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PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

MONDAY 25 MARCH 2013, 1.00 PM

Bourges/Viersen Room - Town Hall
Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

AGENDA

	Page No
1. Apologies for Absence	
2. Declarations of Interest	
3. Minutes of the Previous Meeting	**1 - 4**
4. Review of Terms of Reference and Membership	**5 - 16**
5. Role of Local Area Team	
A presentation will be given at the meeting.	
6. Commissioning Issues	**17 - 18**
(a) Older People's Programme Update	**19 - 26**
(b) Public Health Commissioning Intentions	**27 - 34**
(c) Children's Services Commissioning Plans 2013 - 14	**35 - 46**
(d) Adult Social Care: Dementia Strategy	**47 - 88**
7. Peterborough and Stamford Hospitals Foundation Trust – contingency planning update	
A presentation will be given at the meeting.	
8. Schedule of Future Meetings and Draft Agenda Programme	**89 - 90**

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact on 01733 452447 as soon as possible.

Board Members:
Cllr M Cereste (chairman), Cllr W Fitzgerald (vice chairman), Cllr S Scott, Cllr J Holdich, Gillian Beasley, David Whiles (LINk), Dr M Caskey, Dr R Withers, Dr P van den Bent, Terry Rich, Dr A Liggins; Andy Vowles; Sue Westcott

Substitutes: Dr Neil Sanders and Dr Harshad Mistry
Further information about this meeting can be obtained from Alex Daynes on telephone (01733) 45244701733 452447 or by email alexander.daynes@peterborough.gov.uk
alexander.daynes@peterborough.gov.uk

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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD
HELD AT THE TOWN HALL, PETERBOROUGH ON 21 JANUARY 2013

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)
Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care (Vice Chairman)
Sue Westcott, Executive Director Children's Services, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC
David Whiles, Peterborough LINk – Pathfinder Local HealthWatch
Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group

Also in Attendance: Bob Dawson, Independent Consultant, Health and Wellbeing Strategy (item 4)
Alex Daynes, Senior Governance Officer, PCC
Helen Edwards, Solicitor to the Council, PCC
Jawaid Khan, Cohesion Manager, PCC (item 7)
Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group
Wendi Ogle-Welbourn, Assistant Director, PCC (item 8)
Paul Phillipson, Executive Director Operations, PCC
Julie Rivett, Neighbourhood Manager, PCC (item 7)
Brian Tyler, DIAL (item 7)
Councillor Irene Walsh (item 7)

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from Councillor Scott, Councillor Holdich, Gillian Beasley, Dr Withers and Dr Caskey	
2. Declarations of Interest	None.	
3. Minutes of the Setup Meeting held on 24 September 2012	The minutes of the meeting held on 24 September 2012 were approved as a true and accurate record.	
4. Health and Wellbeing Strategy	The Board received a report and the latest Strategy document seeking its endorsement of the revised Health and Wellbeing Strategy and to initiate the establishment of an accountability process to ensure that progress on achieving the objectives and associated outcomes was effectively monitored and reported to the Board, member organisations and wider partnerships. Dr Andy Liggins expressed his thanks to the work undertaken by Bob Dawson in completing this work. The Board considered the documents and **AGREED** to: 1. Approve the revised Health and Wellbeing Strategy in the light of consultation responses;	

	2. Agree that the objectives in the strategy are incorporated in the commissioning plans of the key statutory agencies; 3. Review the impact of the Health and Wellbeing Strategy in September 2013 through an analysis of those commissioning plans and associated outcomes; and 4. Acknowledge the importance of the work of other strategic partnerships that operate under the banner of the Greater Peterborough Partnership in the achievement of the objectives of the strategy and commend those partnerships to own and act on the health and wellbeing priorities as part of their work programmes.	
5. Draft Commissioning Intentions	The Board received a report seeking its views on the commissioning intentions of the partners on the Board for 2013/14 and to recommend any further options in line with the Health and Wellbeing Strategy. Each partner updated the Board on its own intentions as below: (b) Local Authority • Focus on preventative agenda; • Further resources to be put to dementia care; • Children's Services commissioning strategy to come to a future meeting; • Public Health grant increased form last year. (a) Clinical / Local Commissioning Group (CCG / LCG) • Primary Care Trust closes on 31 March; • The CCG will cover most of the PCT functions, the National board covers others and the Local Authority covers some functions; • Eight LCGs in Cambridgeshire and Peterborough area; • A moderation panel later in the month will determine if the CCG is authorised; • Revision of Cambridgeshire Community Services needed; • Clinically led priorities; • First full plan due 25 January; • Reduction in inappropriate bed use for the over 65s to be tackled as a priority along with two other key priorities; Responses to questions and further comments included: • Around 200 of 230 positions filled across the CCG; • Unclear if the three priorities can change once submitted; • Shortlisted indicators to prioritise scored higher than other indicators such as children's issues; • Some services commissioned by the National Board; • Need to see plan for Peterborough; • Investment and alignment of budgets to be determined once priorities selected; • Need to circulate the Peterborough Plan to members; • Like to see other priorities not just elderly and long term care addressed including mental health, disabilities and other vulnerable groups; • Multi agency approach needed; **(c) National Commissioning Board**	CM/AV

	A representative from the National Board was unable to attend this meeting. **(d) LINk / Healthwatch** • Peterborough Healthwatch to be in place by April; • Closer working with the Citizens Advice Bureau; • Will work with Children's Services to ensure ability to review Children's Social Care. Members **AGREED** to receive further commissioning updates at the next meeting of the Board.	
6. Public Health Outcomes Framework	The Board received and noted a report that gave details of the Public Health Outcomes Framework Data Tool that would be used to inform future strategic planning. Comments and responses to questions included: • Several negative indicators about patient experience; • Data is from 2010 so current situation might change.	
7. Inspire Peterborough	The Board received a report and presentation giving details of Inspire Peterborough, a new charitable organisation trying to increase participation in sport for disabled people, and seeking the Board's views on support and commissioning options to provide for a project manager to further develop the establishment of the charity. Comments and responses to questions included: • This Board has no budget to allocate and no commissioning powers yet; • Would need to justify any council funding ahead of other requests for support; • Public Health could provide up to £10k for the remainder of this financial year; • This Board could support in principle but not fund the position. The board **AGREED** to support the organisation where possible.	
8. Children and Young People	**(a) Health Outcomes and Models of Care - Principles for Commissioning and Delivering Better Health Outcomes And Experiences For Children and Young People** The Board received a report requesting it adopt the set of principles developed by the Strategic Network for Child Health and Wellbeing for commissioning and delivering better health outcomes and experiences for children and young people. A comment was made that any commissioning principles must be sustainable for Peterborough. It was confirmed that this could be included when considering commissioning. Following consideration of the report, the Board **AGREED** to adopt the set of principles developed by the Strategic Network for Child Health and Well Being for commissioning and delivering better health outcomes and	

	experiences for children and young people.	
	(b) Health Watch Ambassador for Children and Young People The Board received a report requesting it endorse the employment of a Healthwatch Ambassador for Children and to support the funding arrangement for the post. Following consideration of the report, the Board **AGREED** to endorse and support: 1. The employment of a Peterborough young apprentice to be a trained and supported Health Watch Ambassador for Children at a cost of between £11,181 and £18,181 depending on experience. The apprentice would be managed on a day to day base by Children's Youth Services. Support and training will be provided by a regional project manager; and 2. A funding share of 1/3rd Public Health, 1/3rd Children's Services and 1/3rd Clinical Commissioning Group (CCG).	
9. Schedule of Future Meetings and Draft Agenda Programme	The Board received and considered the agenda plan for future meetings and no further items were added.	

4.30 pm
Chairman

Relating to:	<u>ACTIONS</u>	By whom	By when
CCG commissioning intentions.	Circulate the Peterborough Commissioning Plan to members.	Cathy Mitchell	After 25 January

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 4
25 MARCH 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Cllr Marco Cereste, Leader of the Council and Cabinet Member for Growth, Strategic Planning, Economic Development, Business Engagement and Environment Capital	
Contact Officer(s):	Helen Edwards, Solicitor to the Council	Tel. 452539

REVIEW OF TERMS OF REFERENCE

R E C O M M E N D A T I O N S	
FROM : Helen Edwards, Solicitor to the Council	**Deadline date :**

1. That the Health & Wellbeing Board reviews its terms of reference, as set out in the attached Appendix 1, including a review of its membership prior to 1st April 2013 when it takes on its statutory form.

2. To consider the proposed membership at Appendix 2 and determine whether to accept this and incorporate within the terms of reference.

3. To consider the updated Terms of Reference at Appendix 3 which will be sufficient to deal with the transition from shadow (pre-April 2013) to actual operating. The amended terms of reference will be presented to Full Council on 17th April 2013 for approval and amendment to the Council's Constitution;

1. ORIGIN OF REPORT

This report is submitted to the Health & Wellbeing Board (HWB) following a referral from the Solicitor to the Council

2. PURPOSE AND REASON FOR REPORT

For the Board to review its terms of reference and membership.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	**NO**	If Yes, date for relevant Cabinet Meeting	

4. BACKGROUND TO THE RECOMMENDATIONS

4.1 The HWB was initially set up in shadow form. It will take on statutory responsibilities with effect from 1st April 2013. The purpose of this report is to allow the HWB to review its terms of reference and membership prior to that change in its status, to ensure that they remain fit for purpose or amend as appropriate.

4.2 The membership of the group in particular needs to be reviewed, as some of its current members belong to organisations that will cease to exist in April. It was always anticipated, as set out in paragraph 2.8.18 of the current terms of reference, that this review would be required prior to April 2013.

5. CONSULTATION

There has been no prior consultation. It is anticipated that the terms of reference and membership will be debated by the members of the Board at the meeting. Changes may be made subsequently if required, indeed it is expected that the terms of reference of this Board will change over time as its role develops, and issues emerge.

6. ANTICIPATED OUTCOMES

That the HWB will agree amended Terms of Reference and membership, and that this will be recommended to Council at its meeting in April for approval of changes to the Council's Constitution.

7. REASONS FOR RECOMMENDATIONS

To ensure that the Health & Wellbeing Board is able to operate properly and fulfil its statutory functions.

8. ALTERNATIVE OPTIONS CONSIDERED

The alternative is not to review the terms of reference, but this was rejected as it is appropriate to do so immediately before the status of the Board changes. In particular the membership must be reviewed because some of the organisations represented will cease to exist.

9. IMPLICATIONS

There are no specific financial, legal, or other implications to this report.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

2.8 Peterborough Health and Wellbeing Board

Background and context:

2.8.1 The Peterborough Health & Well Being Board has been established to provide a strategic leadership forum focussed on securing and improving the health and well being of Peterborough residents.

The aims are:

2.8.2 To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community

2.8.3 To actively promote partnership working across health and social care in order to further improved health and well being of residents.

2.8.4 To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

Its functions are:

2.8.5 To develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.

2.8.6 To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Well Being Strategy.

2.8.7 To oversee the transition and delivery of the designated public health functions in Peterborough

2.8.8 In the first instance to consider and recommend to the Council and PCT the plans for the transfer of the designated public health functions to the Council in line with the requirements of the Health and Social Care Bill (Act)

2.8.9 To keep under review the delivery of the designated public health functions and their contribution to improving health and well being and tackling health inequalities

2.8.10 To consider the recommendations of the Director of Public Health in their Annual Public Health report.

2.8.11 To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

2.8.12 To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

2.8.13 By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.

2.8.14 To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and well being on behalf of users of health and social care services.

2.8.15 To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

2.8.16 To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.

Membership

2.8.17 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:
The Leader of the Council – Chairman of the Board
The Cabinet Member for Health & Adult Social Services
The Cabinet Member for Children's Social Care
The Cabinet Member for Education, Skills and University

The Chief Executive
The Executive Director of Adult Social Services
The Executive Director of Children's Services

Peterborough PCT:
The Chief Executive
The Director of Public Health

Cambridgeshire and Peterborough Clinical Commissioning Group
2 members representing Peterborough Local Commissioning Group
1 member representing Borderline Clinical Commissioning Group

Peterborough LinK
1 member

2.8.18 The membership will be kept under review and in particular will be amended consequential to the passage and implementation of the Health & Social Care Bill (Act) to take account of the abolition of PCTs and the replacement of local LinK with Local HealthWatch.

2.8.19 The Board shall co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.

Meetings

2.8.20 The meetings of the Board and its decision-making will be subject to the provisions of the City Council's Constitution including the Council Procedure Rules and the Access to Information Rules, insofar as these are applicable to the Board in its shadow form.

2.8.21 The Board will meet in public.

2.8.22 The minimum quorum for the Board shall be 5 members which should include at least one elected member, one statutory director (DCS/DASS/DPH) and a PCT/CCG member.

2.8.23 The Board shall meet periodically and at least quarterly. Additional meetings shall be called at the discretion of the Chairman where business needs require.

2.8.24 Administrative arrangement to support meetings of the Board shall be provided through the City Council's Governance team

<u>Governance and Approach</u>

2.8.25 The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the work of the partnership organisations.

2.8.26 Decisions taken and work progressed will be subject to scrutiny of the City Council's Scrutiny Commission for Health Issues.

<u>Wider Engagement</u>

2.8.27 The Health and Wellbeing Board will develop and implement a communications engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public.

2.8.28 The Board will ensure that its decisions and the priorities it sets take account of the needs of all of Peterborough's communities and groups are communicated widely.

<u>Review</u>

2.8.29 These Terms of Reference will be reviewed after 1 year to take account of the enactment and implementation of the Health & Social Care Bill (Act) and the experience that the Board will have developed over its initial period of operation.

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Appendix 2

Revised membership for consideration

Membership

2.8.17 Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:

The Leader of the Council – Chairman of the Board

The Cabinet Member for Health & Adult Social Services

The Cabinet Member for Children's Social Care

The Cabinet Member for Education, Skills and University

The Chief Executive

The Executive Director of Adult Social Services

The Executive Director of Children's Services

The Director of Public Health

Cambridgeshire and Peterborough Clinical Commissioning Group

The Chief Operating Officer

The CCG Accountable Officer,

Local Chief Officer for Peterborough City and Borderline LCG

2 GP members representing Peterborough City Local Commissioning Group

2 GP members representing Borderline Local Commissioning Group

Lincolnshire

1 GP representing South Lincolnshire CCG

National Commissioning Board

1 representative of the NCB Local Area Team

Peterborough Healthwatch

1 member

The Board will also include as co-opted members the following:

Independent Chair of Local Safeguarding Children's Board

Independent Chair of the Peterborough Safeguarding Adults Board

The Chair of the Safer Peterborough Partnership

Appendix 3

Peterborough Health and Wellbeing Board

Revised Terms of Reference – April 2013

Background and context:

The Peterborough Health & Well Being Board has been established to provide a strategic leadership forum focussed on securing and improving the health and well being of Peterborough residents.

The aims are:

- To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community

- To actively promote partnership working across health and social care in order to further improved health and well being of residents.

- To influence commissioning strategies based on the evidence of the Joint Strategic Needs Assessment.

Its functions are:

- To develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.

- To develop a shared understanding of the needs of the community through developing and keeping under review the Joint Strategic Needs Assessment and to use this intelligence to refresh the Health & Well Being Strategy.

- To keep under review the delivery of the designated public health functions and their contribution to improving health and well being and tackling health inequalities

- To consider the recommendations of the Director of Public Health in their Annual Public Health report.

- To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

- To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.

- By establishing sub groups as appropriate give consideration to areas of joint health and social care commissioning, including but not restricted to services for people with learning disabilities.

- To oversee the development of Local HealthWatch for Peterborough and to ensure that they can operate effectively to support health and well being on behalf of users of health and social care services.

- To keep under consideration, the financial and organisational implications of joint and integrated working across health and social care services, and to make recommendations for ensuring that performance and quality standards for health and social care services to children, families and adults are met and represent value for money across the whole system.

- To ensure effective working between the Board and the Greater Peterborough Partnership ensuring added value and an avoidance of duplication.

Membership

Membership of the Health and Wellbeing Board will be composed of the following:

Peterborough City Council:

The Leader of the Council – Chairman of the Board

The Cabinet Member for Health & Adult Social Services

The Cabinet Member for Children's Social Care

The Cabinet Member for Education, Skills and University

The Chief Executive

The Executive Director of Adult Social Services

The Executive Director of Children's Services

The Director of Public Health

Cambridgeshire and Peterborough Clinical Commissioning Group

The Chief Operating Officer

The CCG Accountable Officer,

Local Chief Officer for Peterborough City and Borderline LCG

2 GP members representing Peterborough City Local Commissioning Group

2 GP members representing Borderline Local Commissioning Group

Lincolnshire

1 GP representing South Lincolnshire CCG

National Commissioning Board

1 representative of the NCB Local Area Team

Peterborough Healthwatch

1 member

The Board will also include as co-opted members the following:

Independent Chair of Local Safeguarding Children's Board

Independent Chair of the Peterborough Safeguarding Adults Board

The Chair of the Safer Peterborough Partnership

The membership will be kept under review periodically.

The Board shall co-opt other such representatives or persons in a non-voting capacity as it sees relevant in assisting it to undertake its functions effectively.
Meetings

Meetings of the Board

The meetings of the Board and its decision-making will be subject to the provisions of the City Council's Constitution including the Council Procedure Rules and the Access to Information Rules, insofar as these are applicable to the Board in its shadow form.

The Board will meet in public.

The minimum quorum for the Board shall be 5 members which should include at least one elected member, one statutory director (DCS/DASS/DPH) and a CCG/LCG member.

The Board shall meet periodically and at least quarterly. Additional meetings shall be called at the discretion of the Chairman where business needs require.

Administrative arrangement to support meetings of the Board shall be provided through the City Council's Governance team

Governance and Approach

The Board will function at a strategic level, with priorities being delivered and key issues taken forward through the work of the partnership organisations.

Decisions taken and work progressed will be subject to scrutiny of the City Council's Scrutiny Commission for Health Issues.

Wider Engagement

The Health and Wellbeing Board will develop and implement a communications engagement strategy for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public.

The Board will ensure that its decisions and the priorities it sets take account of the needs of all of Peterborough's communities and groups are communicated widely.

Review

These Terms of Reference will be reviewed periodically.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6
25 MARCH 2013		PUBLIC REPORT
Contact Officer(s):	Terry Rich	Tel. 01733 452409

COMMISSIONING ISSUES

R E C O M M E N D A T I O N S	
FROM : Health and Wellbeing Board Partners	**Deadline date :** N/A
Board Members are recommended to: 1. Note and comment on the individual reports from: a. The Cambridgeshire & Peterborough Clinical Commissioning Group (including Peterborough & Borderline LCGs) b. Public Health c. Children's Social Care d. Adult Social Care.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from Board Members to receive further information on progress made.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Board's views on commissioning issues and to consider any further work required.

2.2 This report is for Board to consider under its Terms of Reference No. 3.4, To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

3. COMMISSIONING ISSUES

3.1 The Health and Wellbeing Board is responsible for considering the commissioning intentions and plans of health and social care partners, both in terms of their relevance to further the objectives and priorities set out in the joint Health and Wellbeing Strategy, but also to identify any opportunities for increased joint working or to highlight potential blockages that the Board may be able to resolve.

Individual reports follow from:

a) The Cambridgeshire & Peterborough Clinical Commissioning Group (including Peterborough & Borderline LCGs)
b) Public Health
c) Children's Social Care
d) Adult Social Care.

4. CONSULTATION

4.1 N/A.

5. ANTICIPATED OUTCOMES

5.1 The Board will note the information and suggest any further options that should be considered along with agreeing to receive a further update on the commissioning issues.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure that all Board Members are made fully aware of all commissioning issues.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 There were no alternative options considered as it is imperative that Board members are kept up to date with commissioning issues.

8. IMPLICATIONS

8.1 None.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

9.1 None.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6a
25 MARCH 2013		PUBLIC REPORT
Contact Officer(s):	Cathy Mitchell	Tel.

OLDER PEOPLE'S PROGRAMME UPDATE

R E C O M M E N D A T I O N S	
FROM : **Cathy Mitchell** **Local Chief Officer** **Borderline and Peterborough Local Commissioning Groups**	**Deadline date : N/A**
HWB Members are asked to: 1) Note the Older People's Programme Board update and the emerging local Older Peoples Pathways for Borderline and Peterborough LCG's .	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request from Peterborough City Council for an update on the multi agency Older Peoples Programme of work lead by the Clinical Commissioning Group

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to share information and provide an update to the Health and Wellbeing Board. This is a headline summary of the Older People's Programme. The drivers for change to transform commissioning and provision of services for older people were set out in the CCG commissioning intentions for 2013/14 and will be re- iterated in the CCG Integrated Plan when it is submitted in March. .

2.2 This report is for Board to consider under its Terms of Reference No.

This report is linked and in alignment with Health & Well-Being Board Priorities

The Cambridgeshire Health & Well-Being strategy aims to support older people to be independent, safe and well (priority 2).

The Peterborough Health & Well-Being Strategy priority 3 is 'healthier older people who maintain their independence for longer'.

3. BACKGROUND

3.1 Programme Approach

The clinically-led Programme Board has been set up to include health and social care commissioners from across the CCG, plus patient representatives, and is scheduled to meet every two months (or to coincide with key decision points). Terms of Reference are now agreed, and members supported moving forward with the work-streams outlined below at the first meeting in December 2012. It is important to emphasise that whilst the Programme Board is providing oversight and coordination, the main re-design component is being driven at local level, eg. Borderline and Peterborough LCGs and it is here that

providers are being engaged in the process. Mental health commissioning leads are on the Programme Board reflecting the importance of Older People Mental Health.

The programme is supported by a management team drawing on the wider CCG functional matrix and social care colleagues. Local management leads have been identified / secured to ensure progress is made on the first phase (design). A process is underway to specify resources required to take forward subsequent phases from April 2013.

A risk register has been developed and is being regularly reviewed by the Programme management team. A Programme plan setting out the various work streams and time-scales has been developed.

3.2 Design Phase

LCGs are working within local systems to:

- Agree the local approach to bringing partners together in each local system to drive local work forward
- Secure resources to undertake the work (e.g. staff required)
- Develop the local vision for integrated older people's services
- Quickly map existing local services, identifying strengths & weaknesses
- Specify local success criteria & outcome metrics (over & above Emergency Bed Days & patient satisfaction measure)
- Specify areas which will need significant change to deliver new integrated services from April 2014
- Identify early pilots which will build towards April 2014 service
- the emerging Borderline and Peterborough Older Peoples Pathway

A summary review of relevant evidence has been produced by public health. In response to discussions with LCOs, guidance and process / design templates have been circulated to all LCGs. In addition to local stakeholder events, the main process and engagement events for the first phase are set out below

Date	Process & Engagement Events
29th Jan	Programme headlines update to Practice Members meeting
31st Jan	Input from CCG staff at away day on priorities including Older People
31st Jan	LCGs provide update on engagement and design process to OPMT
4th Feb	LCG design leads and CCG function leads share progress and issues
21st Feb	Progress & Issues report to the Older People Programme Board
5th Mar	All stakeholder CCG wide event, facilitated by Chris Ham, King's Fund
5th Mar	Progress & issues report to Governing Body
31st Mar	LCGs complete local design first phase and outcome specifications
25th Apr	OP Programme Board sign off local Outcome Specifications

Updates on current engagement and design work in each local system were presented at the February Programme Board meeting, and formed part of the 5th March stakeholder event.

3.3 Enabling Work Streams

Funding and Population

A working group has been focusing on how funding could work in the new arrangements, with input from public health, finance and business intelligence colleagues. Discussions have also taken place with a specialist on funding and weighting methods at the DH. Current work is focused on

a) populating current service costs which would form part of the potential funding 'pool' for a year of care
b) triangulating and testing a model of costs driven by a risk tool
c) discussions regarding the local approach to weighting capitated budgets

The next step will be to share potential funding models and associated issues for comment with the Programme Board / management team and then present an options appraisal to the Governing Body.

Contracting and Procurement

Discussions have been held with the East of England Procurement Hub, and the East of England / Midlands regional Strategic Projects Team regarding support for the Older People programme and the CCS programme which are closely linked. In this first phase strategic procurement advice is needed to steer both programmes and select the right procurement routes including engagement with providers. The second phase will be to support the procurement processes. The Strategic Projects Team have been engaged for the first phase only to provide strategic advice and support options appraisal. It is proposed that a paper setting out options to secure older people and other CCS services is brought back to Governing Body following consideration by the Older People Programme Board and CCS Transition Steering Group.

Information Sharing / Governance & IT

A work stream covering enabling work on information sharing is covering the following areas (note this includes End of Life Care as well as a number of the issues are common across both programme areas):

- Electronic care coordinating systems
- Information Governance Framework
- Data sharing agreements and data processing agreements
- Data extraction from practice records
- Urgent Care Dashboard
- Risk Stratification Tools
- MDT meetings and working

Guidance has been developed for GP practices and as a basis for communications to other organisations (pending comments from the LMC).

Service Development Pilots 2013/14

Local systems are developing / continuing early pilot work which will support progress towards the desired state for older people's services. One enabling element which has emerged as a common theme is strengthening Multi-Disciplinary Team working as a means to improve patient focused care.

Learning from elsewhere indicates that good coordination / facilitation of these teams is key to success in terms of better outcomes for patients and efficiency for staff involved. This includes ensuring that patient care plans are in place and actions are followed through.

A bid to the Workforce Transformation Fund has secured £150k to support development of the coordination / facilitation function. However, this is insufficient to support MDT working on the scale envisaged in LCGs so further work on a business case to support additional

funding is taking place. It is important to note that LCGs are implementing MDT working to suit their local circumstances.

Borderline and Peterborough LCG's are piloting The Firm which is a multi agency project working together to avoid admissions into Hospital of patients who present in AE or a GP /Ambulance Service identify at risk of admission. Currently the Team are developing links with Re-ablement Services to reduce the readmissions to Hospital also.

Aligning Incentives for 2013/14

Commissioning for Quality and Innovation (CQUIN) is linked to 2.5% of the value of contracts with our local providers. We have discretion locally for 2%. Local contract leads and providers were asked to align CQUINs with CCG priorities including improving care for older people (CCG guidance issued early Jan 2013). Preliminary CQUIN proposals have been shared with the Programme Board for comment.

The CCG has also submitted proposals to the NHS Commissioning Board for the new 'Quality Premium' which is c£5 per head. There are four nationally prescribed components to the Quality Premium, and three which can be determined locally. The CCG has included a proposal to limit the rate of growth in emergency bed days for over [80] year olds to 2.7% which equates to forecast population growth. It is proposed that more ambitious internal targets are agreed with LCGs to steady emergency bed days at 2012/13 levels – this encompasses work on avoiding unnecessary admissions and reducing hospital length of stay where patients no longer need to be in hospital (e.g. reducing delayed transfers of care).

LCGs are working up proposals for Practice Development and Membership Agreements as part of their local planning process: this provides funding to practices to incentivise local priorities and is likely to include improving care for older people.

Alignment with Cambridgeshire Community Services Transition Programme

A significant proportion of CCS functions relate to older people, and it is essential that the work focused on the future of CCS is aligned with the Older People Programme. This is being addressed in a number of ways:

- Oversight of both programmes by CMET and the Governing Body
- Clinical lead (John Jones) and management lead (Chris Humphries) for the CCS programme are members of the Older People Programme Board.
- Chris Humphris is a member of the Older People Programme Management Team, leading specifically on procurement and contracts.
- Clinical lead (Arnold Fertig) and management lead (Matthew Smith) for the Older People programme will provide reports on progress / issues to the CCS Transition Steering Group
- Social Care common membership on both the Older People Programme Board and CCS Steering Group
- CCS Programme forms part of the Older People Programme risk register / risk management approach and vice versa
- Common approach to procurement support for both programmes
- Alignment of programme plans

4. CONSULTATION

4.1 Communications and Engagement

The main engagement is at local level through a range of stakeholder events and organisation specific discussions, complemented by CCG wide events as set out above. The Programme communication has been circulated to stakeholders including practice

members, staff, programme board members and external organisations. A communications plan has been developed for the programme as a whole

5. ANTICIPATED OUTCOMES

The Multi agency Commissioners are exploring options to transform how they commission services to meet the needs of the local growing older population within the financial resources available and improve the outcomes for the individual.

6. REASONS FOR RECOMMENDATIONS

The Borderline and Peterborough Local Commissioning Groups would like to ask for the HWB Members to

a) Note the Older People's Programme Board update and the emerging local Older Peoples Pathways for Borderline and Peterborough LCG's .

7. ALTERNATIVE OPTIONS CONSIDERED

The options being considered for the Borderline and Peterborough Local Commissioning Groups are outlined below:

Overview of the older people work stream indication key tasks and indicative timetable. .

The LCG's I vision is for service transformation to be 'Led locally by clinicians in partnership with their community, commissioning quality services that ensure value for money and the best possible outcomes for those who use them'.

The vision for older people's services is:

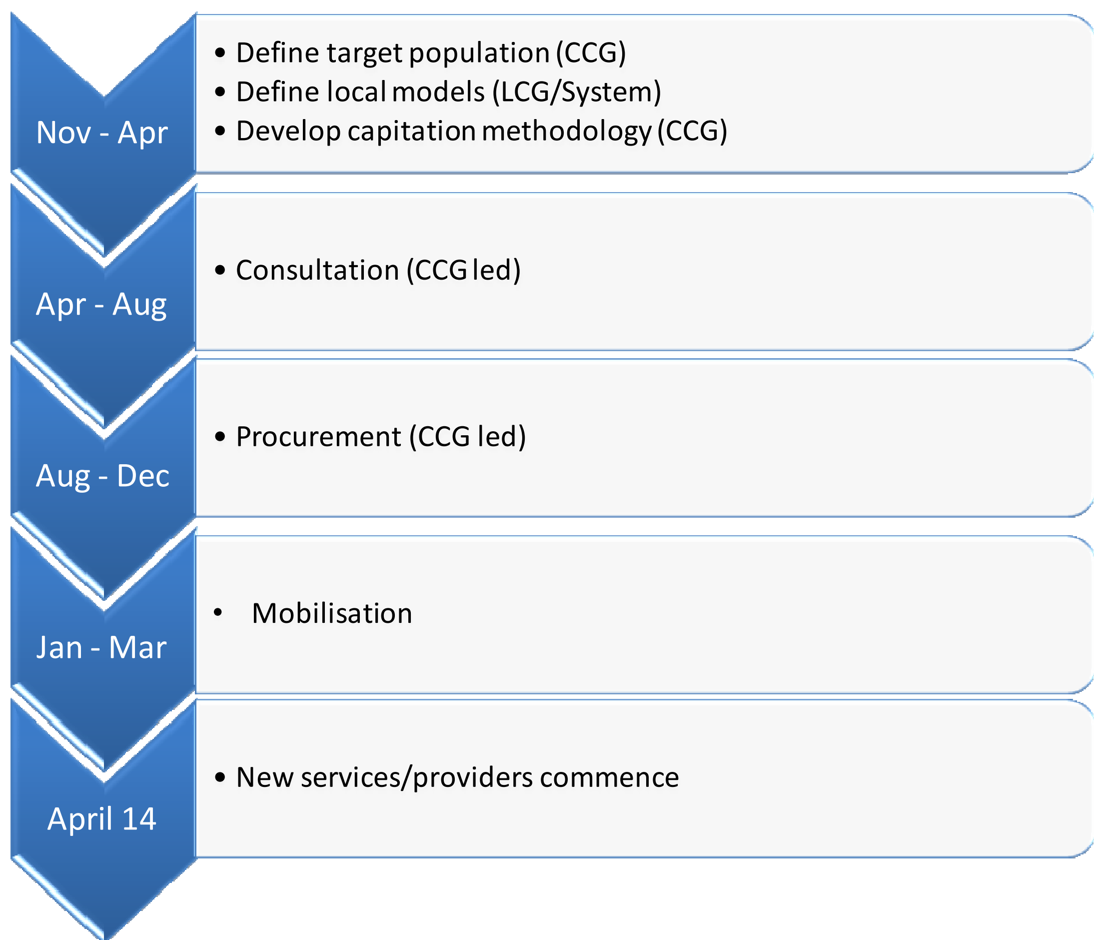
- For older people to be proactively supported to maintain their health, wellbeing and independence for as long as possible, receiving care in their home and local community wherever possible
- For care to be provided through an integrated pathway, with services organised around the patient
- To change mind-sets so that most unplanned admissions to hospital or Care Homes for the identified group of older people are regarded by all parts of our system as an exception
- To ensure that services are designed and implemented locally, building on best practice
- To provide the right contractual and financial incentives for good care and outcomes
- To work with patients and representatives groups, to co-design how the System commissions services

The older people's programme of work aims to design and commission health and social care services for a defined population of older / vulnerable patients within the Borderline & Peterborough LCG's area. The aim is to deliver improved patient experience, better community care, and reduced unplanned admissions to hospital/ Care Homes where these can be safely avoided.

Specifically, as a result of the redesign we would want to see:

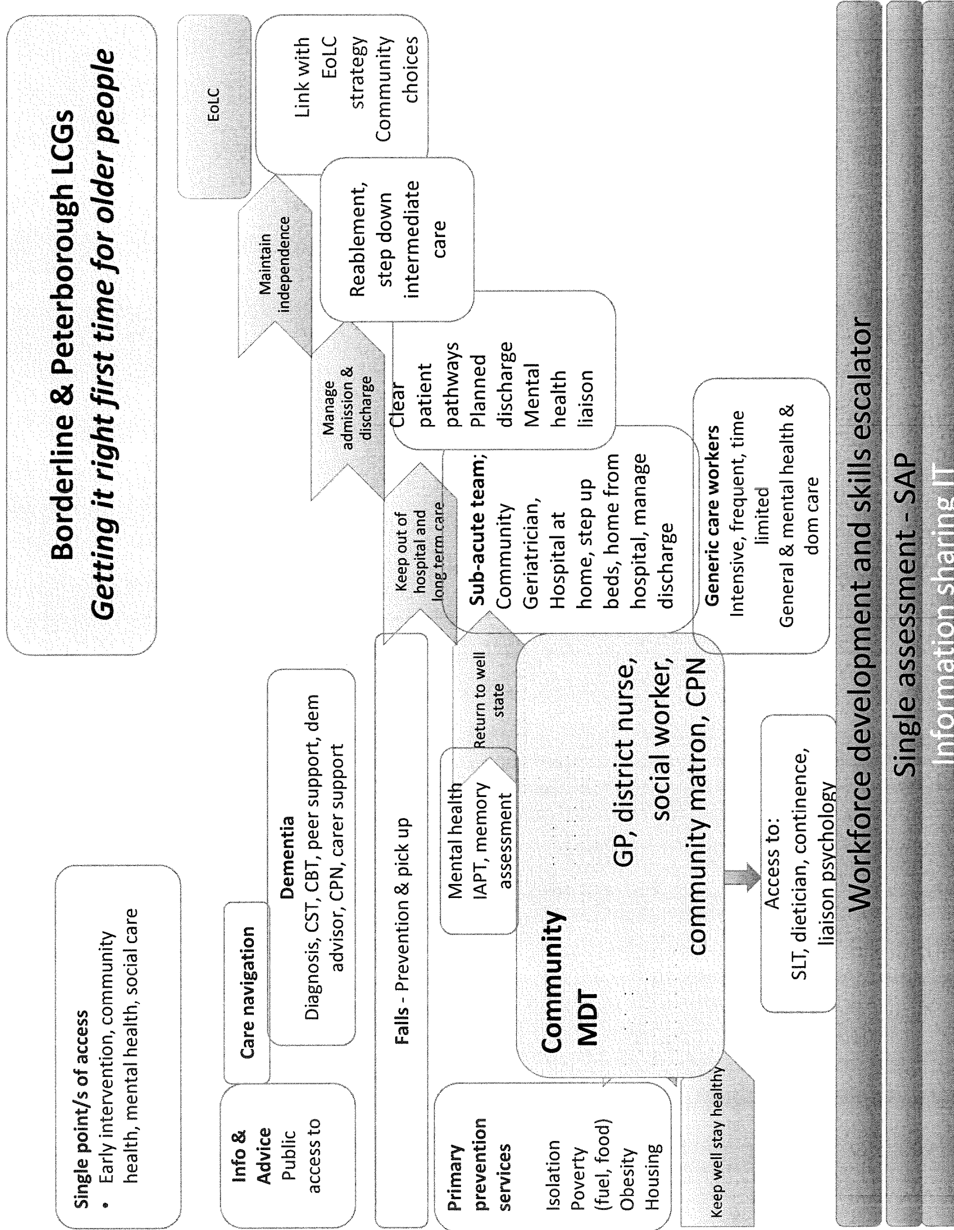
- Improvement in patient experience measures
- A reduction in emergency bed days
- An increase in the percentage of frail older people cared for "out of hospital"
- Improvement in the quality of frail older people's community or "out of hospital" services
- Better partnership working between different parts of the health and social care and other partners delivering services in the system
- The above delivered within the identified budget
- Achievement of locally defined outcome measures

Key tasks and the indicative timetable are given below:



The LCG's and PCC are working together to consider the organisational structures which will support the future pathway in Appendix B and help the Older People receive the appropriate level of support in a timely manner ,to maximise independence and ability to manage within their home environment.

Visual of the emerging pathway for older people in Borderline and Peterborough Local Commissioning Groups.



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HEALTH & WELLBEING BOARD	Agenda Item No. 6b
25 MARCH 2013	Public Report

Report of the Executive Director of Public Health

Contact Officer(s) – Dr Andy Liggins
Contact Details – 01733 207172

PUBLIC HEALTH COMMISSIONING INTENTIONS

1. PURPOSE

1.1 The purpose of this report is to identify the commissioning intentions of the Public Health function transferring from Peterborough Primary Care Trust (PPCT) to the Council.

2. RECOMMENDATIONS

2.1 To note that the Council will become responsible for the delivery of certain public health functions with effect from 1st April 2013, and will acquire statutory responsibilities under the Health & Social Care Act 2012.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 The successful delivery of a robust public health function for Peterborough is directly linked to the Creating Opportunities – Tackling Inequalities priority, and indirectly linked to the other priorities.

Public Health will commission according to its ability to deliver the outcomes stated in the Public Health Outcomes Framework (see **Annex 1**), as opposed to the traditional National Indicators. Through the delivery of the various programmes by Public Health, **Annex 2** shows the outcomes that will be targeted.

4. BACKGROUND

4.1 The Health & Social Care Act 2012 (the “Act”) set out substantial structural change to the organisation and delivery of health & social care services, including transferring the responsibility for certain public health functions to local authorities.

5. KEY ISSUES

5.1 Initially the Council’s mechanisms for delivery of public health will be broadly the current responsibilities of the public health team. However it is widely recognised that the transfer is an opportunity to transform the delivery of public health, addressing the wider social determinants of health through the full range of Council functions and partnerships. An important aspect to improving health will be to pursue closer working and integration of health and social care, to respond to individual needs in a more holistic way.

The Council will receive a Public Health Grant from which it will be responsible for commissioning the range of services as shown in **Annex 2**. Some services will be mandatory, and for those which are not, commissioning decisions will reflect the Joint Strategic Needs Assessment and Health & Wellbeing Strategy.

6. IMPLICATIONS

6.1 The Council will receive a public health grant which it is intended should enable it to deliver the commissioning intentions. The grant is allocated by the Department for Health using a formula

developed specifically for this purpose. For 2013/14 the sum will be £8,446,100 and this will increase to £9,290,700 for 2014/15.

It is currently expected that this grant will be sufficient to meet the costs of the service. As some elements of the service are demand led, the service will need the same rigorous financial monitoring applied to it as for all other council services. Quarterly reporting to the Department of Health on the usage of the grant is mandated and the local authority Chief Executive will also need to return a statement confirming that the grant has been used in line with the specified conditions.

The Council will also consider how it can take best take advantage of the benefits of closer working with neighbourhoods and improved joint commissioning to see where efficiencies can be made. Although the grant is ring fenced, some of the Council's current activities fall within its new responsibilities and the broader approach to public health, and savings can be reinvested to help improve outcomes. The financial implications of the transition itself were covered by a Cabinet Member Decision Notice (Public Health Transition - DEC12/CMDN/159)

7. CONSULTATION

7.1 There has been close consultation with delivery partners, both internally within PCC, and externally, on developing the commissioning intentions for Public Health.

8. NEXT STEPS

8.1 The next step is for the responsibility for public health, and the staff currently employed by PPCT in the public health team, to transfer to the Council with effect from 1st April 2013. From that time the Council will work to integrate public health into its current core functions, and maximise the opportunity to improve the public health outcomes for the people of Peterborough and deliver the commissioned programmed/interventions.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 Local Government association: Get in on the Act – Health & Social Care Act 2012

Department of Health Publications and Guidance, including Healthy Lives, healthy People: Update & Way Forward (July 2011),Transitional Working Arrangements (DH/LGA June 2012), Healthy Lives, Healthy People – Update on Public Health Funding (June 2012)

10. APPENDICES

10.1 Annex 1: Public Health Outcomes Framework
Annex 2: Local Authority Public Health Commissioning Intentions

Annex 1: Public Health Outcomes Framework

Vision	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest. Outcome measures Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life. Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).	
1 Improving the wider determinants of health	2 Health improvement
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators Children in poverty School readiness Pupil absence First time entrants to the youth justice system 16-18 year olds not in education, employment or training People with mental illness or disability in settled accommodation People in prison who have a mental illness or significant mental illness Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness Sickness absence rate Killed or seriously injured casualties on England's roads Domestic abuse Violent crime (including sexual violence) Re-offending The percentage of the population affected by noise Statutory homelessness Utilisation of green space for exercise/ health reasons Fuel poverty Social connectedness Older people's perception of community safety	Indicators Low birth weight of term babies Breastfeeding Smoking status at time of delivery Under 18 conceptions Child development at 2-2.5 years Excess weight in 4-5 and 10-11 year olds Hospital admissions caused by unintentional and deliberate injuries in under 18s Emotional wellbeing of looked-after children Smoking prevalence – 15 year olds Hospital admissions as a result of self-harm Diet Excess weight in adults Proportion of physically active and inactive adults Smoking prevalence – adult (over 18s) Successful completion of drug treatment People entering prison with substance dependence issues who are previously not known to community treatment Recorded diabetes Alcohol-related admissions to hospital Cancer diagnosed at stage 1 and 2 Cancer screening coverage Access to non-cancer screening programmes Take up of the NHS Health Check Programme – by those eligible Self-reported wellbeing Falls and injuries in the over 65s
3 Health protection	4 Healthcare Public Health and preventing premature mortality
Objective The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators Air pollution Chlamydia diagnoses (15-24 year olds) Population vaccination coverage People presenting with HIV at a late stage of infection Treatment completion for tuberculosis Public sector organisations with board-approved sustainable development management plans Comprehensive, agreed inter-agency plans for responding to Public Health incidents	Indicators Infant mortality Tooth decay in children aged five Mortality from causes considered preventable Mortality from all cardiovascular diseases (including heart disease and stroke) Mortality from cancer Mortality from liver disease Mortality from respiratory diseases Mortality from communicable diseases (Placeholder) Excess under 75 mortality in adults with serious mental illness Suicide Emergency readmissions within 30 days of discharge from hospital Preventable sight loss Health-related quality of life for older people Hip fractures in over 65s Excess winter deaths Dementia and its impacts

Annex 2: Local Authority Public Health Commissioning Intentions

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
PH001	N	Y	Tobacco Control & Smoking Cessation	2.9 Smoking prevalence - 15 year olds 2.14 Smoking prevalence - Adults (over 18)	1 – smoking in pregnancy 2 – high levels of smoking and smoking attributable deaths - high levels of smoking attributable hospital admissions	Stop Smoking Service	PH OPS
						Pharmacy & GP LIS	PH
						Prescribing costs (primary care)	PH
						Illicit Sales Prevention	OPS
PH002	N	Y	Alcohol Misuse	2.18 Alcohol related admissions to hospital	2 – high levels of alcohol related hospital admissions 4 – high number of young people reporting poor mental health	Reducing Alcohol related admissions to hospital	PH PH
PH002a	N	Y	Drug Misuse	2.15 Successful completion of drug treatment	4 – above average numbers in drug treatment	Young Peoples Drug & Alcohol	Childrens
						Adult Drug Treatment Service	OPS
PH003	N	Y	PH Services for CYP (5-19)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – population increase	5-19 Healthy Child Programme	PH
PH004	Y	Y	NCMP	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	National Childhood Measurement Programme	PH OPS
PH005	N	Y	Tackling Obesity	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	Reducing Childhood Obesity: Change 4 life Alliance leadership; Carnegie Weight Management Programme; Movers & Shakers follow-on programme; Early Years Food standards training and implementation	OPS PH
				2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese - low levels of physical activity	Reducing Adult Obesity & Increasing Physical Activity: inc. Lets Get Moving and Lets Keep Moving Activity Programmes and GP Exercise Referral Scheme; physical activity programmes for older people	OPS PH
PH006	N	Y	Nutrition Initiatives	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	Eat Better, Start Better - training for Early Years Food Standards to Children Centres; Work with schools and Schools Food Trust & PECT;	OPS

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
						Targeted work with looked after children	
PH007	N	Y	Physical Activity	2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese - low levels of physical activity	Reducing Adult Obesity & Increasing Physical Activity	PH PH OPS
PH008	Y	Y	NHS Health Checks	2.22 Take up of NJS Health Check Programme 4.4 Mortality from cardiovascular disease under 75s (rate per 100000)	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes 3 – increase in population (over 65s) - flu vaccinations for over 65s below average - incidence of dementia is rising	Delivering NHS Health Checks Programme	PH
PH009	N	N	PH Mental Health Services (inc. Promotion)	4.10 Suicide Rate (per 100k of pop.) 1.15i Statutory homelessness - acceptances 1.15ii Statutory homelessness - households in temp accommodation	4 – suicide levels are above average - unemployment levels are high - above avg numbers in drug treatment - rate of access to adult specialist mental health services are low - increasing number of people with dementias - high number of young people self reporting poor mental health	Mental Health Suicide Prevention Suicide Prevention Homelessness Prevention	OPS OPS OPS
PH010	N	Y	PH Dental Promotion	4.2 Tooth decay in children aged five	1 – above average childhood obesity rates	Incorporated within childhood obesity agenda	-
PH011	N	Y	Accidental Injury Prevention	2.24 Injury due to falls in people (all indicators)	3 – increase in population (over 65s) - high number of hip fractures - increase in reported vulnerable adults over 85	Care & Repair	OPS
PH012	N	Y	Reduce & Prevent Birth Defects	2.1 Low birth weight of term babies 2.1i Breastfeeding initiation 2.2i Breastfeeding prevalence at 6-8 weeks 2.3 Smoking status at time of delivery 4.1 Infant mortality rate (per 1000)	1 – above avg teenage pregnancy rate - high levels of low weight birth babies - high levels of child mortality 2 – high levels of smoking prevalence 5 – increase in birth numbers will include increased number of children born with special needs	Improving the health of pregnant women and infants, reducing infant mortality: Baby Cafes; peer supporters programme	PH Childrens
PH013	N	N	Lifestyle Campaigns/Interventions that	1.20 Social Connectedness 2.14 Smoking Prevelence	2 – high levels of smoking prevalence - low levels of physical activity	Accredited PH/HPTraining Centre delivering to health and care	PH

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
			include Cancer & Long Term Conditions	2.11 Diet 2.23 Self reporting wellbeing	- high levels of CHD - high prevalence in COPD 4 – unemployment levels above avg - increasing number of people with dementias - high number of young people self reporting poor mental health	professionals, other public sector and voluntary and community sector	OPS
						Improving Community Health Through Volunteering (Community Health Champions)	PH OPS
PH014	N	Y	Workplace Health	1.9 Sickness absence rates 4.5 Mortality from cancer under 75s (rate per 100000)	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes	Workplace health programme: health improvement interventions delivered for local business	PH OPS
PH015	N	Y	Screening & Immunisation and Infectious Disease	2.19 Cancer diagnosed at stage 1 and 2 2.20i Breast screening coverage (age 50-70) 2.20ii Cervical screening coverage (age 25-64) 3.3 Population vaccination coverage	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes 3 – flu vaccinations are below avg	Scrutiny and challenge role	PHE
PH016	Y	Y	Sexual Health Services/Commissioning	1.12 Rates of violent crime (inc. sexual violence)	1 – above avg teenage pregnancy rate - high levels of domestic abuse 4 – unemployment levels above avg - above avg numbers in drug treatment - high level of school exclusions		PH
						ISVAs	PH
						Integrated Offender Management	OPS
				2.4 Under 18s conception (per 1000)	1 – lower than avg educational achievement - above avg teenage pregnancy rate - above avg NEETs 4 – high number of young people reporting poor mental health	Prescribing costs (primary care)	PH
						Reducing under 18 conception rate	PH
				3.2 Chlamydia diagnosis 15-24 year olds (rate per 1000)	1 – lower than avg educational achievement - above avg teenage pregnancy rate - above avg NEETs - high levels of domestic abuse	Reducing chlamydia infection in 15-24 year olds	PH
				3.4 People presenting with HIV at a late stage of infection	4 – above avg numbers in drug treatment	Improving sexual health (prevention, treatment and care)	PH

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
						HIV Prevention	PH
PH017	N	Y	Reduction in Excess Deaths through Seasonal Mortality	4.03 Mortality from causes considered preventable	2 – difference in life expectancy between wards - high levels of alcohol related hospital admissions - high levels of smoking related hospital admissions - high levels of adult obesity 3 – increase in population of over 65s - increase in reported vulnerable adults over 85	Seasonal Campaigns	OPS
PH018	Y	Y	Health Protection	3.6 Public sector orgs with board approved management plan 3.7 Comprehensive agreed interagency plans for responding to public health	-	Emergency preparedness & business continuity	PH
PH019	N	Y	Promotion of Community Safety, Violence Prevention and Emergencies	1.11 Domestic Abuse	1 – lower than avg educational achievement - above avg NEETs - high levels of domestic abuse 4 – unemployment levels high - above avg number of drug treatments	DV Outreach Service Reducing the impact of Domestic Abuse	OPS OPS
PH020	N	N	Social Inclusion & Community Development	1.4 First time entrants in youth justice system by 18 years old 1.5 16-18 year olds NEET	1 – lower than avg educational achievement - above avg NEETs - high levels of domestic abuse 4 – high levels of unemployment - above avg number drug treatments - high level of school exclusions	Development & delivery of healthy lifestyle interventions for young people	PH OPS
				1.20 Social Connectedness 2.14 Smoking Prevalence 2.11 Diet 2.23 Self reporting wellbeing	2 – high levels of smoking prevalence - low levels of physical activity - high levels of CHD - high prevalence in COPD 4 – unemployment levels above avg - increasing number of people with dementias - high number of young people self reporting poor mental health	Neighbourhood Management Social Connectedness NACRO	OPS OPS OPS
PH021	N	Y	Environmental Risks	1.14i % of population affected by noise (no. of complaints)	-	Air Pollution	OPS
PH022	Y	Y	PH Advice	-		PH Specialist Advice to CCG	PH

* Key for JHWS Objectives:
1 – Securing the foundations of good health
2 – Preventing and treating avoidable illness
3 – Healthier older people who maintain their independence for longer
4 – Supporting good mental health
5 – Better health and wellbeing outcomes for people with long-term disabilities and complex needs

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HEALTH AND WELLBEING BOARD **ITEM 6c**

Children's Services Commissioning Plans 2013 – 14

Children's Services vision **'helping children be their best'**

1. 0 The commissioning strategy is based on the five Children's Services priorities:

- Providing children and families with early support;
- Helping Families with problems and keeping children safe;
- Giving the best opportunities to children and young people in care;
- Working in partnership with Schools and others to make sure children succeed;
- Supporting our staff to be outstanding.

2.0 Introduction

Peterborough City Council has the highest aspirations for it's children and young people and want them to grow up safe, healthy, happy and fulfilled. We want them to enjoy and benefit from educational and social opportunities that maximise their skills and develop their abilities so that they can realise their ambitions in terms of employment opportunities and general life chances. We believe that children are best nurtured and developed within strong families. We believe families are the foundation upon which resilient and healthy communities are built and our aim is to support them as the main contributor to a child's safety, health and wellbeing, putting them and children at the centre of our communities.

We will continue to develop early intervention to help and support vulnerable families, coordinating the support of the voluntary, private and public sectors and ensuring that delivery of services is joined up. We will collaborate with families to help them find their own solutions so that problems and difficulties do not escalate, and where additional support is required we will engage with other agencies and organisations to commission and secure this help locally. We will adopt an approach that sees prevention and intervention as a continuum so that it is never deemed too late to positively intervene and prevent the deterioration in an individual child or young person's circumstances.

With our key partners we are developing and strengthening our safeguarding services, striving to ensure that children and young people are protected from abuse and neglect, reducing and where possible eradicating risks to children. We believe that this will be achieved most effectively by working alongside families building on their strengths and enabling them to make the changes that are required. We fully recognise that it is important to ensure that our interventions are focussed, of high quality, timely and responsive to need.

Where children are suffering significant harm and the required change cannot be made, we will act decisively in order to protect them. When children and young people cannot live

with their birth or extended families we will ensure that we are able to provide the next best alternative which we believe is care in a family setting as close to their home communities as possible.

We will ensure that our foster care and adoption service provides a wide choice of alternative carers for children so we can be confident that the individual needs of children from diverse backgrounds will be met. On the rare occasions when children and young people need more specialist provision than family settings can offer, we will ensure it is accessed in a timely way and is of the highest quality. We will make sure that children and young people only stay in public care for as long as absolutely necessary and will focus our attention on speedy and safe returns home or seek the best possible permanent alternative.

Where children are not safe to live at home we will provide the best opportunities for our looked after children commensurate with our Corporate Parenting responsibilities. This means providing our children, who are looked after, with high quality placements preferably in city ,stability, excellent health services and the ability to access leisure pursuits.

We will remodel our support to schools in the light of the changing role and responsibilities of local authorities. We remain committed to providing an outstanding education to our children and this will be delivered through developing an effective schools partnership using expertise in the city and bring best practice from across the country. We will take swift and decisive action in schools that continue to underperform. Our school buildings are amongst the best in the country and we intending making sure that we can recruit and train outstanding teacher locally to support the specific needs of the city through developing teaching schools and a school centred initial teacher training (SCITT) centre. We will continue to monitor the growth in pupil numbers and respond accordingly to ensure there are 'local places for local children'. We will revise our approach to special education needs ensuring we are inclusive, creating provision which meets our children's emerging needs and support schools to retain pupils in their communities. Key strategies will be developed around support challenging behaviour and children who have English as an additional language.

Our staff are at the core of delivering excellent services to children and young people and we are committed to achieving this by engaging with our workforce through clear communications, inspirational leadership and creation of a culture which values excellence, innovation and trust. We will develop our workforce within Social Care with clear induction pathways, a targeted training and development programme and the move from Senior Practitioner to Advanced Practitioner status.

We will continue to develop the capability and sustainability of our workforce through effective recruitment, retention, talent management and succession planning activities combined with strong performance management and a focus on creating targeted training and development across the department.

By creating an environment where our staff are provided with the skills, tools, opportunity and confidence to support the department's workforce vision we will ensure that we are doing our very best to enable our workforce to help the children of Peterborough be their best

3. 0 Overarching Improvement Delivery Plan Priorities:-

- Delivery of Early Support through the Children and Families Joint Commissioning Board Prevention and Early Intervention Strategy – strands of work:
    - SEN/Disability
    - Emotional Health and Wellbeing
    - Supporting Vulnerable Young people and NEET
    - Early Years and High Need Families
    - Integrated Processes (CAF/TAC)
    - Parents with Mental Health Difficulties
- That every child in need including those in need of protection will have a clear plan of action and support designed to address need and reduce risk within timescales appropriate to children's ages and individual circumstances.
- Ensure children are protected and safe from harm.
- To ensure that children remain in care for the least time necessary and that permanent alternatives are secured on their behalf as quickly as possible.
- To ensure that all children and young people in care have up to date care plans that are robust and personalized.
- To improve placement choice and ensure that placements are matched to the long term changing needs of children and young people.
- Implement proposals following the review of Education Services to ensure fit for purpose local authority and improved outcomes for children and young people.
- Deliver an SEN strategy and develop new support offer to vulnerable groups.
- Ensure access to high quality schools which deliver the best possible outcomes for children and young people.
- Ensure that the qualifications, training and progression routes raise competencies of all Children's Services staff are of a high quality and linked to the service aims.
- Ensure that the work force is safe to work with children and young people and understand their responsibilities for safeguarding.
- Ensure that the work force is confident, respected and valued as professionals.

4.0 Commissioning 2013/14

4.1 Decommissioning/Redesign

The Government's policy for funding Children's Services has changed significantly in recent years alongside changes in wider local government funding.

- The Government has reduced the Early Intervention Grant that funds children's preventative services; including Children's Centres and Play Services

- The Government has two new ring fenced streams of children's services funding:
    - Free child care for two and thee year olds
    - Troubled Families Programme

Also, the extended schools programme that the Government funded has resulted in many

before and after school clubs that provide a safe environment for children to play and develop their social skills.

The reduction in the Early Intervention Grant and the introduction of other ring fenced funding streams has resulted in us reviewing our service offer in respect of children and families.

Our priority in Peterborough is to '**help children to be their best'** by supporting families to provide good care for their children and therefore the services we fund have to reflect this

Play services

There is no obligation on the council to provide play services. We are the only council in the Eastern Region to provide free of charge staffed play centres.

The play service focuses solely on individual work with children and does not address the priority need of supporting parents to develop their parenting skills.

Our Troubled Families programme in Peterborough – Connected Families - will more appropriately support the whole family, as we know the greatest influence on children is their parents.

The free childcare offer provides support to parents to engage in work or other activities of their choice – this seems a better approach to supporting families than the narrower play service approach could offer. This supports our commitment to get more people into work and off benefits.

Our play services have been reducing over the last couple of years; in the 2010 budget this was agreed. The centres have only been running a couple of sessions per week for some months now; however we have now decided to close the eight council-run play centres.

We intend to work with local communities in respect of the play service buildings and provision- communities may well want to use these and we will support them to do so.

Saving - £110,000

Children's centres

The Government no longer gives the council a specific pot of money to pay for children's centres or provides funding to open any new ones. Funding comes from the Early Intervention Grant, this has been reduced over the last couple of years, with other new funding streams coming on board – for example the free 2 and 3 year old child care offer.

Children's centres were opened in three phases - phase one centres were opened in the most deprived areas. There are 15 children's centres in Peterborough.

When children's centres were first developed they had a key role in ensuring childcare provision was available. The need for this has decreased with the free childcare offer to parents and parents' ability to access local childcare and pre-school provision more

independently. The number of childcare providers in Peterborough has significantly increased over the last couple of years.

Our Connected Families programme, funded from the Government's Troubled Families initiative, is providing outreach services for families, which again has reduced the need for some previously delivered services from children's centres; particularly for those hardest to reach.

We are reviewing all our early year's services. This will likely mean the closure of some children's centres in our least deprived areas and doing things differently in others.

We are working with all our children's centre providers and early years services to ensure that those families that need our help most still get it. So if we do decide to close any centre we will ensure that families that need our help with have access to services through other services.

Saving - £200,000 year 1
Saving £200,000 year 2
Total £400,000

Direct Intervention Service (DIS)

The Direct Intervention Service supports children's social care by providing family support programmes and parenting assessments. In 2012/13 we increased the number of social workers to support the improvement in social care. These staff now have the capacity and capability to pick up the parenting assessment work and this will deliver savings within the Direct Intervention Service.

Savings £300,000.

MST

The MST service was grant funded from central government and was a four year project this funding came to an end on the 31st March 2012. The service has since this date been fully funded by the councils Children's Services, the service can no longer support this budget pressure. A business case for future funding was never secured from Partners for the continuation of the service.

Reduced pressure £350,000

4.2 Commissioning Intentions

Our commissioning intentions are underpinned by a robust needs analysis that comprises of demographics and citizen and stakeholder views.

We are working with a range of providers and potential providers locally and regionally to inform them of the current and future needs of Children's Services. Our work is focused on supporting children and young people to live at home and in their local communities and

based around the development of pathways and evidenced based interventions focused on early identification, prevention, building resilience and promoting self help and independence. We know that we need to help providers develop their understanding of our needs in order that they can respond to these effectively. We also need to be widening the range of providers that operate in the City to drive up competition and drive down cost.

4.2.1 Children in Care

16 Plus Accommodation

Work is currently taking place to explore working with the market to increase semi-independent living options for 16 and 17 year olds who are looked after, focusing around the availability of providers able to source a range of accommodation and supply flexible support packages that range from 24/7 on-site support to minimal non-resident floating support. Peterborough are leading a scoping exercise in the region to see if a regional approach to market development would be beneficial.

Recruitment of fostering and supported lodgings carers will remain the responsibility of the in-house fostering service; however in respect of supported lodgings placements, specific targets for additional recruitment are to be agreed between the Commissioning Service and the Fostering and Adoption Service.

Care Placements

Greater use of Connected Persons placements and ‘private arrangements’ between family members:-

- Increase capacity and workforce skill set to make greater use of Connected Persons placements and private arrangements
- Scope the need for additional capacity and training needs to undertake connected persons assessments

Sufficiency of In House Foster Care Service:-

- Development and implementation of a recruitment and retention strategy for In House Foster Carers to deliver an increased number and range of placements:-
    - 0-18 placement approvals
    - Sibling placements
    - Emergency, Respite and Bridging placements
    - Mother and Baby placements
    - Greater diversity of foster carers (ethnicity, language spoken, faith group etc)

- Scope the need for specialist foster carers to manage complex and intensive needs, identifying relevant evidence based programmes and training. (e.g. Multidimensional Treatment Foster Care)

- In the event of continued In House Foster Care recruitment difficulties undertake options appraisal for long term future. (including consideration of partnership arrangement with IFA)

Enhance the range of residential care and school provision closer to Peterborough:-
- Work with providers to address gaps and enhance the range of specialist provision in Peterborough or within a 20 mile area of city boundary where possible.

Review the role of and reduce reliance on IFAs:-
- Review current arrangements with London Consortium (pan London arrangements)
- Undertake options appraisal for regional and sub-regional arrangement for (reducing) number of IFA placements
- Ensure IFAs have resources to meet the needs of a diverse CLA cohort
- De-escalate suitable cases to Specialist In House Foster Carers where appropriate

Develop approved provider framework for residential care / school provision to manage demand and cost.

Develop and implement a monitoring framework for all placement providers.

Ensure resources are deployed as effectively as possible and evaluated for impact through the Peterborough Access to Support Panel. (PASP)

Ensure joint agency approaches to assessment and provision of services for children with the most complex needs are adopted at all times through the Joint Access to Services Panel. (JASP)

Review current CLA in IFA placements to identify:-

- Those suitable for move into In House Foster Care or long term foster care arrangement to secure 5-10% permanency discount
- Those placed more than 25 miles from home address and consider moving into In House or other local placement where appropriate

4.2.2 Family Support

- **Crisis Response:** Spot-purchased flexible services able to operate out of hours and which can help families deal with a crisis that might otherwise lead to family breakdown. The service should then work with the family to support them into accessing less intensive community-based services and/or formalised parenting/family support programmes as appropriate but it should be recognised that some families are characterised by an on-going pattern of crisis flare-ups and so may not be possible to safely de-escalate to lower level services;
- **Intensive Parenting/Family Support:** A programme or programmes based on a 6-12 month period of intervention where a lead worker works intensively with families who have some of the most complex and entrenched difficulties in line with research evidence that these are the programme types that are most effective;

- **Family Group Conferences:** Already a commissioned service, but we will add to the specification that we would want the service to support a small number of families with lower levels of need than only those where children are on the edge of care;
- **Domiciliary Care/on-going Family-Aide Support:** for those families where a low level of support is likely to be needed on a long term basis, for example to stop home conditions deteriorating to an unacceptable level: services to be monitored through the MASG where cases closed to children's social care;
- **Community Family Engagement Volunteers:** As part of the Prevention and Early Intervention Strategy, we plan to recruit and train a number of community family engagement volunteers to support families with lower level needs to assist them with understanding the services that are available and working alongside them to develop confidence to access the support that is available;
- **On-going as and when support to families as appropriate:** Offering families a telephone-based crisis response service including out of hours for when family relationships seem to be deteriorating once more – most likely to be most effectively provided as part of the crisis support service above;
- **Other family support projects:** include Family Nurse Programme and the peri natal project focusing on maternal mental health;
- **Home to School Workers:** focused on children and young people exhibiting behaviour problems that are adversely impacting on progress in school. This would need to be commissioned jointly with schools.
- **Connecting Families programme:** Continue with the implementation of the Connecting Families Programme and evaluating the cost savings and improved outcomes for families.

4.2.3 Child and Adolescent Mental Health Services

- Psychological 'talking' therapies for children and young people – we already commission the 3 T's, we need to increase capacity.
- Children's bereavement counselling.

Services should be delivered in non-stigmatising community settings such as schools, colleges, Children's Centres and meet You're Welcome Quality Criteria.

- Family Therapy resource to work holistically with families where children are significantly affected by parental mental health disorders or where family functioning is reduced by a child with significant mental health problems. This is ideally provided by a mix of suitably trained social care, education, adult and child mental health professionals.
- Provision of parenting education before assessment for ADHD/ASD/LD
- Social care and disability assessment/application support at point of diagnosis (where applicable)

- Parenting and family support based on behavioural interventions, sleep solutions and autism specific techniques

Develop in partnership with specialist professionals a range of training to increase knowledge and skills in:-

- Early identification of mental health and emotional wellbeing problems
- Managing emotions and increasing emotional literacy of children and young people
- Mental health 'first aid'
- Differences between mental health, social and emotional issues as causes of behavioural problems
- Behaviour management strategies for professionals
- Signposting and pathways
- SEAL in Secondary Schools
- Inclusion of attachment styles and basic CBT principles in PSHE material

4.2.4 Sexually Harmful Behaviour

A comprehensive training and support package for professionals working with children and young people who are;

- Highly vulnerable and at risk of exploitation
- Likely to display sexually harmful and inappropriate behaviour.

Discussions are currently on-going with the Cambridgeshire Sexual Behaviour Unit as to how the service could expand to meet the needs of Peterborough Children and Young People.

Peterborough has been a partner in a sub-regional initiative to provide an MST- PSB (problematic sexualised behaviour) programme. The programme duration is 6-9 months and Peterborough is able (subject to eligibility criteria being met) to access up to 7 programmes per year. The cost of this intervention is £45,000.00 per annum. The service however will not accept referrals for young people with a learning difficulty/ASD. Access to the service is via PASP/JASP and all referrals to the service are managed by the Access to Resources Service.

Discussions with NSPCC locally have resulted in the service identifying additional capacity in the city to deliver a range of services to those that have experienced sexual abuse, and to those young people at risk of, or suffering sexual exploitation (Protect and Respect 6 month intervention). Additional funding may need to be found at some point, but the proposed range of services on offer will be at nil cost and funded centrally from within the organisation.

Children and young people who are sexually exploited are best served by having child Centred services that are bespoke and tailored to individual need and circumstance. Providers will need to be able to deliver or access elements of these individualized packages of support and intervention, which are most likely to include:

- Counselling, creative therapies and access to specialist therapies such as cognitive behavioural therapy. Direct work may take the form of assertive outreach, individual one to one and group work.
- Family support workers will need to offer one to one support, facilitate access to activities, deliver targeted group activities and help families to understand what CSE involves.

A Cambridgeshire based organisation 'Link to Change' have been funded by the Lottery to provide a worker in Peterborough to work with young people who have been subject to sexual exploitation.

4.2.4 Alternative Education

In partnership with schools and colleges, private, voluntary and independent sectors develop a range of alternative education provision in the City

4.2.5 Short Breaks

Commissioning a range of in house and externally provided short breaks to reduce and delay demand for residential care and out of city placements.

Better provision of good quality information for parents and carers.

Activities for young carers.

4.2.6 Complex Health Needs

Quality continuing care assessments and provision of services assessed to be needed from health and children's social care.

Review of use of the Otters health respite unit.

Improved transitional arrangements between children, adult and health services; including the provision of local accommodation post 18/19.

4.2.7 Domestic Abuse

- Direct work with children.
- Direct work with adults around their understanding of the impact of their behaviour on their children and family as a whole e.g. Stop the Hurt programme funded by the police previously.
- Direct work with mothers to improve their self esteem, confidence and assertiveness.

4.2.8 LAC Transport

Develop a LAC Transport Strategy, focused on use of publicly available options.

4.2.9 Supervised Contact

Develop options appraisal to inform future delivery models.

4.2.10 NEET/Raising the Participation Age

- Increase appropriate range of part time/online courses for 16 and 17 year olds
- Engage with the Local Economic Partnership to ensure that new, and existing, employers to the city understand the need to offer employment with training for young people;
- Increase the number of apprenticeship places in the city and increase the number of apprenticeship frameworks delivered across the city in order to promote choice for young people post 16;
- Improve employability skills in young people through:
    - The creation of pre apprenticeship work/training opportunities
    - Increasing the opportunities for work experience for young people particularly from vulnerable groups
    - Disseminating to young people and their families information regarding labour market information and skills gaps in the city
    - Encourage local business leaders to work with schools in order to raise aspirations and awareness of business

Wendi Ogle-Welbourn
Assistant Director Strategy, Commissioning and Prevention
22nd February 2013

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6d
25 MARCH 2013		PUBLIC REPORT
Contact Officer(s):	Terry Rich, Executive Director of Adult Social Care	Tel. 452409

DEMENTIA STRATEGY AND PLANS FOR COMMISSIONING A DEMENTIA RESOURCE CENTRE

R E C O M M E N D A T I O N S	
FROM : Executive Director for Adult Social Care	**Deadline date :** N/A
1. For the Health and Well Being Board to note and comment on the contents of this report.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a review of the first draft Dementia Strategy and the proposals to commission a Dementia Resource Centre by the Adult Social Care Departmental Management Team.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the Board on progress with developing an adult social care Dementia Strategy and on commissioning a Dementia Resource Centre.

2.2 This report is for Board to consider under its Terms of Reference No.

3. BACKGROUND

3.1 Work to develop a Peterborough City Council Dementia Strategy has been undertaken over 2012/2013. This is part of wider work with health colleagues to develop integrated strategic approaches to meeting the health and social care needs of people with dementia and their carers.

3.2 Identification of future needs and further improvements in dementia services is informed by JSNA findings and supports the development of evidence-based commissioning. The development of the Strategy has involved four interrelated key tasks:

- needs assessment
- national policy and best practice review
- a review of local resources
- stakeholder consultation and involvement

3.3 The commissioning of a Dementia Resource Centre was approved by Cabinet as part of the decision to close Greenwood House and Welland House. This work will be part of the development and delivery of the Council's Dementia Strategy: it is also a key priority with the Adult Social Care Strategic Commissioning Team's service plan for 13/14.

4. KEY ISSUES

4.1 The draft Strategy identifies needs and responses to those needs for adults with dementia aged 18 and over. It includes young onset dementia (i.e. dementia in people below the age of 65). It covers both specialist mental health social care

provision and general social care for people suffering from dementia in Peterborough, and aims to help create a seamless pathway of care.

4.2 In order to ensure meaningful and comprehensive stakeholder input to the development and implementation of the Strategy, a working group has been set up to oversee all aspects of the Strategy. The Group includes representatives from statutory health and adult social care organisations, Healthwatch, carers, and voluntary organisations and meets on a monthly basis.

4.3 The vision for dementia services in Peterborough is the result of stakeholder engagement and comprehensive understanding of the needs of Peterborough population. It is informed by the commissioning principles outlined below:

- Outcome-based approach to commissioning
- Seamless and holistic pathway of care for people with dementia and their carers across health and social care economy, with strong links to voluntary sector
- Person centred approach to care
- Enabling independence and choice as long and as much as possible
- Promote prevention, early intervention and support
- Value added services

4.4 The stakeholder group has identified the following key priorities for the Strategy:

- Awareness raising and staff training
- Information, advice and signposting
- Services for carers
- Day care and emergency response services
- Holistic and personalised approach to care

4.5 It is anticipated that the strategy will be presented to the Peterborough Health and Wellbeing Board for final approval in June 2013, the strategy will have been fully aligned with the overarching health and social care Mental Health Strategy.

4.6 Implementation of the strategy will be overseen by the Peterborough Mental Health Stakeholder Group (formerly the Mental health Partnership Board). This group will report through the chair to the Locality Commissioning Group Joint Commissioning forum and through the co-chair to the Council's Adult Social Care Departmental Management Team.

4.7 The stakeholder group has also contributed to the development of a specification for the Dementia Resource Centre. The Dementia Resource Centre will operate as a hub coordinating various services and activities delivered across the city. The Centre will house a range of different service providers and will support co-ordinated approaches to ensure seamless delivery of care which will deliver improved service user outcomes and satisfaction.

4.8 Service areas for development identified by the stakeholder group are:

- Dementia Resource centre one-stop shop approach, creating a dedicated centre; service users and carers welcome the idea of having different services under one roof
- Closer co-ordination between social care, health care and voluntary sector provision and reduction in gaps
- Extended hours for day care including support available into the evening and over seven days a week
- Development of initiatives to enhance peer and community support in a wider 'Dementia Friendly City' programme

- Improved access to support services across the locality through delivering services within communities, for example, the development of Dementia Cafes

4.9 The Dementia Resource Centre will provide a hub for the delivery of community dementia services; services will be delivered from the centre but also through other satellite sites in order to maximise access to services and to support engagement with local communities.

4.10 As indicated above, the Dementia Resource Centre will deliver a range of specialist services and provide a site for a range of providers including both statutory and voluntary sector. The following services are envisaged as forming part of the overall Dementia Resource Centre offer:

Advice and information	
Information service	*Access to accurate information on dementia, local services and sources of support. This will include signposting onto other specialist and generalist services. Available in person and via telephone or correspondence.*
Dementia navigator	*More in depth support to enable people to access the services and support they need throughout the social care and health system. This would include liaison with other services, low-level support and some advocacy work.* *The navigator role will support access to personalised dementia support and maximise use of community resources and mainstream opportunities to maximise independence.*
Professional support	*Advice and information for professionals on dementia and working with people with dementia*
Day opportunities	
Dementia Café	*Drop-in service providing support and access to information and advice. This will be offered from multiple sites to maximise accessibility with coordination from the Resource Centre.*
Specialist day services	*A specialist day service for people with dementia operating 7 days a week and across extended hours (8am-8pm).*
Interventions	
Peer support groups	*Mutual facilitated support for people with a diagnosis of dementia including delivery of cognitive interventions.*
Memory clinic	*Specialist assessment and therapeutic interventions.*
Carers support	
Specialist carer support worker	*Providing support to carers and developing peer and befriending support to reduce isolation and provide sustainable support networks.*
Respite	*Access to respite services with a focus on community based respite opportunities.*

5. CONSULTATION

5.1 Consultation on development of the strategy has been carried out through Adult Social Care partnership boards and as part of the consultation on implementing the Older People's Accommodation Strategy. Views from service users, carers and providers have been incorporated in the strategy and the work to develop the Dementia Resource Centre.

5.2 Ongoing consultation on implementing the Dementia Strategy is to be undertaken through the wide range of stakeholders forming the Dementia Strategy Stakeholder Working Group, including:

- Peterborough City Council
- NHS Cambridgeshire and Peterborough
- The Cambridgeshire and Peterborough Clinical Commissioning Group
- Local Clinical Commissioning Groups
- Cambridgeshire and Peterborough NHS Foundation Trust
- voluntary sector providers
- independent sector providers
- service user- led organisations

5.3 The group meets monthly. The current focus is on the Plan of Action for the implementation of the agreed strategic priorities.

5.4 The report and draft Dementia Strategy were presented to the Scrutiny Commission for Health Issues on 12 March 2013. No significant issues were raised.

6. NEXT STEPS

6.1 Plan of action to implement the Dementia Strategy is being finalised, including time scales and clarifying Council investment in dementia services. The strategy will be finalised by 1 April 2013.

6.2 A timeframe for commissioning the Dementia Resource Centre has been proposed, key milestones are set out in the table below:

Milestones	***Deadline***
Review current dementia services and finalise Dementia Resource Centre outcome based service specification	*Mar 2013*
Identify and agree any variation to current dementia services	*Jun 2013*
Tender for Dementia Resource Centre and services	*Jun 2013*
Dementia cafes open	*Sep 2013*
Dementia Resource Centre opens	*Oct 2013*
Review Dementia Resource Centre activity and effectiveness	*Apr 2014*

7. IMPLICATIONS

7.1 **Financial implications**
Additional capital and revenue investment to deliver the Strategy has been identified within proposed budgets for 2013/2014:

- Capital investment £600K
- Revenue investment £250K

8. BACKGROUND DOCUMENTS

8.1 None used.

9. APPENDICES

9.1 Appendix 1: DRAFT Dementia Strategy.

Appendix 1

PETERBOROUGH CITY COUNCIL

Dementia Strategy

2013- 2016

DRAFT

Growing the right way for
a bigger, better Peterborough

Contents

- Executive summary 1
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  - NICE Quality standards ....
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  - Local context ....
- Future needs
  - JSNA ....
  - Ethnicity ....
  - Prevalence and incidence ....
- Current service provision and investment in Peterborough ....
- Gaps in service provision and priority setting..............................
- Vision for dementia services – commissioning intentions ....
- Action plan ....
- Appendices ....
  - Glossary
  - Stakeholders in Peterborough
  - NICE Quality Statements in relation to this strategy
  - Implementation plan

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Executive summary

TO BE COMPLETED ONCE STRATEGY FINALISED

DRAFT

1. Introduction and background

1.1 The purpose for this strategy

Dementia has been identified as one of the key challenges in relation to the expected growth of older population in the UK. In 2009 the government published 'Living Well with Dementia[1]', the national dementia strategy, one of the key drivers for the creation of a local, adult social care specific strategy for Peterborough. Current draft quality standard in social care for dementia[2] will further develop the vision for improvements in the area of dementia care.

Locally, the work on the implementation of the National Dementia Strategy (NDS) commenced immediately after the publication of the Strategy in February 2009. Local Implementation group gathered representatives of organisations across health, social care, independent and voluntary sectors. Key areas requiring improvement in Peterborough were identified as:

- information and advice
- timely diagnosis
- training of staff
- care in care homes

Following the transfer of adult social care back to Peterborough City Council in March 2012, the focus of the strategy for Peterborough City Council is the adult social care provision for people with dementia and their carers. However, the Council maintains its position in valuing and positively contributing to the collaboration with partners in health, independent and voluntary sector, in order to offer seamless, efficient and service-user centred integrated pathways of care. To this end the Council will be aligning this strategy with Clinical Commissioning Group mental health strategies to support the delivery of integrated support and care for people with dementia and their carers.

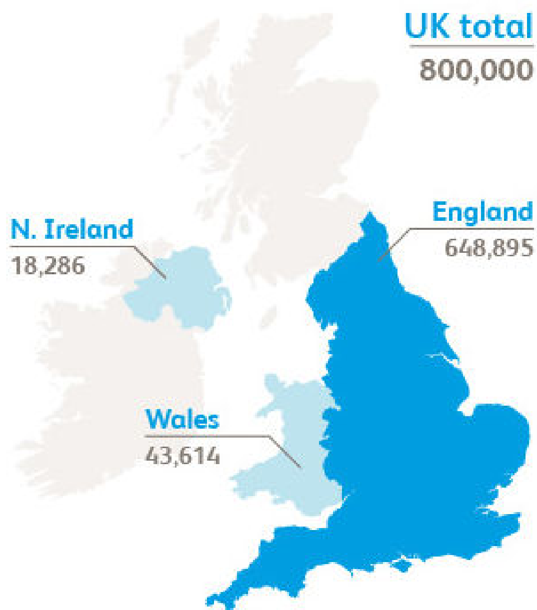
DRAFT

[1] Department of Health: Living Well with Dementia: A National Dementia Strategy, 2009
[2] NICE Draft Quality standard: Dementia – supporting people to live well with dementia, 2012

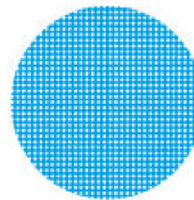
1.2 The need for this strategy

The size of the challenge

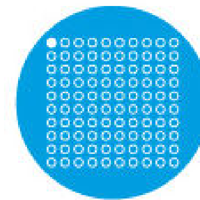
The breakdown of the population with dementia across the UK.



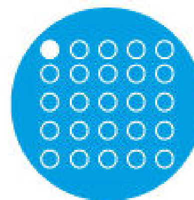
Dementia is most common in older people but younger people (under 65) can get it too.



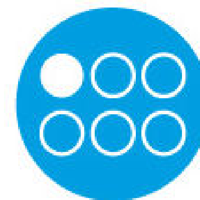
40–64 years
1 in 1,400



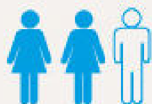
65–69 years
1 in 100



70–79 years
1 in 25



80+ years
1 in 6



Two thirds of people with dementia are **women**

One in three people **over 65** will develop dementia

Source: Alzheimer's Society, 2012
alzheimers.org.uk

Leading the fight against dementia
Alzheimer's Society

Key data for the UK shows that:

- there are approximately 750'000 people with dementia in the UK[3]
- The number of people with dementia is expected to double within 30 years
- By 2051 more than 1.7 million people in the UK will be living with dementia
- The estimated cost of care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135%[4]

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[3] Dementia UK (2007), Dementia UK: A Report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society

[4] King's Fund (2008), Paying the Price: The cost of mental health in England to 2026, London King's Fund

- The Dementia UK report found that, on average, the annual cost of caring for a person with late onset dementia was around £25’472.[5] The total annual cost per person with dementia in different care settings were estimated as follows:
    - People in the community with mild dementia - £16’689
    - People in the community with moderate dementia - £25’877
    - People in the community with severe dementia - £37’473
    - People in care homes - £31’296
- Two-thirds of people with dementia live in the community and one-third live in care homes
- Two-thirds of people living in care homes have dementia[6]
- Between 1998 and 2031 the number of hours of home care needed for older people with cognitive impairment will need to rise by 67% to keep pace with demographic pressures, and the need for the number of places for such people in institutions will need to rise by 63%, from 224’000 in 1998 to 365’000 in 2031.[7]

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[5] ONS (2010), 2010 Annual Survey of Hours and Earnings, Newport: ONS
[6] Alzheimer’s Society (2007), Home from Home: A report highlighting opportunities for improving standards of dementia care in care homes, London: Alzheimer’s Society
[7] Comas-Herrera A et al;., Cognitive impairment in older people: future demand for long-term care services and associated costs. International Journal of Geriatric Psychiatry, 2007; 22(10): 1037-1045

1.3 The scope of this strategy

This strategy identifies needs and responses to those needs of adults with dementia aged 18 and over. It therefore includes young onset dementia (i.e. dementia in people below the age of 65). It covers both specialist mental health social care provision and general social care for people suffering from dementia in Peterborough, and aims to help create a seamless pathway of care.

Although it is recognised that people with dementia often have underlying functional mental health co-morbidities, such as anxiety and depression, which are intrinsically linked to their organic condition, the scope of this strategy does not deal with functional mental health conditions.

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2. Key themes and Priorities

Caring for people with dementia is a challenge for a range of organisations, and poses inter-dependencies that need to be considered and negotiated on the whole-system level.

Some of the key areas for consideration by social care providers are:

- raising awareness and providing information and advice
- carer support; carer's assessment
- peer support;
- personalisation
- active aging programme
- home care
- housing and housing adaptations
- assistive technology
- day services
- respite care and short breaks
- workforce planning and development
- sitting service
- equipment services
- crisis response
- post discharge support
- intermediate care
- re-ablement
- care management
- use of antipsychotic medication in line with NICE guidance
- residential care
- services for people with early-onset dementia
- end of life care

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3. National and Local Context

3.1 'Living Well with Dementia' - The National Dementia Strategy

Published in November 2009, the national Strategy document highlights 17 areas for development across health and social care sectors:

1. Raise awareness of dementia and encourage people to seek help
2. Good quality early diagnosis, support and treatment for people with dementia and their carers, explained in a sensitive way.
3. Good-quality information for people with dementia and their carers
4. Easy access to care, support and advice after diagnosis
5. Develop structured peer support and learning networks
6. Improve community personal support services for people living at home
7. Implement the New Deal for Carers
8. Improve the quality of care for people with dementia in general hospitals
9. Improve intermediate care for people with dementia
10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers
11. Improve the quality of care for people with dementia in care homes
12. Improve end of life care for people with dementia
13. An informed and effective workforce for people with dementia
14. A joint commissioning strategy for dementia
15. Improve assessment and regulation of health and care services and of how systems are working
16. Provide a clear picture of research about the causes and possible future treatments of dementia
17. Effective national and regional support for local services to help them develop and carry out the Strategy

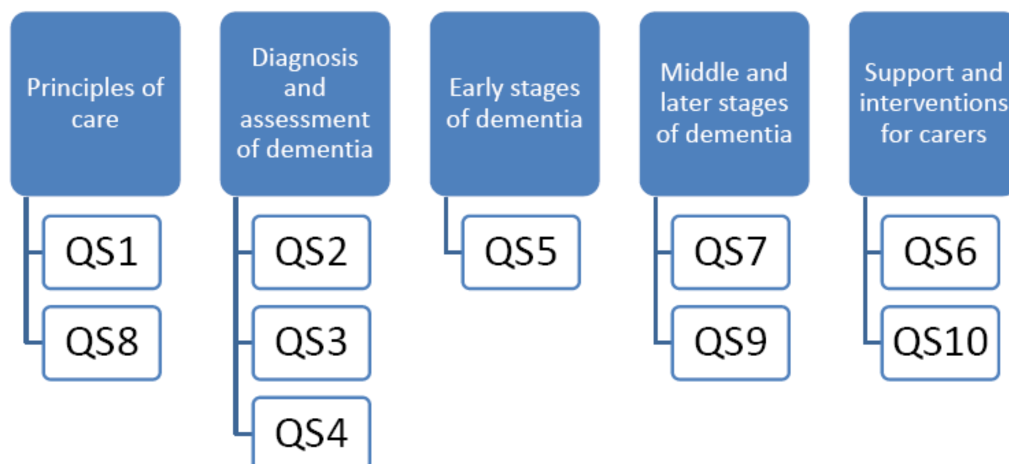
Subsequently, following the commissioning of an independent report into the use of antipsychotics in the treatment and care of people with dementia[8], the last objective was added to bring about reduction in inappropriate prescribing of antipsychotic medication and promotion of other responses to behaviour that challenges, including non-pharmacological solutions.

DRAFT

[8] Sube Banerjee, 'The use of antipsychotic medication for people with dementia: Time for Action', 2009

3.2 NICE quality standards for dementia

10 NICE Quality Standards mapped against the Stages of Dementia



Quality Statements

Number	Quality statements
1	People with dementia receive care from staff appropriately trained in dementia care.
2	People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3	People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4	People with dementia have an assessment and an ongoing personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5	People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of : • advance statements • advance decisions to refuse treatment • Lasting Power of Attorney • Preferred Priorities of Care.
6	Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7	People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8	People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9	People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10	Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

3.3. NICE quality standard – social care (draft)

In 2011, the National Institute for Health and Clinical Excellence (NICE) was asked by the Department of Health to pilot the development of two quality standards for social care. The work that has been completed until August 2012, when the draft was circulated for stakeholder consultation (closed on 16.10.12), is based on the wider social care agenda of improving the overall experience of care or services in the following ways:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.[9]

List of quality statements

No	**Draft quality statements**
1	People who are concerned that they or someone they know may have dementia are listened to and have opportunities to discuss such concerns.
2	People who might have dementia are informed of the benefits of attending a memory assessment service and encouraged to do so.
3	People living with dementia and their carers are in contact with a local adviser who provides information about dementia and how to access additional support.
4	People living with dementia and their carers have choice and control in decisions affecting their care and support.
5	People living with dementia have a care and support plan based on individual needs.
6	People living with dementia and their carers take part in a review of their care and support needs when their circumstances change and at least once a year.
7	People in the early stages of dementia and their carers have opportunities to be involved in planning their palliative and end-of-life care.
8	People living with dementia are supported to participate in activities based on individual interest and choice.
9	People living with dementia are supported to maintain relationships and have opportunities to contribute to the wider community.
10	People living with dementia are supported to access services that help maintain their physical and mental wellbeing.
11	People living with dementia have their accommodation designed or adapted to meet their specific needs.
12	People living with dementia and their carers have opportunities to be involved in planning and evaluating services.
13	People living with dementia and their carers are supported to access independent advocacy services.

[9] The Adult Social Care Outcomes Framework 2011-12

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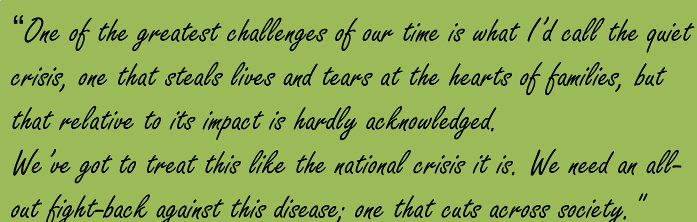
3.4 National Dementia Declaration – National Dementia Alliance

Dementia Action Alliance is made up of over 100 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

Members of Dementia Action Alliance have signed up to a National Dementia Declaration. Created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes we are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life

3.5. Prime Minister's Dementia Challenge[10]

In order to maintain the momentum gained by the National Dementia Strategy, and invigorate actions to improve outcomes for people with dementia, Prime Minister David Cameron, launched the Dementia Challenge in March 2012.



Prime Minister David Cameron, speaking at the Alzheimer's Society Conference, March 2012

Three main areas of action identified by the Dementia challenge are:

- Driving improvements in health and care
- Dementia friendly communities
- Dementia research

Current programme of recruitment of dementia friends and champions across the country by the Alzheimer's Society forms part of this renewed ambition to go further and faster with the dementia challenge.

3.6 Local context

The proposed dementia strategy for Peterborough is aligned with the overall priorities of the Adult Social care department, stated as:

- promote and support people to maintain their independence
- delivering a personalised approach to care
- empowering people to engage with their communities and have fulfilled lives

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[10] http://dementiachallenge.dh.gov.uk/about-the-challenge/

Furthermore, Peterborough Health and Wellbeing Strategy (January 2013) highlights as one of its priorities the needs of older people, including those suffering from dementia. The Health and Wellbeing Strategy 2012-15 includes five targeted areas, which are a priority to improve the health and wellbeing of everyone in Peterborough.

This strategy has been produced on behalf of the new Shadow Health and Wellbeing Board and is underpinned by the findings and recommendations form the refreshed Joint Strategic Needs Assessment for Peterborough. Priorities are to:

- Ensure that children and young people have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.
- Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
- Enable older people to stay independent and safe and to enjoy the best possible quality of life.
- Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
- Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs

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4. The Future needs for Dementia Services in Peterborough

4.1. Joint Strategic Needs Assessment – Peterborough

4.1.1 Population Profile and Growth

The older age adult population of Peterborough will grow significantly over the next 5 to 10 years, increasing from 23,944 currently to 27,283 in 2015 and 30,002 in 2020 (an increase of 25% over the full ten year period). There will be a significant rise in the number of younger elderly, aged 65-74, over the next ten years. The number of people aged 65-69 living in Peterborough is projected to increase from 6,807 in 2010 to 8,603 in 2015 – an increase of 26.4%. This will be followed by an increase in the size of the age 70-74 population rising from 6,255 in 2015 to 7,942 in 2020 – an increase of 37.5%. This increase in younger elderly will result in a significant increase in the number of older people with common (functional) mental health problems in Peterborough. (This data was obtained from the Office for National Statistics (ONS) population estimates).

There will also be a significant increase in the number of people aged 85+ living in Peterborough, projected to rise from 2,938 in 2010 to 3,452 in 2015 and 4,073 in 2020 (an increase of 37.5%). This will in turn increase the number of people with dementia that we can expect to see living in Peterborough over the next 5 to 10 years.

Table 1 **Population Growth-Older Adults 65+ (2010-2020)**

Age Band	2010	2015	2020	% Change 2010 -2015	% Change 2010 - 2020
65 - 69	6,807	8,603	8,082	26.4%	18.7%
70 - 74	5,778	6,255	7,942	8.3%	37.5%
75 - 79	4,795	5,124	5,632	6.9%	17.5%
80 - 84	3,626	3,849	4,273	6.2%	17.8%
85+	2,938	3,452	4,073	17.5%	38.6%
Grand Total	23,944	27,283	30,002	13.9%	25.3%

Figure 1 **Population Growth-Older Adults (65+) (2010-2020)**

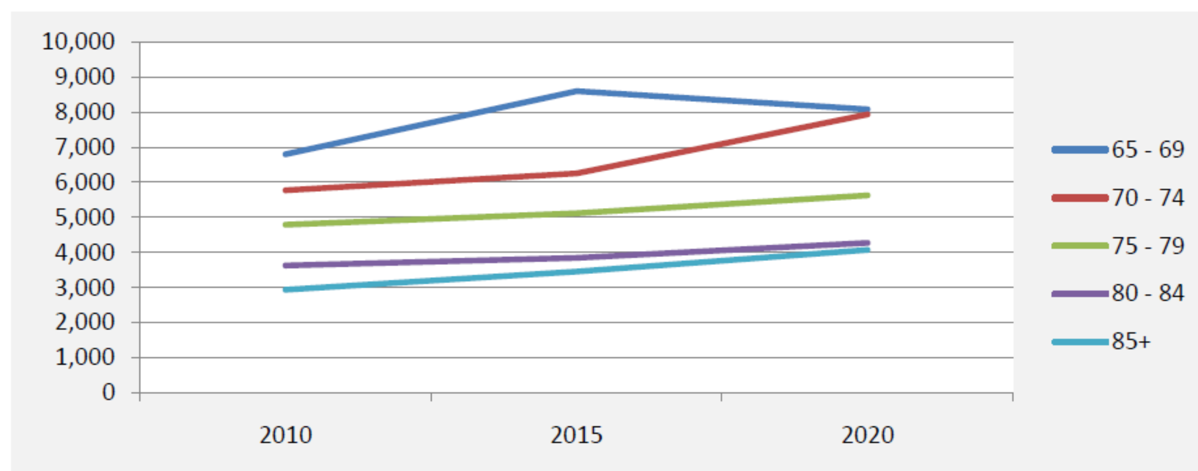
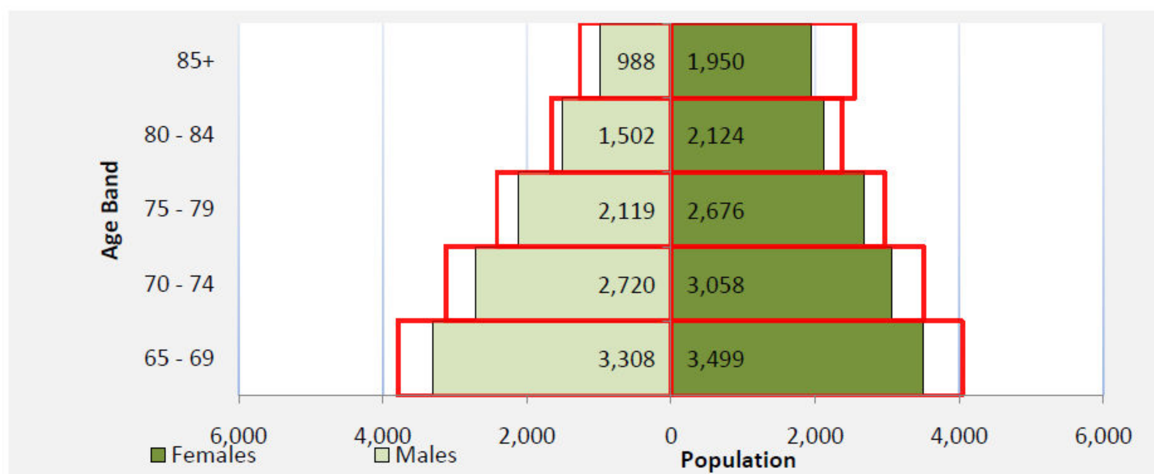


Figure 2 **Peterborough Older Adult Population Profile (65+)**



Red line indicates England Average population profile.

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4.1.2 Ethnicity

Peterborough has a diverse ethnic population, and is ranked the 40th most diverse of 152 PCTs nationally for ethnic diversity, Peterborough is the second most diverse of the fourteen PCTs in the Eastern region, behind only Luton. 10% of the older age adult population (age 60+) in Peterborough is reported to be Non-White British, compared with 6.5% in the Eastern region and 8.2% in England nationally. The largest black and minority ethnic groups amongst older age adults in Peterborough are 'White Other' (3.7%) and 'Asian' (3%).

It is well established that people from black and minority ethnic groups are more likely to experience mental health problems but are often less likely to engage in services – particularly older aged adults. It is vital that we work to ensure engagement with all 'hard to reach' groups – particularly in the earliest stages of illness.

4.1.3 Prevalence and Incidence of Mental Health Problems in Older Age Adults (age 65+)

Organic Mental Illness - Dementia :- The prevalence, the number of people with dementia (including early onset) living in Peterborough, will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years. The largest increase is expected to be seen in females, increasing from 1,074 females currently (2010) to 1,309 in 2020 (Dementia UK Report, Alzheimer's Society, 2007).

Recent UK research on survival rates for people with dementia (Xie et al, 2008) suggests that the median survival time from early onset until death may be shorter than had previously been thought: 4.1 years for men and 4.6 years for women. Age of onset appears to make less difference to survival rates than had previously been thought – although the impact of those life expectancies will of course be greater at a younger age. This further emphasises the importance of early diagnosis and support. Early diagnosis and prompt access to support has also been shown to greatly improve the quality of life of both individuals living with dementia and their carers.

The incidence, the number of new cases of dementia occurring each year in Peterborough is also projected to rise. There is a range to estimates but based on a 'mid-range' estimate we can expect to see the number of new cases per year rise from 462 cases in 2010, rising to 522 new cases per year in 2015, and increasing further to 594 cases in 2020 **(**Cognitive Functioning and Ageing Study, Medical Research Council, 2005).

Table 2 and Figure 3 below detail the incidence of dementia in Peterborough. This is the number of new cases that we can expect to see each year. The data was obtained from the Cognitive Functioning and Ageing Study undertaken (Medical Research Council, 2005). There is a range to estimates. Based on a 'mid-range' estimate the number of new cases per year is projected to rise from 462 currently to 522 in 2015 and 594 in 2020.

Table 2 **Number of New Cases of Dementia per Year (2010 to 2020)**

Estimate	2010	2015	2020
Low estimate	270	304	345
Mid estimate	462	522	594
High estimate	762	866	985

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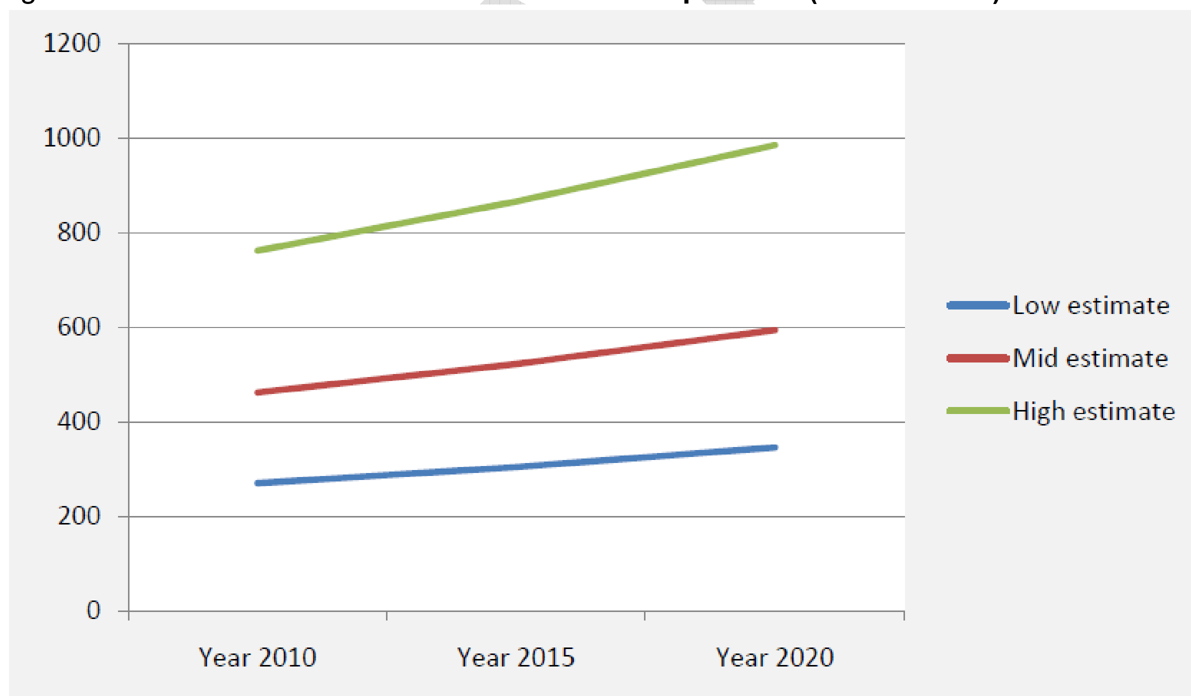
Figure 3 **Number of New Cases of Dementia per Year (2010 to 2020)**



Based on data from 2009 (the most recent available) the Quality and Outcomes Framework (QOF) shows that only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%) of the 1,629 people estimated to be living with dementia in Peterborough in 2009. This picture is also true nationally. In 2009 only 375,164 (37.9%) of the 604,303 people estimated to have dementia in England had a confirmed diagnosis (based on GP practice registers).

Table 3 below provides details Quality and Outcomes Framework (QOF) data showing that in 2009 (the most recent data available) only 588 people in Peterborough had a confirmed diagnosis of dementia – based on GP practice registers. This is only just over a third (36.1%)

of the 1,629 people estimated to be living with dementia in Peterborough in 2009, indicating a high level of unmet need.

Table 3 **Number of People Estimated to have Dementia**

Area	Number of people predicted to have dementia			
	By prevalence estimates	According to QOF register	Difference	Percentage on register
Peterborough PCT	1,629	588	1,041	36.1%
East of England SHA	71,041	25,315	45,726	35.6%
England	604,303	229,139	375,164	37.9%

Tables 4-5 and Figure 4 below detail the number of people that we estimate have dementia in Peterborough both now (2010), and projected into the future (2015 and 2020). Prevalence estimates were obtained from the Dementia UK Report (Alzheimer's Society, 2007) and applied to the official ONS population estimates. The prevalence, the number of people with dementia (including early onset) living in Peterborough, will increase from 1,686 in 2010 to 1,882 in 2015 and 2,142 in 2020 – an increase of 27% over the next ten years.

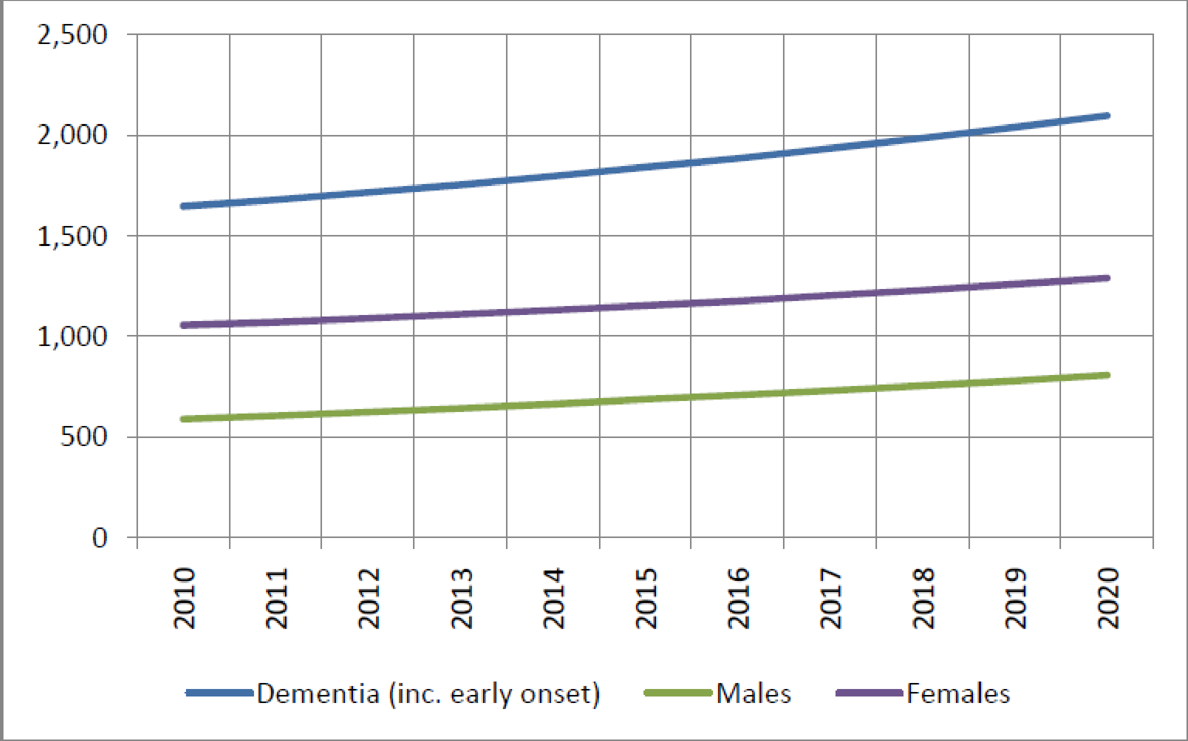
Table 4 **Number of People with Dementia-By Age Band (2010 to 2020)**

Age Band	2010	2015	2020
Under 55	13	14	14
55-64	27	27	29
65-74	242	278	317
75-84	718	762	840
85+	686	800	940
All ages	**1,686**	**1,882**	**2,142**

Table 5 **Number of People with Dementia-By Gender (2010 to 2020)**

Gender	2010	2015	2020
Males	613	712	833
Females	1,073	1,170	1,309
All people	**1,686**	**1,882**	**2,142**

Figure 5 **Number of People with Dementia By Gender (2010 to 2020)**



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5. Current Investment and Service Provision in Peterborough

5.1. Current Local Authority Provision

Nursing and Residential Care

All care home beds are commissioned on when and as needed basis from providers who have agreed to operate within the Terms & Conditions of the Pre-placement agreement framework in place in Peterborough.

Table 6: Care homes in Peterborough

Care Home:	Nursing	Res	Res or Dem	Dem	Dem/ Nursing	U65s	Total
Avery House	0	59	0	27	0	0	86
Broadleigh	28	0	8	0	0	0	36
Clair Francis	0	0	28	0	0	0	28
Field House	0	0	33	0	0	0	33
Florence House	0	21	0	0	0	0	21
Garden Lodge	0	10	0	0	0	0	10
Lavender House	0	0	31	0	0	0	31
Longueville Court	51	0	0	22	0	28	101
Maxey House	0	0	31	0	0	0	31
Park House (CHC only)	52	0	0	0	0	0	52
Park Vista	17	17	0	15	0	0	49
Philia Lodge	0	0	19	0	0	0	19
St Margaret's Residential	0	0	16	0	0	0	16
The Star	0	0	27	0	0	0	27
The Tudors	0	0	44	0	0	0	44
Wentworth Croft	41	42	0	41	32	0	156
Werrington Lodge	45	0	0	0	37	0	82
TOTALS:	234	149	237	105	69	28	822

Respite Care

Peterborough City Council currently commissions 6 rolling respite beds across 6 care homes locally. All of them can be used for dementia, and the standard provision for respite care is 1 week in 6 or 2 in 8 weeks. Additionally, emergency respite can be provided in the service user's home.

INTERMEDIATE CARE AND INTERIM BEDS

Specialist mental health team by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) provide Intermediate care through the Intermediate Care Team. Its two principal functions are:

- Crisis response and intervention to prevent hospital admission
- Liaison with general hospitals and A&E.

Transfer of care team based at Peterborough City Hospital manage interim beds, which are commissioned for the average length of stay of 30 days (up to a maximum of 90 days). There are currently 14 interim beds available in Peterborough in 8 locations. Only one of those is not suitable for dementia. The first four weeks of care are provided free of charge to the service user.

RE-ABLEMENT

Reablement is the use of timely and focused intensive therapy and care in a person's home to improve their choice and quality of life, so that people can maximise their long-term independence by enabling them to remain or return to live in their own homes within the community. The approach focuses on reabling people within their homes so that they achieve their optimum stable level of independence with the lowest appropriate level of ongoing support care.

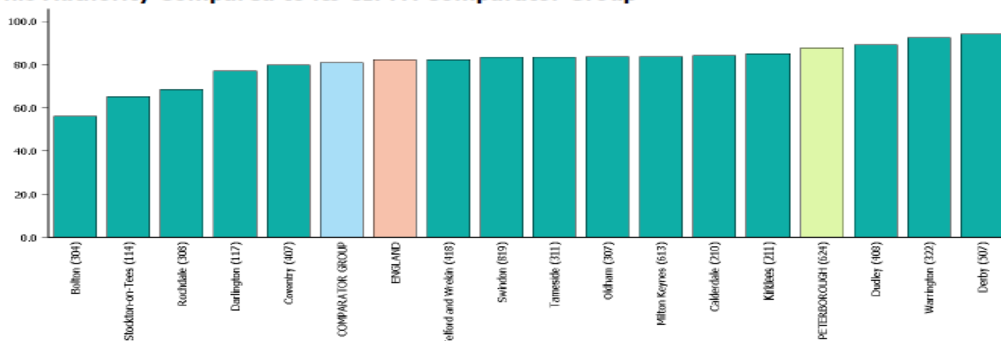
We believe that further development of reablement approaches is a critical element in developing and delivering effective preventive health and social care interventions.6 Key strategic outcomes that we want to deliver through reablement are:

- People will be supported to maximise their independence, health and wellbeing and to live within their own homes for as long as possible; and
- There will be a reduction in commissioned domiciliary care hours as more effective early intervention reduces the need for longer-term services.

Figure 6:

NI125 (VSC04) – Percentage of older people achieving independence through rehabilitation/intermediat care, 2009-10

This Authority Compared to its CIPFA Comparator Group



Source : ASC-CAR

SUPPORTED AND OTHER ACCOMMODATION

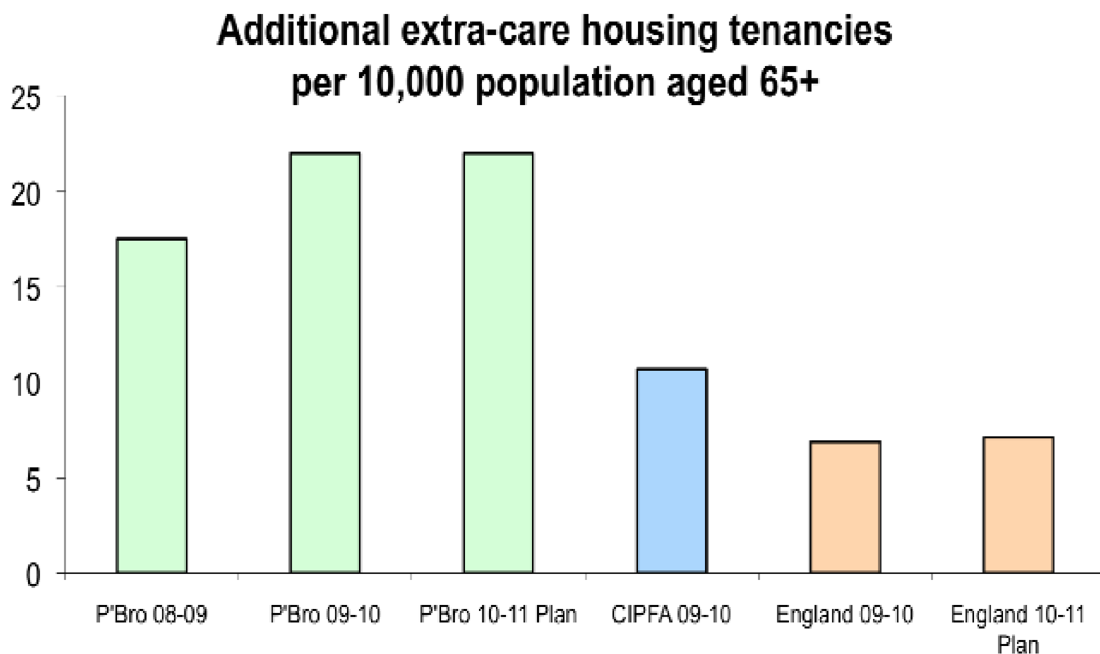
There are several extra care schemes in Peterborough catering for people with dementia:

- St Edmund's Court
- Friary Court
- Pavillions
- The Spinney
- Bishopsfield,

There are a total of 231 individual flats available within these schemes.

The rate at which we create additional extra-care housing tenancies for older people in Peterborough has increased in recent years. The following chart shows that in 2009/10 the rate was more than twice that of the average of Peterborough's CIPFA comparator group of councils and the all-England average. Plans indicate that this trend will continue. It is reasonable to conclude that older people who might otherwise have had to be placed in residential care in Peterborough are now moving into their own extra-care tenancies, and will continue to do so in the future.

Figure 7: Extra care per 10'000 population aged 65+



Source: Care Quality Commission, Self Assessment
Definition: Additional extra-care housing places within the year. (Extra-care housing, or very sheltered housing, and a range of other terms are used interchangeably to describe a type of housing with care and support.) per 10,000 population aged 65+

Home Care

Peterborough City Council operates a framework of providers of home care services city-wide, to ensure high quality and effective delivery of social care support in people's homes. The framework supports choice and control for people using services.

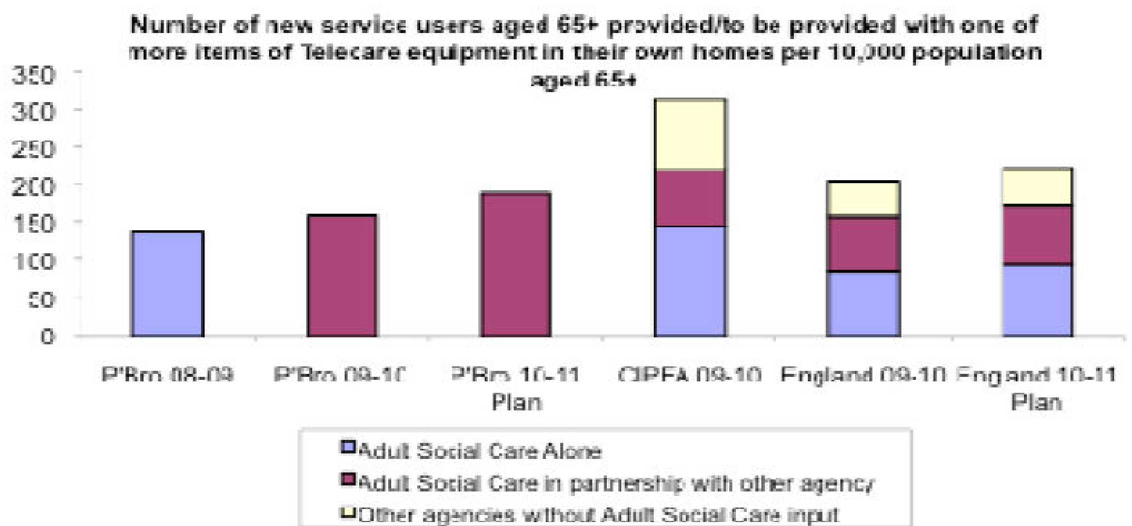
Day Care and Day services

Specialist day therapy services are offered within CPFT run Cavell Centre. Day services are run across several locations in the city, one of the main ones for the people with dementia run at the Greenwood care home.

Equipments and Adaptations

One of the key pre-requisites for enabling independence at home is the use of telecare equipment and assistive technology. These are provided in Peterborough through an external organisation, but are assessed through trusted assessors and, in case of adaptations, requests are signed off by the Occupational Therapist Service.

Figure 8: Telecare equipment per 10'000 population



Source: Care Quality Commission Self Assessment
Definition: Number of new service users aged 65+ provided/to be provided with one or more items of Telecare equipment in their own homes per 10,000 population aged 65+

Direct Payments

Self-directed support is available to eligible service users over 65 years of age, including those with dementia. In 2012/13 the commitment for expenditure relating to direct payments for people with dementia is £50'556.82[11]. The uptake is relatively low, and efforts are being made in making this provision more widely utilised.

Meals

Hot and frozen meals are available to adults social care eligible service users at subsidized cost.

[11] Based on the mid year activity

5.2 PROVISION BY VOLUNTARY SECTOR ORGANISATIONS

Peterborough City Council works with a number of voluntary sector organisations in the city (itemised below) to provide services for older people. The provision is for either care managed services (services provided as part of the care plan by ASC) or non care managed services (services available to all population). The breakdown of the Council's investment is presented in Figure 9 below.

Figure 9: Peterborough City Council investment in Voluntary sector provision for older people

Care Managed Services	£'k	£ / head of population	Average
2011/12	£30.0	£0.2	£2.5
2012/13 Estimate	£30.0	£0.2	£2.6
Change	£0.0	£0.0	£0.1

Non-Care Managed Services	£'k	£ / head of population	Average
2011/12	£196.0	£1.4	£2.1
2012/13 Estimate	£196.0	£1.4	£2.1
Change	£0.0	£0.0	£0.0

AGE UK

Befriending
A visiting service which provides visits to older people to help combat loneliness and social isolation. Home visits are made once a week for an average of one hour.

Day Care
Day care centre based at Steve Woolley Court it is vibrant and welcoming and is very popular with clients. The centre is open Monday, Wednesday and Friday (10am to 3pm) , a hot lunch is provided

Friendship Clubs
Across Peterborough there are 9 friendship clubs who meet once a week for a two course hot home cooked lunch. Run by an excellent team of volunteers across the 9 locations who also supply friendship, companionship and entertainment for those who attend.

Gardening
Age UK offer a seasonal service March to November for grass cutting and garden maintenance from trusted and reliable gardening teams.

Home Checks
Working with Adult Social Services we will assess your home for aids and adaptations that will make life easier and safer for you in your home.

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Information & Advice
Provides a range of information and advice on many subjects including a private and confidential full benefit check service if required for people. Our office is based in Westgate and the rear of the Age UK Westgate shop, or we can visit people at home, if they have limited mobility.

Sunday Lunch Club
Sunday Lunch Club members meet every Sunday for a two course delicious home cooked Sunday lunch with pudding. A chance to meet up with friends, and make new ones in a cosy, warm and friendly environment.

Support Planning
Do you need help and assistance with the support planning process? If so, we can help you, please call us to make an appointment so we can meet you and help you through this process.

Volunteering
As a charity we are supported by a terrific band of willing and committed volunteers, many of whom stay with us for many years. If you would like to volunteer and can spare some time we are very keen to meet with you. Our volunteers help support our befriending service, gardening and our Tins Appeal and Big Knit campaigns, they also support us with various administration. duties.

ALZHEIMER'S SOCIETY

City Peer Support Group
Runs on alternate Thursday's from 1.45 -3.30 at Centre 68, behind Westgate Church Hall, Westgate, Peterborough PE1 1RE. Open to people with dementia and their carers following assessment. This is a structured group where carers and people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. There is a nominal charge for attendance. For further information please contact the Peterborough office

Dementia Information Point, Westgate
Your opportunity to call in to ask questions, receive information and/or support. Held alternate Thursdays between 1.45 and 3.30 at Westgate Church Hall, 70 Westgate, Peterborough PE1 1RG. For further information contact the office.

Dementia Information Points
Dementia Information Points will be held in various locations in and around Peterborough. This is your opportunity to call in and ask questions, recieve information and/or support. For further information contact the office

Dementia Support, Complex Needs
Our Dementia Support Worker will work with people with dementia and their carers that require extra support due to the complexity of a situation/concern or issue. The service will provide individualised information and improve understanding of dementia. We will support people in exploring coping strategies and can be the link between other organisations and professionals. Please contact the office for further information

Information & Support
Primarily first contact for many people, to receive support and information with regards to various dementia related enquiries. For further information please contact the office

Outreach Service
Dementia Support Workers work together with person with dementia and their carers' and

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families to help understand dementia by providing on going support, information, guidance and coping strategies. We can also refer to our groups or signpost to other organisations

Pathways for Men
Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 10.30-12.00. Held at The Pines, Gloucester Centre, Orton Longeuville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the office for further information.

Pathways for Women
Gender specific support group. Runs on a weekly basis over 8 weeks, by invitation only. This service is for people with mild dementia and is designed to stimulate recall. Run on Monday and Tuesdays from 2.00-3.15. Held at The Pines, Gloucester Centre, Orton Longueville, Peterborough PE2 7JU. There is a nominal charge for attendance. Please contact the Peterborough office for further information.

Peer Support Group, Orton Wistow
Weekly group run on Wednesday's from 10.30am - 12.30pm at Napier Place, Orton Wistow, Peterborough PE2 6XN. Open to people with dementia following assessment. This is a structured group where people living with dementia can participate in a forum setting to develop coping strategies for living well with dementia and moving forward in a positive way. It is a closed group taking place over 8 weekly blocked sessions, there is a nominal charge for attendance. For further information please contact the office

SALVATION ARMY

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Befriending scheme

The Good Neighbours Scheme is managed by the Salvation Army and responds to the needs of the most vulnerable by meeting people at their point of need. Our approach is holistic, engaging with people's physical, emotional and spiritual needs.

Visiting Befriending. This service is for people who have difficulty going out into the community and would welcome home visits to chat, share news.

Telephone Befriending 'Caring Calls'. This service is for those who would welcome a friendly chat on the telephone.

'Young at Heart' Day Opportunities. This runs twice a week from 9.30am to 3pm. We offer a friendly and safe place to make friends and enjoy a full and varied programme of activities.

Luncheon Club. Offers a three course nutritious meal.

Community Support Team. We offer one to one support that is led by your needs. This may include: general advice for independent living, services and activities where you live. General advice on housing and benefits issues.

Gardening Maintenance. We offer low level gardening maintenance for older people who can no longer manage their gardens and have no other support to do it themselves

CROSSROADS CARE

Crossroads care provides specialist replacement care services, including sitting service for up to 3 hours per session. The referrals are made through Adult Social care, however, Crossroads care accept referrals from self-funders directly.

PCVS CARERS CENTRE

Providing support for carers of all ages across Peterborough.

Advice includes:

- Carers Assessment
- Emergency Respite
- Benefits
- 1-1 help
- Home Visits
- Blue Badge

Social Activities:

- Cheese and Wine evenings
- Pampering Days
- Carers Training

Partnership work:

- Bi annual event
- Carers Rights Day
- Consultation Work
- Carer's partnership board

OTHER CARER'S SERVICES

Peterborough City Council commissions services for carer from Crossroads Care, Alzheimer's Society , Rethink and PCVS Carers centre. These services all offer support, advice and information and for more detail please see the relevant voluntary sector entry.

Adult Social Care Delivery Services support carers to register on the carers register, and by doing this they automatically receive :

- Carers assessment;
- An application to register for the Emergency Support Service for carers. Once registered they are sent an emergency support card to carry in case of the need for emergency care.
- Bi--annual newsletter that informs carers of events that they can attend free of charge and any new developments of services that they can access

Carers are at the forefront of the Carers Partnership Board which is made up of carers, voluntary and statutory providers. The carers planning and Advisory Group reports to the Board on issues that affects carers and advising on campaigns and events for carers, as well as setting the agenda for the Carers Partnership Board. A Strategic Commissioning Advisory Group meets every two months to discuss ways of supporting carers and jointly working together to improve services for carers

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Table 7: Proportion of expenditure per service type – comparative table

	Percentage (%)													
	Peterborough	Swindon	Calderdale	Coventry	Bolton	Rochdale	Kirklees	Oldham	Stockton	Telford and Wrekin	Medway Towns	Cambridgeshire	Comparator Group Summary	England
Assessment and care management	19.9%	17.6%	6.9%	8.4%	11.2%	11.9%	17.2%	7.7%	7.0%	11.7%	8.8%	16.1%	11.2%	11.4%
Nursing care placements	11.1%	18.0%	19.6%	11.1%	10.4%	12.3%	14.3%	14.6%	16.0%	28.9%	19.0%	15.8%	15.4%	17.3%
Residential care placements	34.4%	33.0%	33.9%	32.2%	35.7%	44.3%	35.0%	44.9%	51.6%	26.9%	31.8%	26.9%	36.7%	36.9%
Supported and other accommodation	0.0%	0.2%	0.2%	0.8%	0.1%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.2%	0.6%
Direct payments	1.1%	0.8%	2.1%	2.9%	1.4%	1.1%	0.4%	0.3%	1.4%	1.4%	0.8%	1.6%	1.3%	1.4%
Home care	21.1%	20.4%	24.0%	28.8%	27.7%	21.0%	21.9%	19.1%	17.8%	23.3%	26.7%	32.6%	23.5%	22.1%
Day care	3.4%	3.2%	7.7%	4.8%	5.3%	3.2%	4.0%	5.8%	3.6%	2.8%	5.2%	2.4%	4.6%	4.2%
Equipment and adaptations	1.6%	2.2%	3.0%	0.0%	0.0%	0.1%	4.6%	1.7%	1.9%	0.7%	0.0%	2.3%	1.6%	1.6%
Meals	1.2%	1.0%	0.5%	1.4%	2.6%	0.9%	0.1%	0.0%	0.0%	0.9%	0.4%	0.2%	0.8%	1.0%
Other services to older people	6.1%	3.6%	2.1%	9.6%	5.7%	4.5%	2.5%	5.9%	0.7%	3.4%	7.3%	1.0%	4.8%	3.4%
TOTAL OLDER PEOPLE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 8 **Investment in Older Peoples Mental Health Services by Peterborough City Council**[12]

	Investment (£)	Notes
Social care services		
CPFT	335'000	staffing and travel
ASC	433.900	10% of the overall Older people's staffing and overhead costs
Spot purchased services		
Nursing and residential care	505.906	placed by CPFT, commitment for 2012/13
Extra care	367'100	Pavillions, St Edmonds, Friory Court, Bishopsfield, The Spinney
Home care	135.000	Commitment for 2012/13
Direct payments	50.556	Commitment for 2012/13
Other ad-hoc expenditure		
Deferred payment	38'100	
Safeguarding	11.950	5% of everall SAB budget, representing prercentage of people with dementia of the overall figure
MCA / DOLS	27'000	training, DOLS assessments
Carer's breaks	60'000	spot-purchase
Carers' support payments	30'000	ASC managed
Block contracts		
Welland day care	136,800	
Greenwood day care	18'400	
The Cresset - day care	328'700	
Alzheimer's Society	85'205	
IMCA	10'000	contract with VoiceAbility
Salvation Army - Befriending Service	5.500	Good neighbours scheme
Age UK	150'000	Includes Day Care
Crossroads care	78'000	respite and sitting services
TOTAL	**2'807'117**	

[12] Based on prevalence estimates by the Alzheimer's Society (2012) applied to overall number of service users over 65 supported by Peterborough ASC

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6. Gaps in service provision and priority setting

One of the key issues in social care service provision identified by stakeholders over the past three years has been the lack of seamless pathway for dementia across various services provided in the city.

Other gaps have been highlighted as follows[13]:

- accurate, up-to-date and comprehensive information on services available in the city
- appropriate and timely advice on the progression of dementia
- appropriate and timely advice on self-help and help for carers for people with dementia
- ongoing support via a designated support worker
- carers breaks
- respite services for people with dementia
- crisis response and emergency services
- peer support
- shortage in day care opportunities (including 7 day a week provision)
- lack of appropriate signposting
- training of staff, including domiciliary care staff
- appropriate application and monitoring of best practice in dementia care
- awareness raising and challenging stigma
- co-ordination between health and social care

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[13] Peterborough Dementia Stakeholder Group ; Scoping work December 2012 to January 2013.

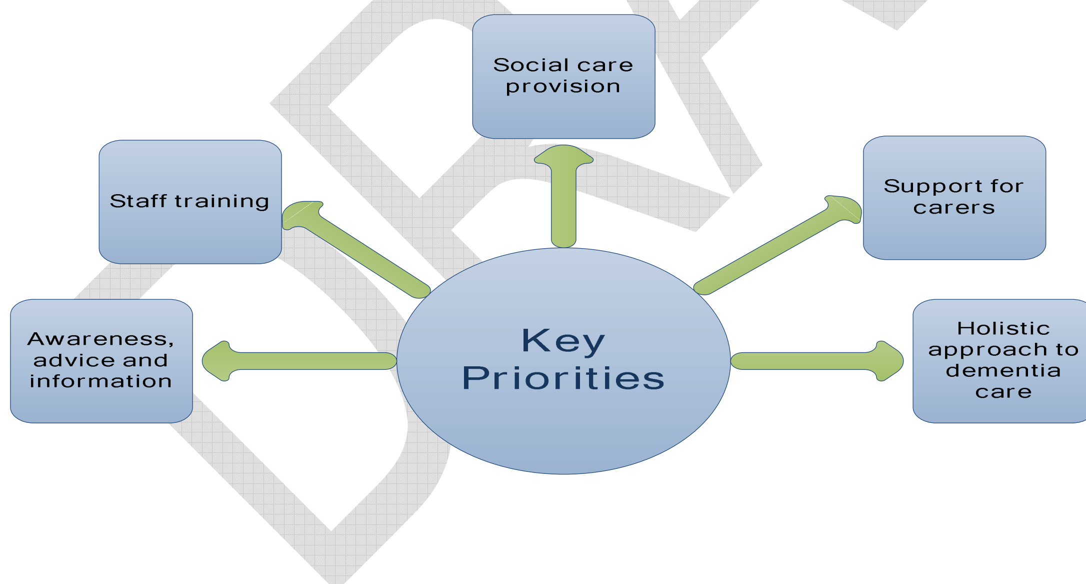
7. Vision for dementia services – commissioning priorities

The vision for dementia services in Peterborough is the result of stakeholder engagement and comprehensive understanding of the needs of Peterborough population. It is informed by the commissioning principles outlined below:

- Outcome-based approach to commissioning
- Utilising the VIPS model of person-centred approach to care[14][15]
- Seamless and holistic pathway of care for people with dementia and their carers across health and social care economy, with strong links to voluntary sector;
- Enabling independence and choice as long and as much as possible
- Promote prevention, early intervention and support, utilising proactive and asets-based commissioning model
- Value added services

This strategy identifies the following as its key priorities:

Figure 6: **Priority setting for social care provision of dementia services in Peterborough**



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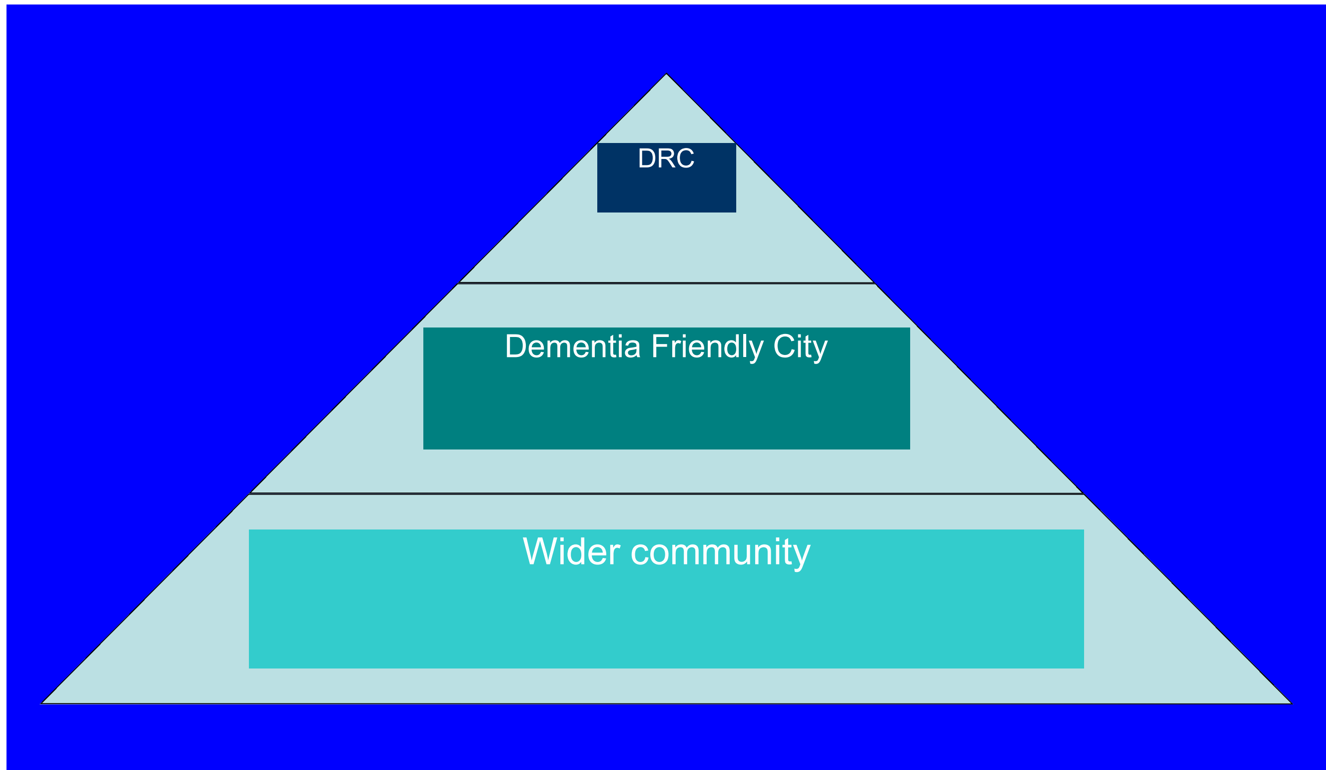
[14] Brooker D (2007), Person-centred dementia care: Making services better, London, Jessica Kingsley Publications
[15] V – a value base that asserts the absolute value of all human lives
I – an individualised approach, recognising uniqueness
P – understanding the world from the perspective of service user
S – promotion of positive social psychology in which the person living with dementia can experience relative well-being

8. Action Plan

The Setting for the Action Plan



Some of the key outcomes of the dementia strategy necessitate the creation of a **dementia friendly environment** – general public, as well as professionals, having a higher level of awareness and understanding of the condition and how it affects sufferers at different stages; providing dementia-friendly services across service, leisure, transport and other relevant sectors; and fostering the principles of asset-based communities.

This will serve as a backdrop to a successful **Dementia Resource centre**, operating as a hub for dementia-specific initiatives and bringing together a plethora of activities benefiting dementia sufferers and their carers.

One of the intended outcomes of increased, co-ordinated and improved provision of services for people with dementia and their carers will be **wider communities** being better equipped to strengthen their ability to better incorporate their members with dementia, thus maximising opportunities for independent living for as long as possible.

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Action one: Raising awareness and Providing Information and Advice

Evidence

- key objective in the National Dementia Strategy
- improved public awareness is linked to earlier diagnosis and treatment, enhancing the quality of life and reducing social exclusion
- increased public awareness reduces stigma associated with dementia
- Providing timely and comprehensive information and advice at different points in the progression of the condition enhances possibility for better self- management and care; provides service users with choice and stimulates the provider market.

Key tasks	Desired Outcomes	Timescales
1. create a cross-agency approach to raising awareness	1.1. reducing stigma and barriers to approaching professionals for diagnosis and help at an early stage 1.2. co-ordinated effort to maximise output and impact	See 'Implementation plan'
2. Develop a dementia information /advice resource (including a web-based directory with dementia related information)	2.1. specialist information and advice available to all people diagnosed with dementia 2.2. consistency in quality and content of advice and information given 2.3. improved range of accessible information points 2.4. better ability to update information consistently	
3. co-ordination of activities relating to information and advice across the pathway	3.1. improved timeliness, quality and scope of information / advice	
4. Peer-support services (dementia cafes)	5.1 non-institutionalised approach to dissemination of knowledge and self-management	

Costs:

Links to other fora

Public Health, Health and Wellbeing Board Peterborough, National campaigns and initiatives

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Action Two: Staff training /workforce development

Evidence

- key objective in the National Dementia Strategy
- evidenced gaps in staff's ability to care for people with dementia effectively
- poor outcomes for people with dementia, including incidence of safeguarding alerts

Key tasks	Desired Outcomes	Timescales
1. create a 'skills and competencies framework' for variety of staff involved in the care of people with dementia, incl but not limited to home care staff, care home staff, social care staff, etc 2. Incorporate as appropriate into corporate contracts with providers 3. produce and deliver a comprehensive training plan and programme City-wide, which includes regular auditing and review	1.1 agreed high standards of care, appropriate to different staff groups 2.1. viable method of measuring and rectifying – contracts and agreements as levers 3.1. easier access to training 3.2. standardised quality of training	See 'Implementation Plan'

Costs:

Links to other fora

Workforce development, Skills for Care, Contracting and Procurement

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Action Three: Delivering positive social care outcomes

Evidence

- enhancing provision of choice through personalisation and targeted market stimulation
- lack of dementia appropriate day care opportunities 7 days a week
- evidenced increase in independence and service user satisfaction levels in relation to dementia-friendly provision of domiciliary care
-

Key tasks	Desired Outcomes	Timescales
1. Ensure service users and their carers are integral to support planning, offering them choice and control	1.1. social care support is accessible, personalised and maximises independence	See 'Implementation Plan'
2. ensure high quality and appropriate quantity of day care opportunities for people with dementia is aligned to current and emerging need	2.1 day care opportunities cater for different demographics within the city (i.e. early onset dementia, young onset dementia, gender-specific provision,…) 2.2 the provision to address the need for extended hours of opening 2.3 day care opportunities are therapeutic in nature and contribute to independence for as long as possible 2.4 institutionalised care is delayed as long beneficial to the service user 2.5 independent but supported living is available	
3. ensure availability of dementia care beds and extra care housing	3.1 domiciliary care providers take into account the progression of the disease and actively participate in the management of each stage	
4. ensure domiciliary care providers provide person-centred dementia-aware care	4.1 Skilled workforce providing appropriate interventions to service users with dementia	

Costs:

Links to other fora

Housing, Contracting and Procurement, Workforce Development

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Action Four: Services for carers

Evidence

- key objective of the strategy
- support to carers directly correlates to improvements in the quality of life, delayed admission into institutionalised care and supports the ASC objective of enabling independence and choice.

Key tasks	Desired Outcomes	Timescales
1. Better capture of data relating to carers of people with dementia	1.1 comprehensive and accurate database of carers for people with dementia will enable better engagement and planning of services,	See 'Implementation Plan'
2. commission a variety of services providing breaks for carers	2.1. carers receive breaks needed to continue with their caring duties	
3. commission provision of advice, information on progression of disease and signposting for carers	3.1. see Action One	

Costs:

Links to other fora

CCG Carer's Lead, PCC Carer's Lead

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Action Five: Holistic approach to delivering dementia care

Evidence

- Department of Health – Commissioning Framework for Dementia highlights integrated cross-sector working as key to achieving desired outcomes
- Interdependencies between health and social care in particular

Key tasks	Desired Outcomes	Timescales
1. Ensure collaboration and alignment of key strategic priorities between health and social care 2. Multi-agency, multi-disciplinary approach to personalised care planning and delivery	1.1. seamless pathway for service users / patients and their carers, with appropriate referral and signposting protocols and practice 2.1. Leaner pathway 2.2. navigator role through the pathway to provide consistency and continuity, as well as a single point of contact 2.3. service user's choice and control over care	See 'Implementation Plan'

Costs:

Links to other fora

CCG Cambridgeshire and Peterborough, Older People's Partnership Board

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UPDATED: 15 March 2013

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2013/14

MEETING DATE	ITEM	CONTACT OFFICER
25 March 2013	Commissioning Issues Older People's strategy Public Health Children's Services Dementia Strategy	Board Members
	Review of Terms of Reference and Membership	Helen Edwards
	Role of Local Area Team	Peter Wightman, Interim Lead - Primary Care, Public Health and Offender Health
	Peterborough and Stamford Hospitals Foundation Trust – contingency planning update	Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough CCG
10 June 2013	Commissioning Issues	Board Members
	Board Development / Membership Review	Sue Mitchell
	Joint Commissioning Unit	Wendi Ogle-Welbourn
	Health watch (annual report)	
23 September 2013	Commissioning Issues	Board Members
	Public Health Strategy Review (six monthly)	
9 December 2013	Commissioning Issues	Board Members
24 March 2014	Commissioning Issues	Board Members

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