a sustainable environment in which communities can flourish.
- Priority 6: Work together effectively.

Source Documents	Location
Cambridgeshire Health and Wellbeing Strategy 2012-17 (now extended)	https://cambridgeshire.wpengine.com/wp-content/uploads/2018/01/4-HWB-Strategy-Full-Document.pdf
Agenda item 7 'Health and Wellbeing Strategy' Paper to HWB Board 24 April 2018	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/950/Committee/12/Default.aspx

Agenda Item No. 8

CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE – PUBLIC ENGAGEMENT

To:	**Health and Wellbeing Board**
Meeting Date:	**26th July 2018**
From:	**Catherine Pollard, Executive Programme Director, Cambridgeshire and Peterborough Sustainability and Transformation Partnership System Delivery Unit**
Recommendations:	**The Health and Wellbeing Board is asked to note the strategy for external communication and engagement for the coming year.**

Officer contact:		***Member contact:***	
Name:	Catherine Pollard	Names:	Councillor Peter Topping
Post:	Executive Programme Director	Post:	Chairman
Email:	Catherine.pollard3@nhs.net	Email:	Peter.Topping@cambridgeshire.gov.uk
Tel:		Tel:	01223 706398 (office)

1.0 PURPOSE

1.1 To note the external communication and engagement strategy for Cambridgeshire and Peterborough Sustainability and Transformation Partnership.

2.0 BACKGROUND

2.1 It has been over 18 months since the publication of the Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP). The journey so far has taken us through a process of analysing what the big health and care issues are in the county, engaging with patients, local people and other stakeholders to distil what needs to change, developing a plan to deliver that change and starting on the road to implementing the Plan.

2.2 Starting in 2015, there has been considerable engagement with clinicians, staff, stakeholder groups, patients and public on how we should develop the STP in our area. Our local authority partners, County, City, District Councils have been partners in the development of the STP. We have established and maintain strong relationships with our two County Council Overview & Scrutiny Committees, as well as with our two Health & Wellbeing Boards. Key stakeholders have been kept up to date on the progress of STP Fit for the Future projects, however the wider community are less well informed now we are moving towards delivery.

3.0 COMMUNICATION AND ENGAGEMENT

3.1 The purpose of this strategy is to set out how the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) plans to engage with local people, communities, and other key stakeholders during 2018-19. It seeks to build on the good foundations of engagement over the last two years, to expand awareness of our system programme and of progress made to date amongst key audiences. It also seeks to strengthen the role of partners, the public and key stakeholders in the planning, development and implementation of our programmes of work. Furthermore, within groups and communities, it seeks to build on previous engagement and develop a sense of ownership of the values, priorities and expectations of health and care services which will be used to guide system decision making at all levels.

The strategy will set out clear guidelines for how the STP will deliver communications and engagement across all partners to ensure that the public and key stakeholders are fully informed and have the opportunity to engage with STP processes and programmes.

3.2 Our engagement and communications objectives

The objectives of STP communications and engagement can be broken down into four key stages:

1. Publicity - raising awareness
2. Participation - encouraging involvement in the process
3. Engagement and consultation - working with people and stakeholders to hear views, co-designing and co-production where possible.

4. Progression - ensuring that the dialogue and feedback obtained helps to shape delivery and implementation.

3.3 Communications and engagement principles

The principles by which this strategy will be delivered are as follows:

- Shared **leadership** of our communications and engagement strategy, between our System Delivery Unit (SDU) and the in-house communication leads of each partner (Comms Cell).

- A **joined-up approach is taken for communications** by partner organisations who have the predominant role in delivery of key projects e.g., out-of-hospital interventions led by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

- Establishing and maintaining a **single resource of consistent and coherent multi-purpose content and information** which can be tailored to different audiences and delivered via various channels e.g., our website, partner internal communication channels, etc

- Ensuring that the development and implementation of service change or transformation projects meet the **highest standards of engagement and consultation** and that statutory duties in relation to involving stakeholders and, where appropriate, consultation are observed.

- Ensuring that the **patient voice is heard** throughout service change planning and implementation, ensuring that Healthwatch and patient representatives are an integral part of all STP workstreams, programmes and projects.

- Ensuring that the development and implementation of system projects meet the **highest standards of engagement** and that statutory duties in relation to involving stakeholders and, where appropriate, consultation are observed.

- **Predominant use of 'borrowed' channels** for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost-effective approach and the ability to use credible, recognised channels. This also reinforces the messages that the partners are the system not something separate.

- Support to leaders throughout the system to **promote consistent and agreed messaging**.

- **Close co-ordination with key stakeholders** to ensure that they are heard and that there are 'no surprises'. Our key stakeholders are listed in the strategy at **appendix one** and include, Councillors, MPs, Healthwatch, public forums etc

- We will ensure that the highest standards of engagement are followed as set out by Healthwatch to ensure local people have their say, namely:

i. Set out the case for change so people understand the current situation and why things may need to be done differently;
ii. Involve people from the start in coming up with potential solutions
iii. Understand who in our community will be affected by our proposals and find out what they think;
iv. Give people enough time to consider our plans and provide feedback; and
v. Explain how we used people's feedback, the difference it made to the plans and how the impact of the changes will be monitored.

The strategy sets out the system priorities for communications and engagement for the year ahead.

The strategy was considered by the STP Communications Cell enabling group on 6 July 2018 and was approved.

The strategy is attached at **Appendix 1** for the approval of this Board.

Source Documents	**Location**
None	Not applicable

Fit for the Future
Working together to keep people well

Cambridgeshire and Peterborough
Sustainability and Transformation Partnership

2018-19 External Communications and Engagement Strategy

Working Document – June 2018 V7

Version control

Version	Date	Name	Details of updates
V2	03/07/18	Jane Coulson	Added priority column to the tactical plan.
V3	09/07/18	Jane Coulson	CP, HW, HWB support group, Comms Cell edits incorporated
V4	10/07/18	Jane Coulson	JB edits
V5	10/07/18	Jane Coulson	CP final edits
V6	10/07/18	Laura Anthony	Formatting
V7	12/07/18	Jane Coulson	HCE amendments

Purpose

The purpose of this strategy is to set out how the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) plans to engage with local people, communities, and other key stakeholders during 2018-19.

All of the STP partners are engaged in the delivery of this strategy.
Our system partners are:

- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridge University Hospitals Foundation Trust
- Cambridgeshire & Peterborough Foundation Trust
- Cambridgeshire Community Services NHS Trust
- North West Anglia NHS Foundation Trust
- Papworth Foundation Trust
- Peterborough City Council
- Cambridgeshire County Council

It seeks to build on the good foundations of engagement over the last two years, to expand awareness of our system programme and of progress made to date amongst key audiences. Also, to strengthen the role of partners, the public and key stakeholders in the planning, development and implementation of our programmes of work.

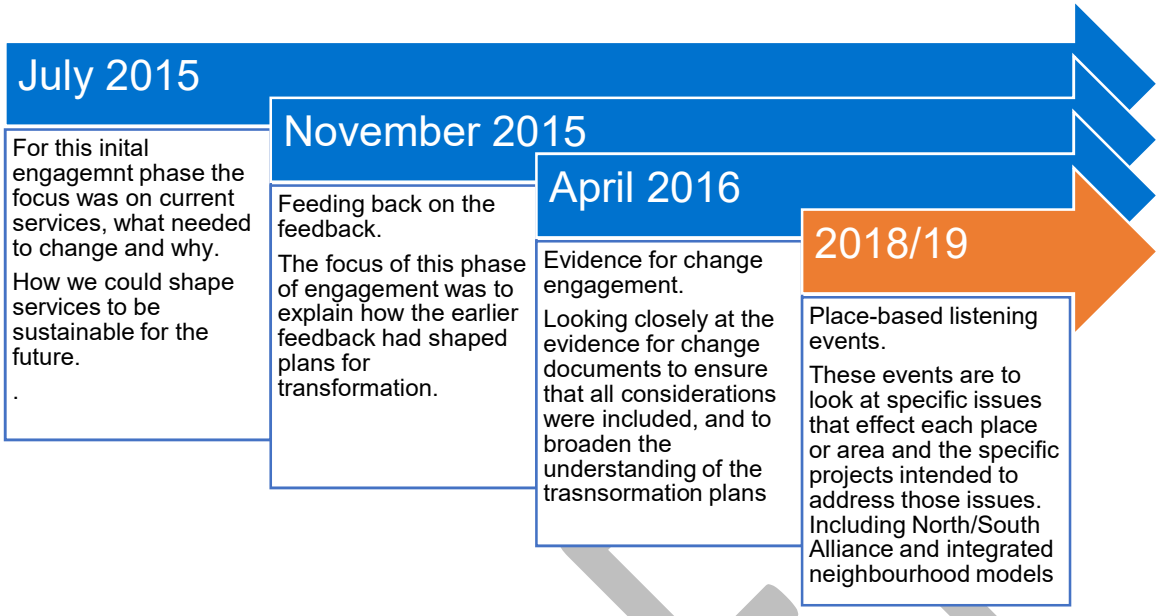
Within groups and communities, it seeks to build on previous engagement and develop a sense of ownership of the values, priorities and expectations of health and care services which will be used to guide system decision making at all levels.

A separate internal communications and engagement strategy will set-out how we intend to ensure that all of our staff, including clinicians and GPs are kept informed and have the opportunity to be involved.

Current position

From an engagement perspective, there has been a mixed picture of progress and success in terms of raising public awareness and building ownership and a commitment to action. Starting in 2015, there has been considerable engagement with clinicians, staff, stakeholder groups, patients and public on how we should develop the STP in our area. Our local authority partners, County, City, District Councils have been partners in the development of the STP. We have established and maintain strong relationships with our City and County Council Overview & Scrutiny Committees, as well as with our two Health & Wellbeing Boards. Key stakeholders have been kept up to date on the progress of STP Fit for the Future projects, however the wider community are less well informed now we are moving towards delivery.

The diagram below shows the stages of engagement from 2015 projected forward to 2019.



The table below gives an overview of our current position with regard to communications and engagement.

	What has gone well	What has gone less well
Awareness raising	Our plan was informed by numerous stakeholder and public events.	The public and some stakeholders are largely ambivalent towards our programmes of work.
Involvement in decision-making	We have made good progress in ensuring that there is direct patient, carer and interest group membership of system-wide design and implementation groups i.e. Clinical Communities and Delivery Groups. We have established robust governance arrangements. Leaders, patients, managers and colleagues directly involved in our system	There are still gaps for patient, carer, interest group representatives to be filled on some implementation groups. More needs to be done to demonstrate openness and accountability to the public in how the STP is being delivered. We have not yet, reached a point where we have a critical

	programmes of work have a better understanding.	mass of people who are advocates for change.
Co-production	We have established and maintain strong relationships with our City and County Council Overview & Scrutiny Committees, as well as with our two Health & Wellbeing Boards	There are other key stakeholders who need a more targeted focus in order to ensure that they play a more active role, for example, our MPs, the Combined Authority/Mayors office.

Communications and engagement principles

To guide the progression and delivery of this strategy we have developed some key principles:

- Shared **leadership** of our communications and engagement strategy, between our System Delivery Unit (SDU) and the in-house communication leads of each partner (Comms Cell)
- A **joined-up approach is taken for communications** by partner organisations who have the predominant role in delivery of key projects e.g., out-of-hospital interventions led by CPFT
- Our communications and engagement with all of our stakeholders will be based on the **core values of honesty, integrity and transparency**
- Establishing and maintaining a **single resource of consistent and coherent multi-purpose content and information** which can be tailored to different audiences and delivered via various channels e.g., our website, partner internal communication channels, etc.
- Ensuring that the development and implementation of service change or transformation projects meet the **highest standards of engagement and consultation** and that statutory duties in relation to involving stakeholders and, where appropriate, consultation are observed
- Ensuring that the **patient voice is heard** throughout service change planning and implementation, ensuring that Healthwatch and patient representatives are an integral part of all STP workstreams, programmes and projects
- **Predominant use of 'borrowed' channels** for delivery (i.e. cascade by and through partner organisations), as this represents both the most cost-effective approach and the ability to use credible, recognised channels. This also reinforces the messages that the partners are the system not something separate
- Support to leaders throughout the system to **promote consistent and agreed messaging**
- **Close co-ordination with key stakeholders** to ensure that they are heard and that there are 'no surprises'. Our key stakeholders are listed in the strategy at appendix one and include, Councillors, MPs, Healthwatch, public forums etc
- We will ensure that the **highest standards of engagement** are followed as set out by Healthwatch to ensure local people have their say, namely:
    i. Set out the case for change so people understand the current situation and why things may need to be done differently;
    ii. Involve people from the start in coming up with potential solutions
    iii. Understand who in our community will be affected by our proposals and find out what they think;

iv. Give people enough time to consider our plans and provide feedback; and

v. Explain how we used people's feedback, the difference it made to the plans and how the impact of the changes will be monitored.

Alongside these principles the STP is fully supportive of the legal duties in relation to public involvement and consultation. The STP itself is not a statutory organisation, the legal duties rest with Cambridgeshire and Peterborough Clinical Commissioning Group as the statutory body. However, in relation to communications and engagement this SDU will fully support the CCG in upholding this legal duty. See appendix 3 below.

Approach

As defined in our principles, we will, where possible, use existing channels of communication because our partners across the system produce many forms of communications to differing audiences. Channels already in use across the system are:

- **Digital**: websites, intranets, e-bulletins, video
- **Social media:** Twitter, Facebook, YouTube, LinkedIn
- **Print media**: local, regional, national, trade media
- **Broadcast media**: local, regional and national radio and TV
- **Face-to-face**: public and existing meetings, focus groups and workshops
- **Printed materials**: posters, leaflets
- **Accessible materials and media**: recordings, sign interpreters, translations, Easiread information

For the future we will:

- explore innovative methods of communications and engagement with our differing audiences, looking closely at how best to communicate with our diverse communities across the area.
- ensure that our communications and engagement are fully accessible and meet the needs of the intended audience, considering the diverse communications needs of people across our area.
- work closely with public and patient support groups, voluntary sector organisations as well as our local Healthwatch organsations to ensure that we maximise on the existing relationships and engagement channels that have been established with people across our area.
- communicate and engage across the whole range of existing statutory and public/patient groups and meetings that are established in the health and care sector.

Communications and engagement will take place throughout the STP process at system level as well as at individual project level ensuring we are having the right conversations with the right people at the right time. See table below:

System-wide (example)	Place-based events Three-year roadmap Planned care (stroke) possible consultation Self-care CCG Stakeholder news CCC and PCC Shared integrated services North/South Alliance Delivery Groups
Programme based (example)	Better Births Healthy Peterborough
Project based (example)	Adults Positive Challenge Trauma and orthopaedics project Greater Peterborough Network Integrated (GPN) Neighbourhoods
Condition based (example)	Wheelchair services procurement Diabetes
Seasonal campaigns (example)	Winter planning Summer planning NHS at 70 Annual public meeting NWAngliaFT 2018 National Health weeks/days such as mental health week, carers week,
Partner specific (example)	GP surgery procurement work Royal Papworth Hospital Opening Royal Papworth Hospital Centenary Cambs County Council and Peterborough City Council business planning Shared and integrated services PCC and CCC Cambs2020 CUH together NWAFT increasing foundation trust membership NWAFT staff intranet for merged trusts

All of our communications and engagement plans are aligned to our four system priorities (appendix 1). More detail regarding leadership, timing, methodology and this alignment can be found in appendix 2. This tactical plan covers the remainder of 2018/19 and encompasses the collective communications and engagement activities of all our system partners.

Audience and stakeholders

For each piece of work, we will map our stakeholders to understand how best to engage them. We have many stakeholders:

NHS/Partners

- NHS England and its local offices
- Department of Health
- Cambridgeshire and Peterborough CCG Member Practices
- Local Medical Committee (LMC)
- Local Pharmaceutical Committee
- GP practices
- GP Federations
- Optometrists
- Dentists
- Pharmacists
- NHS provider Trusts
- Bordering CCGs
- Private and voluntary sector providers
- Health and Wellbeing Boards: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Health Overview and Scrutiny Committees: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Huntingdonshire, Rutland & Lincolnshire
- Living Well Area Partnerships
- Education: University - health sciences, research, innovation and training
- Media
- Other Public Services i.e. police, fire etc
- Social Partnership Forum/ Unions
- Professional representative groups
- Cambridgeshire Public Services Board

Patients and the public

- People who use local health services and their carers
- Our area NHS staff, also users of local NHS services
- Healthwatch organisations: Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire, Rutland & Lincolnshire
- Patient Participation Groups (PPGs)
- Patient Forums
- CCG Patient Reference Groups
- BME or community groups
- Patient, or condition, support groups
- Our residents in Cambridgeshire and Peterborough, Oundle, Wansford and Royston
- Interest groups
- Voluntary, community and third sector organisations

- Charitable organisations
- Governors of local Foundation Trusts
- Lay representatives on local Boards
- Other partnership Committees, Boards and Groups

Local Government

- Politicians: MPs for Cambridge, North East Cambs, South East Cambridgeshire, South Cambs, North West Cambs, Huntingdon, Peterborough, Corby & East Northants, North East Herts, Grantham and Stamford, Rutland and Melton, South Holland and The Deepings, Leicester East, Leicester South and Leicester West & Bedford
- Cambridge County Council and Peterborough City Council - leaders, councillors, chief executives and officers
- Combined Authority/Mayor
- District Councils - leaders, councillors, chief executives and officers
- Unitary Councils - leaders, councillors, chief executives and officers
- Town and Parish Councils - leaders, councillors, and officers

Evaluation

It is vital that we regularly critically examine our communications and engagement work. This involves us collecting and analysing information on impact, outcomes and opinions around the work we have delivered or are in the process of delivering. This allows us to make judgements about its effectiveness and whether things need changing as we move forward.

The Communications Enabling Group, alongside patient representative groups, will focus on evaluating specifically whether communications and engagement activities were effective and achieved what they intended. They will use the process to gain insight into how to move forward rather than simply measuring successful completion of the activities.

Good evaluation can help sustain communications and engagement objectives and clearly identify where lessons can be learned that will improve programmes in the future.

This strategy will be reviewed annually. The tactical plan (appendix 2) will be reviewed by the Communications Enabling Group at each monthly meeting.

Appendix 1

Our Partnership is committed to **4 priorities for change.**

Priorities	Vision
At home is best	To create neighbourhoods of 30-60k as a delivery vehicle for preventative and holistic care, so by the end of three years all community based services are delivered through integrated neighbourhoods individually or in partnership.
Safe and effective hospital care, when needed	To treat patients in the most efficient manner and setting, within the system – making as much use of technology and flexing our capacity-demand planning across all four acute hospital sites as possible.
We're only sustainable together	To develop the beneficial behaviours of an 'Integrated Care System' by acting as one system, jointly accountable for improving our population's health and wellbeing, outcomes, and experience, within a defined financial envelope.
Supported delivery	**Culture and organisational development**: to develop the capabilities and culture to us to become an effective integrated care system; and collaboratively and collectively deliver the changes across our system year in year out. **Workforce:** to collectively understand the workforce requirements that will deliver higher quality and efficient health and social care for our population. We understand the changing nature of health and social care and together we will prioritise key areas of demand and supply and will be innovative to ensure that these needs are met. We are committed to ensuring our workforce are fit, healthy, motivated and proud to work in our system. We will provide access to support, development and flexible career pathways for people to access at the right time for them. **Digital:** to be the most digitally enabled local health and acre system in England. **Estates**: co-locating services, disposing of underutilised estate and ensuring all buildings are fit for purpose

Appendix 2 – Tactical Plan

Tactical Plan

Priority	Brief description	Lead	Dates		Audience or stakeholders	Method	System priority
			Start	Finish			
Fit for the Future (SDU)							
Place-based engagement events	SDU plans to facilitate place-based engagement events in three localities during 2018/19. The agenda and format will be agreed based on key issues for that area. These will be issue based events, with speakers from key partners involved in delivering services. The agenda will also reflect the North/South alliances and the three-year road map currently in development. The agenda will need to be agreed with input from public health and partner colleagues based on the key issues for each area. The place-based based events are a continuation of previous engagement events for the STP.	Aidan Fallon Jane Coulson	September 2018	January/ February 2019	These events will focus on engagement with community groups, condition-specific support groups, voluntary sector groups, community support groups for specific diverse communities and will be open to the public.	Public-events These events will take the form of a public event in each location repeated once in the daytime, and then again in the evening. The public meeting events will have presentations and interactive workshop elements. It will take the form of an update to the public on what has happened since Fit for the Future has launched.	We're only sustainable together Supported delivery

	The SDU will manage the evaluation and reporting from these events. Feedback from the events will be collated into a place-based feedback report. This report will be shared with all Delivery and Enabling Groups, Projects Groups and Provider and Commissioner Boards and Governing Bodies. The reports from these events will be reported to Healthcare Executive and used to further inform delivery of the Fit for the Future Partnership work.						
STP Board meeting in public	To improve on public transparency as the STP progresses in the delivery stages the STP Board has agreed to work towards holding the STP Board meetings in public. As a step towards this all STP Board meeting minutes have been published on the Fit for the Future website.	Catherine Pollard Laura Anthony	Autumn 2018	Ongoing	Public	STP Board minutes retrospectively published on Fit for the Future website Meet the STP Board session for the public to meet the Board members and ask questions STP Board meetings to be held in public, with papers published on the Fit for the Future website before each meeting.	We're only sustainable together Supported delivery
STP updates	Regularly published updates that report on STP progress and delivery. These are sent to key stakeholder groups as part of reporting on the STP and published websites.	Aidan Fallon Jane Coulson Laura Anthony	Ongoing	Ongoing	Key stakeholder Public through key stakeholder websites		Supported delivery
Fit for the Future website	Regularly updated information on STP Board meetings, delivery and	Jane Coulson	Ongoing	Ongoing	Public	Regular information updates	We're only sustainable together

	opportunities for involvement in STP projects.					Publish regular news articles and information.	Supported delivery
Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)							
Planned Care (Stroke)	Possible consultation around the proposals for location of rehabilitation care for the area	Sue Last	TBC	TBC	Public, key stakeholders	Consultation	At home is best Safe and effective hospital care, when needed
Better Births	Communications and engagement on this key programme of work, ensuring public are well informed about all the projects in this programme and have the chance to be involvement or have their say.	Helen McPherson	Ongoing	Ongoing	Public, key patient groups, key stakeholders	Social media, websites, leaflets, posters, press release. Patient Forums	At home is best Safe and effective hospital care, when needed We're only sustainable together Supported delivery
Winter Planning, summer planning	Preparing communications campaign materials, toolkits, and ensuring public engagement in the planning and delivery.	Jo Hobson	Ongoing	Ongoing	Public, key stakeholders	Social media, websites, leaflets, posters, press release. Patient Forums	At home is best Safe and effective hospital care, when needed We're only sustainable together Supported delivery

Self-care	Preparing communications campaign materials, toolkits, and ensuring public engagement in the planning and delivery	Sue Last	Ongoing	Ongoing	Public, key stakeholders	Social media, websites, leaflets, posters, press release. Patient Forums	At home is best Safe and effective hospital care, when needed We're only sustainable together Supported delivery
GP Surgery procurements	Re-procurement of service providers, relocations of practices	Sue Last Hazel Thomson Simon Day	June 2018	April 2019	Directly affected patients, key stakeholders and the public in the affected area.	Engagement, Patient involvement, Patient meetings, Patient letters	At home is best We're only sustainable together
Improving access to Primary care procurement	National timetable to extend access in Primary care	Simon Day	January 2018	October 2018	Public, key stakeholders	Engagement, publicity, project level involvement	At home is best We're only sustainable together
Wheelchair service provider procurement	Procurement for a new service provider and development of service specification to meet national criteria.	Jo Hobson	April 2018	April 2019	Wheelchair service users and carers, directly affected patients, public, key stakeholders	Engagement, public meetings, patient meetings, public representation on the procurement project group, documents to support	At home is best Supported delivery
Local Urgent Care Service (LUCs) Hub development	Development of local urgent care	Sue Last	Ongoing	Ongoing	Particularly public in Fenland, wider public, key stakeholders	Engagement, newsletters, meetings	At home is best Safe and effective

							hospital care, when needed We're only sustainable together Supported delivery
111 online	Soft launch of new ways of using 111	Jo Hobson	March 2018	Ongoing	Public	Engagement, website, social media	At home is best Safe and effective hospital care, when needed Supported delivery
Diabetes	Promoting health lifestyles, courses	Hazel Thomson	Ongoing		Affected patients, patients at risk of developing diabetes, public	Engagement events, patient literature, social media, website, meetings	At home is best Supported delivery
Stakeholder newsletter	Promoting the things that are happening in our system	Hazel Thomson	Quarterly	Ongoing	Public, key stakeholders	Published online, email distribution	Supported delivery
Cambridge University Hospitals (CUH)							
Winter 18/19	Prevention and operational messages to ease seasonal pressures and supporting system activity	Dail Maudsley-Noble/Alison Bailey	Summer	Ongoing	Staff, patients, public, key stakeholders	Social media, CUH website, press release, internal channels	Safe and effective hospital care, when needed We're only sustainable together Supported delivery

Strategy – CUH Together	New strategy launched with priorities for the next 5 years, developed with staff, patients & partners	Alison Bailey/Dail Maudsley-Noble	Ongoing	TBC	Staff, patients, public, key stakeholders	Social media, CUH website, press release, internal channels	Safe and effective hospital care, when needed Supported delivery
Cambridgeshire and Peterborough NHS Foundations Trust (CPFT)							
Pride in our care - strategy	New strategy launched with priorities for the next 3-5 years. Developed with staff, patients, carers and partners	Andrea Grosbois	Ongoing	Ongoin	Staff, patients, carers, public, stakeholders	Social media, CPFT website, press release, internal channels	Supported delivery We're only sustainable together At home is best
Launch new digital channels	Launch office 365 to improve staff engagement and continue development of digital channels including staff app and Podcast. Procurement of a new public website and intranet	Andrea Grosbois	July 2018	Ongoing	Staff, patients, carers, partners	Internal campaign to support use of new digital channels including videos, face-to-face briefings, posters, existing intranet etc. Social media, CPFT blog, CPFT website and press release to highlight new digital tools available to public.	Supported delivery We're only sustainable together At home is best
Winter planning 2018/19	Messages around prevention, support available and what to do in crisis to ease seasonal pressures and support system activity. Key focus will focus on flu, increasing JET and MIU usage and	Andrea Grosbois	September 2018	Ongoing	Staff, patients, carers, public, GPs, ambulance services and partners	Social media, video, CPFT website, messages to GPs via CCG Gateway, press release, internal channels, CPFT blog	Safe and effective hospital care, when needed

	support available for those in mental health crisis.						We're only sustainable together At home is best Supported delivery
Cambridgeshire Community Services (CCS)							
North Cambs Hospital redevelopment Wisbech	Redevelopment of community hospital site to deliver improved environment for patients, visitors, staff.	Karen Mason	May 2018	2021	Staff, patients, public, key stakeholders	Social media, CCS website, press releases, internal channels, partner channels, stakeholder meetings	At Home is Best We're only sustainable together Supported delivery
Princess of Wales Hospital redevelopment Ely	Redevelopment of community hospital site to deliver improved environment for patients, visitors, staff	Karen Mason	OBC development Sept 2018 – Feb 2019	2021	Staff, patients, public, key stakeholders	Social media, CCS website, press releases, internal channels, partner channels, stakeholder meetings	At Home is Best We're only sustainable together
Annual Public Meeting 2017-18	Review of innovation and redesign work and how this is improving outcomes	Karen Mason	11 Sept 2018	11 Sept 2018	All stakeholders to be invited	Meeting / presentation with Q&A session	At Home is Best Supported delivery
Winter 18/19	Support of prevention and operational messages to ease seasonal pressures and support system activity	Karen Mason	Summer	Ongoing	Staff, patients, public, key stakeholders	Social media, website, internal channels	At |Home is Best Safe and effective hospital care, when needed

							We're only sustainable together Supported delivery

North West Anglia NHS Foundation Trust (NWAngliaFT)							
Launch of intranet for merged Trust	Single intranet for use across all five hospital sites	Mandy Ward	Already underway	July 2018	Staff	Internal campaign using posters, existing intranet and face to face briefings	Supported delivery
Growing our Foundation Trust Membership	Increasing the number of people signing up as members of our hospitals Trust	Mandy Ward	Ongoing	Ongoing	Public	Meeting, Members' magazine	We're only sustainable together Supported delivery
Annual Public Meeting 2017-18	Review of our first-year post merger, plus showcasing research team work	Mandy Ward	19 July 2018	19 July 2018	All stakeholders to be invited	Meeting / presentation with Q&A session	Supported delivery
Trauma and Orthopaedics project	Work currently being scoped to look at how the Trust uses PCH and HH to manage trauma and orthopaedics patients	Mandy Ward	TBC	TBC	Public, CCG colleagues, Ambulance Service colleagues, Trust staff	Possible consultation required – awaiting development of project before a decision can be taken	Safe and effective hospital care, when needed Supported delivery
Royal Papworth Hospital							
Royal Papworth	Raising awareness of the reasons behind our move and ensuring staff, patients and partners understand what's	Kate Waters	2018 ongoing	2018 ongoing	Staff, patients, partners, public	Website (new website planned for September 2018), social media, media,	Safe and effective hospital care, when needed

Hospital opening	happening when and what it means for them					staff briefings, intranet, events	Supported delivery
Celebrating Royal Papworth's centenary	Raising awareness of Royal Papworth's history and plans for the future	Kate Waters	2018 ongoing	2018 ongoing	Staff, patients, partners, public	Events, media relations, social media activity	Safe and effective hospital care, when needed Supported delivery
Recruiting new staff	Recruiting new staff in a range of areas to support the move to the new hospital	Kate Waters	2018 ongoing	2018 ongoing	New and existing staff, public	Recruitment events, new website area, social media advertising	Safe and effective hospital care, when needed Supported delivery
Cambridgeshire County Council							
Adults Positive Challenge	Developing a 'strengths based' approach to the development of services for vulnerable adults based on increased prevention and early help	Charlotte Black	2018	2019	Staff, partner groups and ultimately residents and service users	Various – web content and media engagement to start	At home is best We're only sustainable together Supported delivery
Shared and integrated Services	Programme to build capacity and manage increasing demand by increasingly sharing management, systems, assets with partners - specifically Peterborough City Council	Wendi Ogle Welbourn	February 2018	End of 2021 (TBC)	Staff in our own and partner agencies and elected Members primarily – will develop to service users and council tax payers as new arrangements begin	Various – workshops, intranet, briefings, video blogs, committee papers and news releases	At home is best We're only sustainable together Supported delivery

Business planning	Setting the strategic direction of the council and its Medium Term Financial plan leading to work to set the councils 2019/20 budget which must be agreed by Full Council in Feb 2019	Partnerships and Communities committee direct the work – carried out jointly by elements of Business intelligence team (Mike Soper), Communications team (Christine Birchall), Transformation team (Amanda Askham)	July 2018	December 2018/January 2019	All residents, and business groups but segmented into ages, stages and geography	Various – to include: Focus groups, Online	We're only sustainable together Supported delivery
Cambs2020	Developing a 'hub and spoke' approach to the delivery of CCC's services. Developing a new smaller administrative 'hub' in Alconbury (from Shire Hall) and more service specific 'spokes' in our own or partner locations countywide bringing the council closer to the communities it serves. Includes improved flexible working initiatives	Chris Malyon	May 2018 (council decision although work began in 2015)	Summer 2020	Staff (current and potential), elected Members, local residents, partner agencies, service users	Intranet, workshops, committee papers, news releases	At home is best We're only sustainable together Supported delivery
Peterborough City Council							
Shared and integrated Services	Programme to build capacity and manage increasing demand by continuing to share management, systems, assets with partners - specifically Cambridgeshire County Council	Wendi Ogle-Welbourn	February 2018	End of 2021 (TBC)	Staff in our own and partner agencies and elected members primarily - will develop to service users and council taxpayers as new arrangements begin	Various - workshops, intranet, briefings, video, blogs, committee papers and news releases	At home is best We're only sustainable together Supported delivery
Business Planning	Setting the strategic direction of the council and responding to budget pressures/savings to deliver a balanced budget. There are three budget tranches	Peter Carpenter	June 2018	April 2019	All residents, businesses and partners	Various - Council papers, Medium Term Financial Strategy (published	We're only sustainable together

	now at PCC, first is June, second is November and third in February					online), press releases, blogs, intranet, video, social	Supported delivery
Healthy Peterborough	Rolling 12-month campaign concentrating on assisting residents to adopt healthy changes to their lifestyle.	Dr Liz Robin	April 2018	April 2019	All residents	Various - Council papers, press releases, blogs, intranet, website, video and social	At home is best We're only sustainable together Supported delivery

Appendix 3

Public involvement and consultation by clinical commissioning group

Section 14Z2 Health and Social Care Act 2012

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the group,

(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the way the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution:

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see
http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

MEETING DATE	ITEM	REPORT AUTHOR	
20 September 2018, 10.00am, Peterborough City Council	To be held concurrently with the Peterborough Health and Wellbeing Board. Agenda items subject to discussion.		
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 7 September 2018**
	Minutes of the Meeting on 26 July 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund	Will Patten	
	Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18	Russell Wate / Jo Proctor	
	Suicide Prevention Strategy 2017-20: Review of the Executive Summary and actions	Kathy Hartley	
	Living Well Partnerships Update	Cath Mitchell	
	Campaign to End Loneliness	Andy Nazer	

22 November 2018, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 9 November 2018**
	Minutes of the Meeting on 20 September 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
31 January 2019, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 18 January 2019**
	Minutes of the Meeting on 22 November 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	

28 March 2019, 10.00am, venue tbc			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 15 March 2019**
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
30 May 2019, 10.00am, venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	**Reports to Richenda Greenhill 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	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	