PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

MONDAY 5 DECEMBER 2016
1.00 PM

Bourges/Viersen Room - Town Hall
Contact – paulina.ford@peterborough.gov.uk, 01733 452508

AGENDA

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 Paulina Ford on 01733 452508 as soon as possible.

15. Schedule of Future Meetings and Draft Agenda Programme **251 - 252**

To note the dates and agree future agenda items for the Board. To include frequency of reporting from other Boards, where appropriate, including Local Safeguarding Boards, Children's and Adults Commissioning Boards, LCG Commissioning Board. Also to consider how we will monitor progress against the Health and Wellbeing strategy.

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http://democracy.peterborough.gov.uk/ecSDDisplay.aspx?NAME=Protocol%20on%20the%20use%20of%20Recording&ID=690&RPID=2625610&sch=doc&cat=13385&path=13385

Board Members:

Cllr J Holdich (Chairman), Dr Mistry (Vice Chairman), Cllr D Lamb, Cllr W Fitzgerald, Cllr R Ferris, C Mitchell, Dr Laliwala, Dr Howsam, D Whiles, W Ogle-Welbourn, Dr Robin, A Chapman and A Pike

Co-opted Members: Russell Wate and Claire Higgins

Further information about this meeting can be obtained from Paulina Ford on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 22 SEPTEMBER 2016

Members Present:	Councillor Holdich, Leader and Cabinet Member for Education, Skills, University, and Communication (Chairman) Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health Councillor Lamb, Cabinet Member for Public Health Councillor Ferris Adrian Chapman, Service Director Adult Services and Communities Dr Liz Robin, Director for Public Health Cathy Mitchell, Local Chief Officer Russell Wate, Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board Co-opted Member
Also Present:	Philippa Turvey, Senior Democratic Services Officer Jessica Stokes, Public Health Registrar Kathy Hartley, Public Health Consultant Emma Tiffin, Cambridge and Peterborough NHS Foundation Trust Martin Stefan, Cambridge and Peterborough NHS Foundation Trust Lee Miller, Cambridge and Peterborough NHS Foundation Trust

1. Apologies for Absence

Apologies for absence were received from Wendi Ogle-Welbourn Corporate Director People and Communities, Dr Howsam, Dr Mistry, David Whiles, and Claire Higgins.

Gordon Smith attended as substitute for David Whiles.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 21 July 2016

The minutes of the meeting held on 21 July 2016 were approved as a true and accurate record.

4. Peterborough Cardiovascular Disease Strategy

The Public Health Registrar introduced the report, which outlined the draft five year plan for cardiovascular disease (CVD). This included heart disease, stroke and peripheral arterial disease which was a strategy to prevent, identify and treat CVD. The plan included health care, health promotion, health checks, and lifestyle changes working in conjunction with key NHS and independent partners.

The Board were advised that there needed to be a variety of approaches to ensure as many people were captured as possible. This included working with GPs and carrying out simple pulse checks alongside routine GP visits. Together with Councillor buy-in, it was believed this

would help reach the sectors of the community most at risk. Success in the short term would be difficult to quantify and it would be several years before real progress could be measured.

The Board considered the report, and key points highlighted and raised during discussion included:

- It was suggested that healthy lifestyles were considered when reviewing future planning proposals to ensure that, where possible, cycle ways and pathways were included.
- It was considered that emphasis should be placed on healthy eating within Council buildings, including Council meetings and in food banks.
- It was suggested that the Council approach local supermarkets to hold a healthy eating week.
- A luncheon was be held on 2 November for Councillors to launch the Strategy and further information would be available to take away.

That the Health and Wellbeing Board **RESOLVED** to:

1) Endorse the Peterborough Cardiovascular Disease Strategy; and
2) Agree to an aggressive approach to the Peterborough Cardiovascular Disease Strategy in encouraging healthy lifestyle choices in Peterborough.

That the Health and Wellbeing Board **RECOMMENDED** that the Council's Development Plan Documents take into account the Cardiovascular Disease Strategy to encourage more healthy lifestyle choices.

5. Diverse and Ethnic Communities Joint Strategic Needs Assessment for Peterborough

The Director of Public Health and the Public Health Consultant introduced the report, which set out the Joint Strategic Needs Assessment (JSNA). The JSNA provided detail on the determinants that affected the health of ethnic groups with the greatest representation in Peterborough. The Board were advised that emphasis had initially been placed on the Eastern European sector, however had been altered to cover all ethnic groups. It remained that there had been more engagement with Eastern Europeans through community connectors and partners. The data within the JSNA had been compiled from several sources, including the census and data gathered via GPs. Further data was being collected in A&E to assess why people were choosing that outlet for their care. This data would be presented grouped in the new Ward boundaries.

The Board considered the report, and key points highlighted and raised during discussion included:

- It was considered that GPs believed that social media would be the best vehicle to promote services.
- Information packs in different languages were discussed and endorsed.
- Consistency in the approach to NHS policy was considered desirable as there were many organisations involved and resources needed to be concentrated in the best place to achieve the best results.
- It was believed that language courses needed to be flexible to meet the needs of the people to ensure that they were able to complete the course. Tutor supply was further discussed.

The Health and Wellbeing Board **RESOLVED** to approve the Diverse Ethnic Communities Joint Strategic Needs Assessment.

ACTIONS AGREED

That the Diverse and Ethnic Communities Joint Strategic Needs Assessment for Peterborough be submitted to the Health Care Executive and the CCG Clinical Management Executive Team.

1) That further work be undertaken in relation to non-Eastern European migrants, in order to develop more detailed recommendations.
2) That further work is undertaken to assess the distribution of funding.
3) Advise all Councillors by email that this information is available on the PCC website.

6. Sustainable Transformation Programme Mental Health Strategy

Representatives from Cambridge and Peterborough NHS Foundation Trust introduced the report, which set out the Mental Health Strategy document Working Together for Mental Health in Cambridgeshire and Peterborough. The document was a framework for the next five years which had been prepared by the Cambridgeshire and Peterborough Sustainability and Transformation Programme and provided a coherent joint strategic document for Mental Health. This had been underpinned by a number of national developments including the publication of the recommendations of the National Taskforce for Mental Health ("The Five Year Forward View for Mental Health").

The Board considered the report, and key points highlighted and raised during discussion included:

- The crisis mental health service Vanguard launched recently which had been busy. The service included first response cover over the telephone or face to face, if necessary. It provided a place of sanctuary and access to professionals in the police control rooms, via the 111 service. An online facility was being commissioned for young people to talk to directly counsellors.
- The Primary Care Service for Mental Health (PRISM) project was to be introduced to address patients who needed mental health support but could not easily obtain access. Information between services was now shared with the police.
- Funding had not been secured although the current problems faced by the services was mainly a lack of appropriate staff rather than lack of funding.

The Health and Wellbeing Board **RESOLVED** to endorse the Mental Health Strategy and accept the recommendations. .

That the Health and Wellbeing Board **RECOMMENDED** That the Sustainable Transformation Programme Mental Health Strategy be submitted to the Safer Peterborough Partnership Board for consideration.

Councillor Fitzgerald left the meeting.

7. Mental Health Crisis Vanguard Project Update

Representatives from Cambridge and Peterborough NHS Foundation Trust introduced the report, which updated the Board on the most recent developments of the Mental Health Vanguard project.

This project had been discussed alongside agenda item 6 'Sustainable Transformation Programme Mental Health Strategy'.

The Health and Wellbeing Board **RESOLVED** to note the report.

8. Sustainable Transformation Programme Update

The Local Chief Officer introduced the report, which updated the Board on the progress of the Sustainability Transformation programme and its next steps.

The Board were advised that Cambridgeshire and Peterborough had been identified nationally as a "Challenged Health Economy". All NHS organisations in the Cambridgeshire and Peterborough Health System had been asked to participate in a five year strategic plan: the Sustainable Transformation Plan (STP), and Peterborough City Council Cabinet had received an update on the programme.

The Health and Wellbeing Board **RESOLVED** to note the direction and progress of the Sustainability and Transformation Plan.

INFORMATION ITEMS AND OTHER ITEMS

The remainder of the items on the agenda were for information only and the Health and Wellbeing Board **RESOLVED** to note them without comment.

9. Adult Social Care, Better Care Fund (BCF) Update

10. Revised Annual Public Health Report

11. Schedule of Future Meetings and Draft Agenda Programme

The next meeting of The Health and Wellbeing Board would take place on 22 December 2016.

1.00pm – 2.30pm
Chairman

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 4
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Julie Istead, Clinical Policies and Exceptional Cases Team Manager, Cambridgeshire and Peterborough CCG	Tel. 01733 776180

HYDROTHERAPY

RECOMMENDATIONS	
FROM: Jill Houghton, Director of Quality, Safety and Patient Experience.	
The Health and Wellbeing Board are requested to note this report.	

1. ORIGIN OF REPORT

This report is submitted to the Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

The purpose of this report is to provide a response to the Health and Wellbeing Board's enquiry to develop a Hydrotherapy Clinical Policy. Hydrotherapy is the use of systematically applied exercise therapy in water.

3. BACKGROUND

3.1 The CCG's Clinical Policies Forum (CPF) provides clinical policy advice to the Cambridgeshire and Peterborough Clinical Executive Committee. The Clinical Executive Committee is a sub group of the CCG Governing Body. One of the main roles of the CPF is to regularly review and develop new evidenced based policies. The CCG notes that there is an inequity in service: in Cambridgeshire there is a Hydrotherapy service at Addenbrooke's Hospital and in Peterborough there is no service at Peterborough Hospital.

3.2 There is a hydrotherapy pool at Addenbrookes hospital (CUH). The CCG does not however directly commission a hydrotherapy service from CUH, access to aquatic therapy is through a dry land physiotherapy assessment at CUH. The CUH physiotherapist has the use of aquatic therapy available to them as an option because of the availability of the pool. Hydrotherapy is an add-on treatment to physiotherapy at CUH. It is not separately funded. It is funded through the contract for physiotherapy, not as a stand alone service.

3.3 There is a community pool in Peterborough where agreement had been made for its use, however, there was no routine service provision as there was no evidence-based clinical policy in place to support referrals to this service.

3.4 Self referral and self-funding is still an option at St George's and if a GP feels strongly that a patient would benefit clinically from hydrotherapy at St Georges through the NHS they can apply to the CCG for individual funding through exceptional cases. The GP would need to complete an exceptional cases form giving details of the individual circumstances of the patient and how they could benefit from hydrotherapy as opposed to land-based physiotherapy. Cases would be assessed on an individual basis by the exceptional cases panel. More information on exceptional cases can be found on our clinical policies website: http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx

3.5 The CPF has been asked to review all of the evidence that is available in order for a clinical policy on Hydrotherapy to be developed. The next meeting of the CPF is 10 January 2017.

3.6 The CCG will report back to the Health and Wellbeing Board in March 2017.

4. CONSULTATION

As part of the CCG's Clinical Policies Forum policy development pathway, clinical policies are formally consulted upon with specialist clinicians as appropriate to a policy through the Medical Directors of each provider. The draft Hydrotherapy policy was consulted upon with specialist clinicians, MSK and community services in July 2015.

5. ANTICIPATED OUTCOMES

The Board is requested to note that the Clinical Policies Forum (CPF) will be asked to review the evidence for a Hydrotherapy Policy. The next available scheduled meeting on is on 10 January 2017.

The CCG will report back to the Health and Wellbeing Board in March 2017.

6. REASONS FOR RECOMMENDATIONS

This report is for information and noting.

7. BACKGROUND DOCUMENTS

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

None.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Helen Gregg, Partnership Board Co-ordinator	Tel. 863618

HEALTH & WELLBEING AND SPP PARTNERSHIP DELIVERY PROGRAMME BOARD UPDATE

RECOMMENDATIONS	
FROM : Corporate Director, People & Communities and Director of Public Health	**Deadline date :** N/A
The Health and Wellbeing Board are requested to consider the content of the report and raise any questions.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request from the Chair of the Health and Wellbeing and Safer Peterborough Partnership Delivery Board, Wendi Ogle-Welbourn, Corporate Director People & Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide Board members with a summary of progress against the key priorities outlined in the Health & Wellbeing Strategy 2016-2019.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.3: *To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.*

3. BACKGROUND

3.1 The Health & Wellbeing and SPP Partnership Delivery Programme Board brings together members who represent the following partnership boards (please refer to Appendix 1 for the structure chart):

- Housing Partnership Board
- Mental Health Board
- Children and Families Joint Commissioning Board
- Public Health Board
- Greater Peterborough Executive Partnership Board
- Adults Board (Learning Disability, Older people, Carers)
- Skills Partnership Board
- Safer Peterborough Partnership Board (SPP)

3.2 The Programe Board's key aims are:

- To be accountable to the Health and Wellbeing Board and drive through the Board's key priorities through the associated partnership boards
- To inform and develop the Joint Strategic Needs Assessment and Health and Wellbeing Strategy

- To delegate tasks to existing boards that sit below the Health and Wellbeing Board and set up task and finish groups as needed to deliver the Health and Wellbeing Strategy
- To monitor the performance of the boards that sit below the Health and Wellbeing Board
- To report performance against the Health and Wellbeing Strategy to the Health and Wellbeing Board, seeking assistance in addressing blockages to delivery where necessary
- To support the development of the Health and Wellbeing Board and the setting of the agenda
- To review the Terms of Reference and membership on an annual basis

3.3 The Health & Wellbeing Strategy 2016-19 has 12 key focus areas:

- Ageing Well
- Children and Young Peoples Health
- Geographical Health Inequalities
- Growth, Health and the Local Plan
- Health and Transport Planning
- Health & Wellbeing of Diverse Communities
- Health & Wellbeing of People with Disability and Sensory Impairment
- Health Behaviours and Lifestyles
- Housing and Health
- Long Term Conditions and Premature Mortality
- Mental Health for Adults of Working Age
- Protecting Health

3.4 The Programme Board also reviews progress on Working Better Together, which incorporates the Better Care Fund (BCF) and the Sustainable Transformation Programme (STP).

3.5 This report is focussing on progress updates from the following six areas:

- Health and Wellbeing of Diverse Communities
- Geographical Health Inequalities
- Health Behaviours and Lifestyles
- Health and the Local Plan
- Transport and Health
- Mental Health for Adults of Working Age
- Working Better Together (Better Care Fund)
- Ageing Well

3.6 Progress Summary

Health and Wellbeing of Diverse Communities

- Delivery of this area's priorities will be overseen by a multi-agency Adults and Communities Board which will meet for the first time before Christmas. This Board will agree metrics and trajectories to monitor progress.
- The Diverse and Ethnic Communities Joint Strategic Needs Assessment (JSNA) was approved by the HWB in September. It has been presented to PCC's CMT, the Clinical Commissioning Group (CCG) Clinical and Executive Management Team, the Peterborough Executive Commissioning Partnership Board and the Health and Care Executive.
- A multi-agency action plan is in place to deliver the recommendations of the JSNA, and some of this will be done jointly with Cambridgeshire County Council where there are benefits or efficiencies to joint working.

- The specification for the Peterborough Integrated lifestyle and weight management service tender includes a focus on meeting the needs of diverse ethnic communities, and this new service is scheduled for implementation in April 2017.
- A grant has been provided to Salaam Radio to run health related programmes and link to the Healthy Peterborough campaign, enabling greater engagement on health and wellbeing with Muslim communities.
- An English for Speakers of Other Languages (ESOL) summit is being arranged to better understand needs, provision, gaps in provision and funding options, in order to ensure as many people as possible are able to learn English in order to improve their wellbeing, employment, skills etc.

Geographical and Health Inequalities

- Health and Wellbeing Strategy delivery for geographical health inequalities will be overseen by an Adults and Communities Board, which is in the process of being set up. This Board, which will have its inaugural meeting before Christmas, will agree baselines and trajectories for the key metrics outlined in the Strategy.
- A multi-agency community serve project focussed in three communities in Peterborough with a focus on addressing inequalities has been launched, led by the City College. There will also be a renewed focus on supporting rural residents and communities who may be isolated or disadvantaged.
- Health trainer clinics in community centres have been set up in Central Ward and the specification for the current integrated lifestyles and weight management procurement emphasises the targeting of services to need.
- The City Council is progressing selective licensing for the private rental sector, which will help to address housing related health inequalities in the most deprived parts of Peterborough.
- The social inclusion sub group of the skills partnership board is focussing on supporting the most disadvantaged communities with skills, capacity and other forms of provision to enhance wellbeing and improve employment opportunities.

Health Behaviours and Lifestyles

- As part of the National Child Measurement Programme 2,771 reception children and 2,320 year 6 children across Peterborough had their height and weight measured during 2015/16. Among reception children, 258 were recorded as obese (a decrease from the previous year) and 632 with excess weight (an increase from the previous year). Among year 6 children, 459 were recorded as obese (an increase from the previous year) and 793 with excess weight (an increase from the previous year).
- Excess weight among adults remains marginally higher than the England average, with two out of three adults in Peterborough classified as overweight or obese. The proportion of adults who are classified as active (doing at least 150 minutes of at least moderate intensity physical activity per week) is again similar to the England average, with one out of two adults active. The number of adults who are classified as inactive (doing less than 30 minutes of at least moderate intensity physical activity per week) has however increased to one in three, significantly higher than the England average.
- More Life weight management programmes are being delivered for children and families as 10-week interventions within the community. Delivered as a whole-family approach the intervention supports families to address health and lifestyle behaviours.
- Adults are being supported to improve their physical activity through the Let's Get Moving programme that supports referred patients to increase and sustain their physical activity, while referral pathways for weight management services have been established.
- A procurement has been carried out for Integrated Healthy Lifestyle and Weight Management Services, and the successful bidder will be announced shortly. Implementation of the new service will be in April 2017.

- The Healthy Peterborough campaign has run since March 2016 and has highlighted a range of preventive health messages to local residents through posters, social media, radio and the dedicated Healthy Peterborough website
- Since 2012 smoking rates in Peterborough have declined at a faster rate than the England average. The decline in smoking rates has been most significant among routine and manual workers with smoking rates declining by 7% during 2012 – 2015 among this group, compared to a reduction in England of 3%. Data for smoking prevalence among 15 year olds is now being recorded nationally and will be monitored
- Admissions to hospital where the primary diagnosis is attributed to alcohol consumption has decreased overall but remains marginally higher than the England average. Among females the rate has reduced and in 2014/15 it was marginally lower than the England average. However, the rate among males has remained consistently higher than the England average since 2011/12
- Smokers are up to four times more likely to quit with support from stop smoking services than if they attempt to quit unaided. Therefore stop smoking services have been increased over the last year with services operating from 70% of GP practices and within local pharmacies, community and children centres and local schools. Work is also underway to develop stop smoking group activity within workplaces, notably those that employ routine and manual workers.
- As part of the integrated substance misuse service a Hospital Alcohol Liaison Project (HALP), funded by the Clinical Commissioning Group, is being delivered to reduce hospital admissions for alcohol related causes.

Health, Growth and the Local Plan

- The Monitor of Engagement with the Natural Environment (MENE) Survey asks respondents to think about occasions when they had spent time out of doors, which is defined as “open spaces in and around towns and cities, including parks, canals and nature areas; the coast and beaches; and the countryside - including farmland, woodland, hills and rivers”. A visit can be anything from a few minutes to all day, and could include time spent close to home or a workplace, further afield or while on holiday in England for purposes such as dog walking or exercise. Respondents are asked to specifically discount routine shopping trips, or time spent in their own gardens. The data for Peterborough showed an increase in the number of people who utilise outdoor space for exercise/health reasons until 2014 data for 2015 is not available for Peterborough as the number of respondents to the survey is too small.
- Work has been undertaken to include polices on health and wellbeing in the proposed new Local Plan. The Local Plan now lists health and wellbeing and health inequalities as an overarching issue. The Local Plan now contains three specific objectives which are grouped around the Health and Wellbeing theme of the Environment Capital Action Plan (theme 10), namely:
  10.1 to provide safe and healthy environment, reduce health inequalities and help everyone to live healthy lifestyles
  10.2 to make suitable housing available for everyone
  10.3 To reduce crime and the fear of crime.
- In addition there are specific policies on: developer contribution requirements for health facilities; a requirement for health impact assessment for developments of 25 dwellings or more and a policy on providing access to healthy, fresh and locally produced food.
- An Active Lifestyle Strategy is being developed for 2017 by the Peterborough City Council to inform local plans and provide the business case for future facilities investment.
- The Local Plan will go out for public consultation at which time there will be an opportunity to refine the proposed policies.
- The new Environment Capital Action Plan will contain a revised set of health and wellbeing targets.

Transport and Health

- A task and finish group will be established to scope out Transport and Health Joint Strategic Needs Assessment (JSNA) data collection and analysis. The scope of potential data collection will be taken to a stakeholder event for comment and prioritisation.
- Work is been undertaken to refresh the Sustainable Transport theme of the Environment Capital Action Plan.
- The Local Transport Plan now contains health and wellbeing aims and objectives throughout the plan.

Mental Health for Adults of Working Age

- A range of system-wide work is being undertaken to reduce the number of people reaching mental health crisis and improving provision and support for those in crisis. New initiatives have been developed through the Urgent & Emergency Care (UEC) Vanguard work and the Crisis Care Concordat and include:
    - Voluntary sector based place of safety 'The Sanctuary' based in Peterborough and run by Peterborough and Fenland Mind.
    - First Response Service – accessible via 111 option 2.
    - Mental Health Nurses based in the police control room with access to assist in crisis situations and advise on appropriate actions.
- Locally there is a Cambridgeshire and Peterborough Suicide Prevention Strategy Implementation Group which oversees local suicide prevention work. This year a detailed audit of suicides in 2015 has been undertaken to further inform the action plan and to target work. The local strategy is heavily influenced by the national strategy and best practice guidance.
- A number of initiatives are underway to re-design child and adolescent mental health services across the system based on the Thrive approach, which will include youth counselling services. The changes aim to increase the number of young people accessing evidence based treatments and aim to assist with a reduction in the self-harm rate.
- Early indications show a decrease in the use of A&E by people in mental health crisis as a result of this work. The impact is being monitored by CPFT part of the UEC Vanguard and Crisis Concordat work mentioned below. Data on the impact of this work will be available end of Quarter 4 2016/17. Support to people with severe mental illness can be partly monitored through performance relating to employment, accommodation and carer support. All three of these areas remain significantly worse than England according to the data available for analysis
- Mental health crisis resulting in the use of section 136 of the Mental Health Act is being monitored by police as part of the UEC Vanguard and Crisis Concordat work

Working Better Together – Better Care Fund

- Alignment of Peterborough system plans - recent analysis of Peterborough system plans showed that there are a large number of programmes and initiatives across the local Health and Social Care System, including the BCF, CCG Sustainability and Transformation Plan and Vanguard programme. In the development of plans for 2016/17, the various programmes of work have been combined, wherever possible, to ensure efficient and effective deployment of resources, ensuring the focus is on delivering the changes and improvements. This approach has been shared with partners across the system
- Alignment with the new STP governance structure is underway to ensure a consistent approach across the system
- Data and Digital Enablers: The immediate focus is developing practical data sharing solutions to support multi-disciplinary working, including the review of approaches in line with Caldicott recommendations.
- Child Health: This incorporates the 0-25 re-design, CAMHS re-design and Healthy Child re-design projects. Work is underway to progress mapping, service design and implementation plans. Agreement is in place from the Healthcare Executive to bring together the STP and Joint Commissioning Unit

- Integrated Adult Community Services**:** Vertical Integration plans to align PCC Adult Social Care with the Neighbourhood Teams are progressing. Trailblazer neighbourhood team sites to test the Multi-Disciplinary Team (MDT) coordination commenced on the 13th June. The need for MDT Coordinators has been confirmed. Trailblazer sites will continue for a further period, to allow further refinement of case finding and GP engagement before wider roll out. Case finding proof of concept pilot is currently being tested
- Point of Access (Front Door): Alignment of the PCC Adult Social Care Front Door with health, including integration discussions with GP Network. A detailed model is now in development and further benefits analysis is being undertaken. The Local Government Association Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information
- Admission Avoidance: Whole system plan has been developed and awaiting approval from NHS England; incorporates Delayed Transfer of Care (DTOCs), A&E and winter planning. Mapping of intermediate care provision being undertaken to inform effective commissioning approach. 24/7 Mental Health crisis response service live in Peterborough.
- Discharge: Agreement for 7 Day Services to be overseen by A&E Delivery Board as this previously sat with the Systems Resilience Group (SRG). Draft interim bed review completed.
- Prevention and Early Intervention: PCC is undertaking further work to refine the Home Services Delivery Model to ensure integrated and strengthened intermediate care tier provision. A single Head of Service has been appointed across PCC's Care and Repair, Assistive Technology, Therapy Services and Reablement teams. PCC and CPFT are working closely to ensure integration is achieved across system-wide intermediate care provision. There is a continued focus on the expansion and embedding of Assistive Technology across social care and health.
- Community Voluntary and Community Sector (VCS): The PCC Innovation Partnership is being progressed and discussions are underway with the CCG to understand the scope of integrating health commissioning with the model.
- Ageing Healthily: Key objectives for this work include: Falls Prevention: District level leads group is looking at further development to support local implementation of the joint falls pathway. Primary Prevention: The PCC Investment in the Community project focuses on building community resilience.Mental Health and Dementia: Development of a joint strategy and pathway continues to be developed. Continence and UTIs: further development of gaps and priorities is being undertaken.
- Market Capacity (not VCS): Care Home Educators have now been recruited by the CCG and further work to develop joint working with care homes is a priority. PCC is exploring joint commissioning opportunities to ensure efficiencies on an ongoing basis.

Ageing Well

- The Older People's Partnership Board have met and agreed activities and measures
- BCF Health Ageing and Prevention Programme is underpinning the work. Its objectives are:
    - To enable the development of a co-ordinated healthy ageing approach across the system and facilitate the integration and join-up of partners across organisations
    - To foster enabling environments & take health promoting & preventative action on risk factors for older people
    - Support carers and older people to retain or regain the skills and confidence to be independent and active in their communities
    - To improve strategic commissioning, planning and delivery of a healthy ageing approach & specific age-related interventions that promote independence & prevent escalation of health & care needs

    - To strengthen the system for healthy ageing & better quality & more equitable health & care for older people
- Initial focus is on four key areas:
    - Increasing physical activity and reducing injurious falls - Falls
    - Ensuring holistic approaches and care for older peoples' mental health – Dementia
    - Avoiding admissions for people with complex needs - Incontinence
    - Strengthening place-based approaches to healthy ageing – Wellbeing (social isolation)
- Community Serve programme led by City College Peterborough is focussing on isolation and care for vulnerable older people.
- Peterborough Falls Group established.
- November Public House theme focussed towards older people.
- Significant planning for winter, including focussed support and services for older people.

4. CONSULTATION

4.1 A number of partnership boards have met and agreed performance indicators and targets for the key focus areas of the Health and Wellbeing Strategy and these are monitored by the programme board.

4.2 The following boards are to meet over the next couple of months and an update will be provided at the next Health and Wellbeing Board:

Long Term Conditions (Geater Peterborough Executive Partnership Board)
Housing and Health (Vulnerable People's Housing Sub-Group)
Health & Wellbeing of People with Diability and Sensory Impairment (Learning Disability Partnership)
Mental Health (Mental Health Partnership Board)
Geographical Health Inequalities / Health & Wellbeing of Diverse Communities (Community Serve Board)

5. ANTICIPATED OUTCOMES

5.1 The Board is asked to review the information contained within this report and respond / provide feedback accordingly.

5.2 It is expected that a summary of progress report will be regularly tabled at future Health & Wellbeing Board meetings.

6. REASONS FOR RECOMMENDATIONS

6.1 N/A

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 N/A

8. IMPLICATIONS

8.1 N/A

9. BACKGROUND DOCUMENTS

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

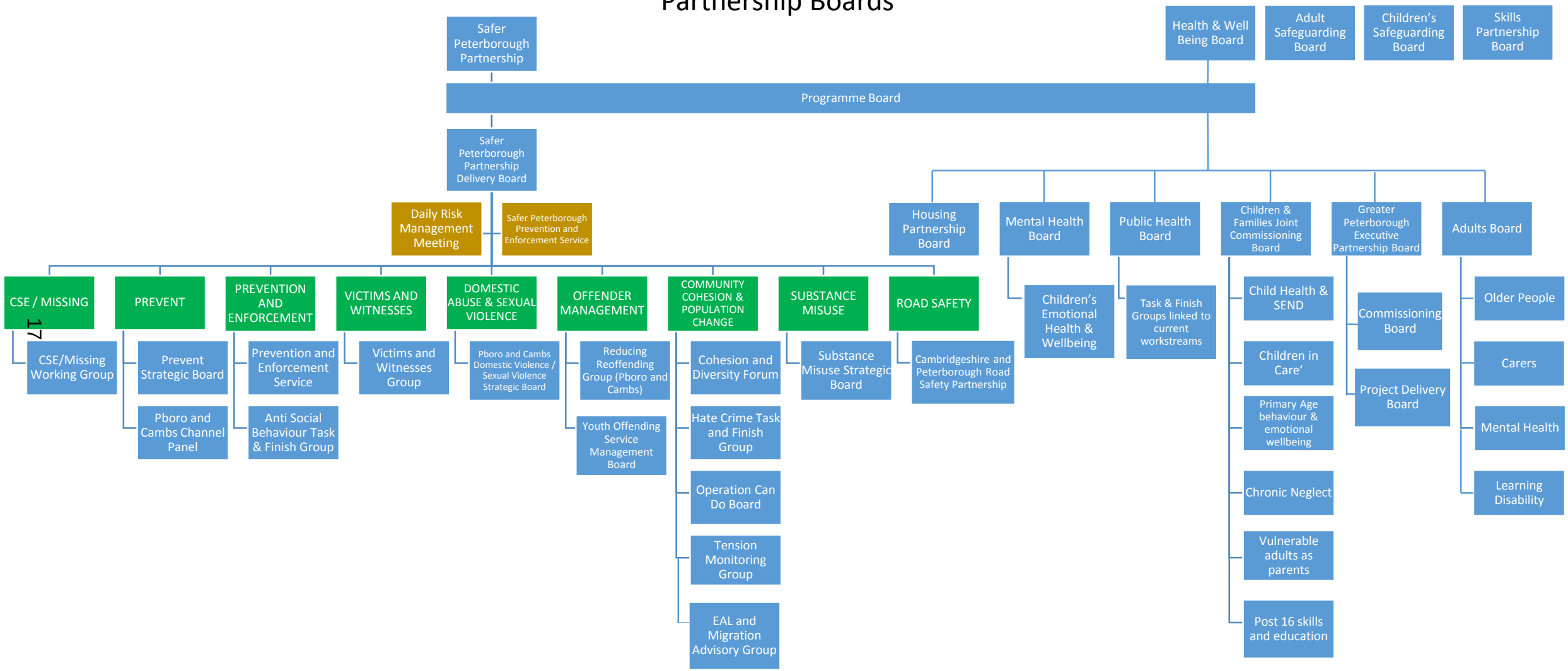
Appendix 1 - Greater Peterborough Partnership Structure
Appendix 2 - Health & Wellbeing Strategy 2016-19

10. GLOSSARY

Safer Peterborough Partnership (SPP)
Better Care Fund (BCF)
Sustainable Transformation Programme (STP)
Joint Strategic Needs Assessment (JSNA)
Clinical Commissioning Group (CCG)
English for Speakers of Other Languages (ESOL)
Monitor of Engagement with the Natural Environment (MENE)
Urgent & Emergency Care (UEC)
Cambridgeshire & Peterborough Foundation Trust (CPFT)
Children and Adolescent Mental Health Services (CAMHS)
Local Government Association (LGA)
NHS England (NHSE)
Delayed Transfer of Care (DTOC)
Voluntary and Community Sector (VCS)
Multi-Disciplinary Team (MDT)
Local Information Platform (LIP)

Greater Peterborough Partnership

Partnership Boards



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Peterborough
Creating a Healthy City

Peterborough Health and Wellbeing Board

HEALTH AND WELLBEING

2016 - 19 Draft Strategy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

PETERBOROUGH
CITY COUNCIL

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1. INTRODUCTION

Peterborough Health and Wellbeing Board is a statutory partnership across Peterborough City Council, local NHS commissioners and Peterborough HealthWatch. Producing a Joint Health and Wellbeing Strategy to meet the health needs of local residents is one of the Board's main duties.

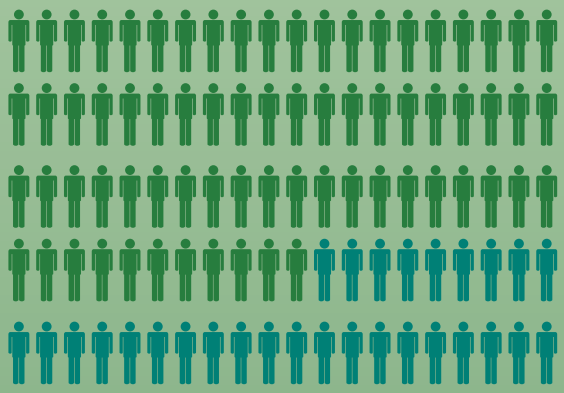
Information about health and wellbeing statistics and needs in Peterborough is available in the Annual Public Health Report and Joint Strategic Needs Assessment Assessment: **www.peterborough.gov.uk/healthcare/public-health**. This Strategy outlines the joint plans of the Health and Wellbeing Board to address these needs and health challenges.

Between February and April 2016, we engaged with stakeholders and the public in a three month public consultation on the draft Strategy. Overall, people fed back that the Strategy was welcome and focussed on the right priorities. There were some priorities which people felt had been missed and needed to be added, and some people wanted to see implementation plans for the Strategy and details of how progress would be monitored.

We're grateful for the effort which people made to respond to the consultation and the suggestions which were provided. Key points from the consultation have been included in each chapter of the Strategy, so that they can be taken account of when the Strategy is implemented. Implementation plans and monitoring of progress will be brought back to the Health and Wellbeing Board regularly for review.

JSNA THE FINDINGS

Peterborough Joint Strategic Needs Assessment



71%

of our residents are white british

29%

are from an ethnic minority group

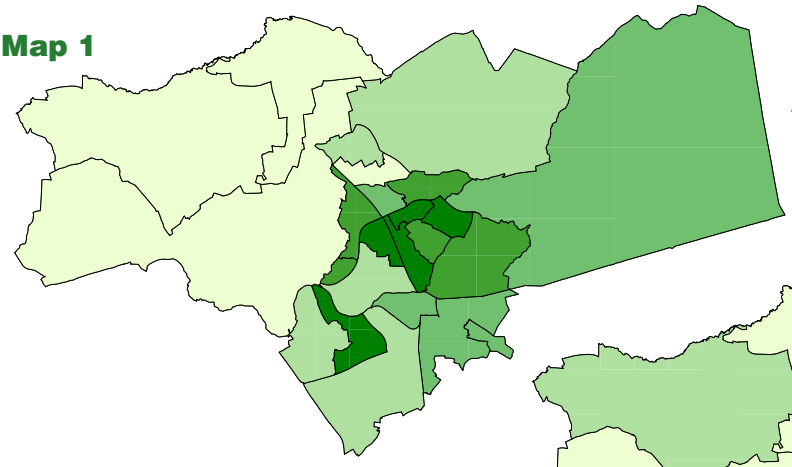
Peterborough has a higher proportion of residents living in deprivation than England.

Levels of deprivation are highest in the Central, North and Ravensthorpe electoral wards.

Significant inequalites

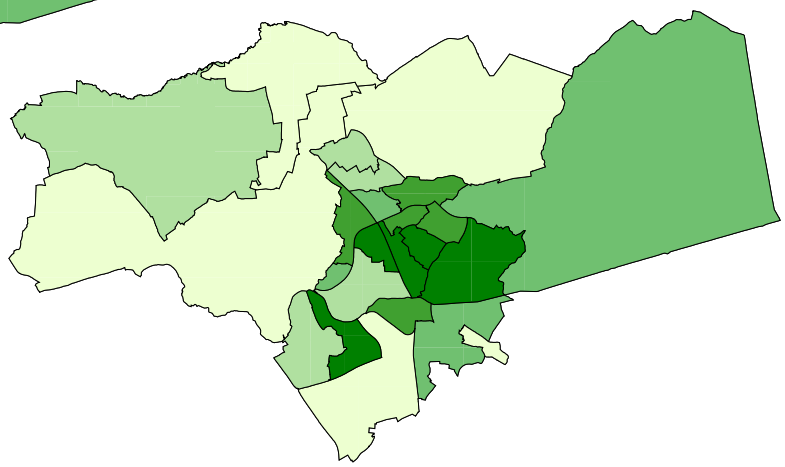
There are health inequalities in Peterborough linked to social and economic factors. Maps of Peterborough show that areas with more social and economic deprivation (darker areas on Map 1) also have higher premature mortality from heart disease (darker areas on map 2).

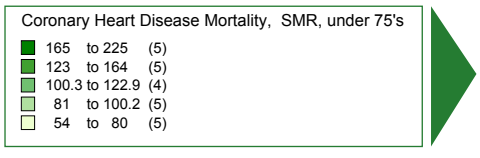
Map 1



* Please note that a darker colour is used to indicate a higher level of deprivation

Map 2





** Please note that a lighter colour is used to indicate a lower rate of coronary heart disease

PETERBOROUGH

is the UK's 3rd fastest growing city

with a relatively young, ethnically diverse population

LOWER than average

Peterborough has a lower average life expectancy and 'healthy life expectancy' than England.

On average in Peterborough a man can expect to **live in good health to the age of 61 years** with a **total lifespan of 79 years.**

A woman can expect to **live in good health to the age of 60** with a **total lifespan of 82 years.**

A few other KEY facts

1 in 5 4-5 year olds are overweight or obese and 7 in 10 adults.

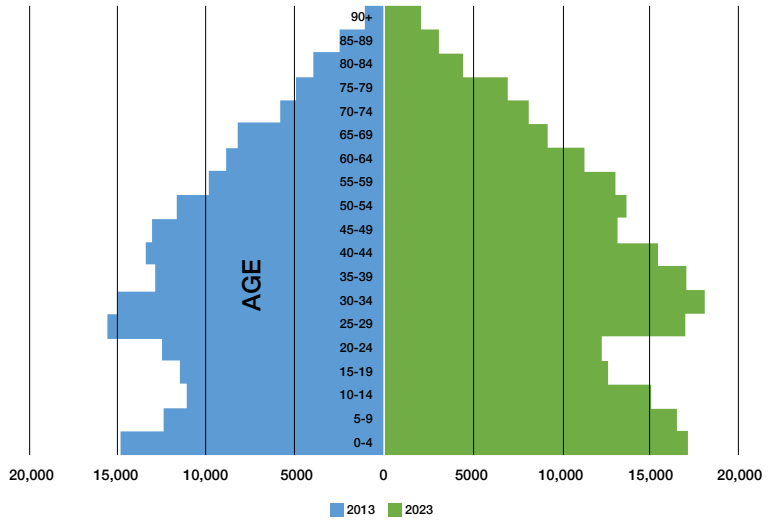
Our rate of UNDER 18 pregnancy is **32% higher than England**

Of 150 local authorities in England, where rank 1 is 'best' and rank 150 'worst' Peterborough is ranked:

- 106th for premature mortality (death rate under age 75) from heart disease and stroke)
- 98th for premature mortality from lung disease
- 94th for premature mortality from cancer

1.2 FORECASTING FUTURE NEEDS FOR HEALTH AND CARE IN PETERBOROUGH

Peterborough population pyramid (2013-2023)



- The total resident population of Peterborough was 189,300 in 2013 and is forecast to rise by 19% to 2023, reaching a total of 224,800.
- The population aged 65 and over is forecast to rise by 28% by 2023. The number of people aged 90 or over will almost double in this time.
- The number of children and young people aged 18 and under is forecast to rise by 23% to 2023.

MATERNITY SERVICES

There were 3,200 births to women living in Peterborough in 2013. This is forecast to rise to 3,440 in 2023.

PRIMARY CARE

There are 29 GP practices in Greater Peterborough Local NHS Commissioning Groups (LCGs), which cover the Peterborough City Council area and also some neighbouring GP practices in Cambridgeshire and Northamptonshire. Together these serve a registered population of 257,000 people. GP practice list size (the number of patients registered with one GP practice) varies from 2,000 to 25,800, with an average list size of 8,900. If GP practice populations increase in line with expected population growth, average list size will rise to 10,600 in 2023 (an increase of 19%).

HOSPITAL (SECONDARY) CARE

Annual hospital care attendances and admissions for people registered with Greater Peterborough LCGs is shown in the table below. Most but not all of these attendances and admissions are at Peterborough and Stamford Hospitals Foundation Trust (PSHFT). Demand for hospital services is forecast to rise by about 20% over the next five years. This takes into account the effect of population change and rising obesity. Types of hospital services used more by older people show the greatest increase, in line with the rapid rise in the older population.

FORECAST INCREASES IN HOSPITAL USE BY GREATER PETERBOROUGH PATIENTS 2013/14-2018/19

	A&E attendances	Outpatients	Elective Admissions	Non-elective Admissions	Procedures
2013/14	57,774	307,347	28,558	22,982	33,757
2018/19	68,484	361,750	34,094	27,542	40,501
% Change	18.5%	17.7%	19.4%	19.8%	20.0%

2.1 CHILDREN AND YOUNG PEOPLE'S HEALTH

NEEDS IDENTIFIED IN THE JSNA

Peterborough children and young people are more likely to live in areas where there are high levels of deprivation than England or East of England averages. Areas of Peterborough with the highest levels of deprivation, which are concentrated in the central and eastern areas, are also those where birth rates are highest. Overall around 22% of children and young people aged 0-16 are living in poverty.

Peterborough is a young, fast growing and increasingly diverse City. Population forecasts indicate that numbers of children and young people in the 5-15 age group will increase by around 30% between 2013 and 2021. Increasing population diversity brings considerable cultural richness, but also leads to some challenges in ensuring that families from newly arrived communities are aware of and are able to access prevention and early help services that can support them and prevent any additional needs from coming more serious.

Other key priority areas include:

- High rates of teenage conceptions in the City;
- Children aged 4-5 who are obese;
- High levels of teeth decay;
- Relatively fewer young people achieving well in education compared with England and regional averages, although this position is improving;
- High levels of hospital admissions among 10-24 year olds for self-harm.

Issues such as obesity and tooth decay may be associated with neglect, and there are indications from referrals into Children's Services and other softer measures that relatively high numbers of children and young people are impacted by neglect.

CURRENT JOINT WORK:

The Joint Commissioning Unit has been established to bring together commissioning activities across Peterborough and Cambridge in relation to children's health and wellbeing. Current priorities include:

- Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;
- Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;
- Reviewing the Child and Adolescent Mental Health (CAMH) offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of additional funding from Central Government.

The Children and Families Joint Commissioning Board includes local authority, local health commissioning and provider bodies, key partners such as social landlords, education services and voluntary organisations and is working to address a number of areas of needs. Priorities for the board are:

- Child Health, including emotional health and wellbeing, and children and young people who have special educational needs and disabilities;
- Children and young people in care performance group;
- Primary school age children: behaviour and emotional wellbeing;

- Education and Skills post 16;
- Vulnerable adults as Parents;
- Developing approaches to addressing neglectful parenting.

FUTURE PLANS:

Key priority future plans include:

- Developing a child and adolescent mental health (CAMH) pathway that better meets need and manages demand so that pressures on specialist services are minimised;
- Continuing a pilot approach where additional community psychiatric nurse (CPN) capacity is aligned with schools to enable better support to be offered to children and young people with emerging emotional and mental health difficulties;
- Working with the Peterborough Safeguarding Children Board to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established;
- We will also renew the Child Poverty Strategy in 2016.
- Developing a joint strategy to address high rates of teenage pregnancy
- We will jointly review the commissioning and delivery of services for children and young people with special educational needs and disabilities, from age 0-25.
- We will include consideration of the needs of single parent families in these workstreams

HOW WILL WE MEASURE SUCCESS?

Key indications of success include:

- Bringing waiting times for assessment and treatment for specialist CAMH services in line with national targets;
- Reducing childhood obesity
- Continued good performance in relation to young people Not in Education, Employment or Training [NEET];
- Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched.
- Reductions in the rate of teenage pregnancies

2.2 HEALTH BEHAVIOURS AND LIFESTYLES

Our lifestyles influence the way our health develops over our lifetime. Local research in East Anglia has shown that people with four key 'healthy' behaviours – not smoking, taking regular exercise, eating five fruit and vegetables a day and drinking alcohol within recommended limits, stay healthy for longer and live on average 14 years more than people with none of these behaviours.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- Smoking rates are similar to the national average – about one in five adults smoke.
- Two in three adults are overweight or obese.
- Fewer people than average are physically active.
- Hospital admissions directly resulting from alcohol consumption are higher than average.

Key health inequalities:

- Smoking is more common among routine and manual workers - about one in three adults' smoke.
- Hospital admissions for alcohol are higher in some parts of the City than others.

CURRENT JOINT WORK

The Health and Wellbeing Board is aware of the need to ensure that people in Peterborough can access clear information about what a healthy lifestyle means and how to achieve it. Some people will also benefit from services, which specialise in helping people to stop smoking, manage their weight, or their alcohol consumption. To support local people to have healthy lifestyles the Health and Wellbeing Board is working together to:

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services.
- Commission a Joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital. More information is available on www.saferpeterborough.org.uk
- Improve support for local employers to promote healthy workplaces through a new contract with 'Business in the Community'.

FUTURE PLANS

- We plan to commission an integrated healthy lifestyle service – with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing. We will ensure that this links with services for people with mental and physical health, disability and ageing issues.
- We plan to improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles.
- We would like to recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme.
- We would like to reduce the number of local people developing Type 2 Diabetes.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- The percentage of adults in Peterborough who smoke.
- The percentage of children and adults in Peterborough who are overweight or obese.
- The percentage of adults in Peterborough who are active.
- The numbers of attendances to sport and physical activities provided by Vivacity
- The percentage of adults in Peterborough admitted to hospital for alcohol-related conditions.
- The annual incidence of newly diagnosed Type 2 diabetes.

2.3 LONG TERM CONDITIONS AND PREMATURE MORTALITY

Since the early twentieth century there have been great improvements in life expectancy and in medical treatments. There are now many people who manage one or more long-term health conditions such as

diabetes or heart disease as part of their lives. Cardiovascular disease (CVD) describes a range of conditions including coronary heart disease and stroke. CVD takes many years to develop, is influenced by a number of factors, including lifestyle and health behaviours, and is more common among people living in relative deprivation. Having diabetes is associated with an increased risk of CVD. The Health and Wellbeing Board prioritised addressing CVD in 2014.

NEEDS IDENTIFIED IN THE JSNA

In Peterborough:

- Premature deaths (age under 75) from CVD and from respiratory disease are higher than the national average.
- Premature deaths from cancer are similar to the national average
- Preventable deaths from CVD are higher than average.
- About one in sixteen adults suffers from diabetes.

KEY HEALTH INEQUALITIES

- Emergency hospital admissions and premature deaths from coronary heart disease are higher in electoral wards in the City which have higher levels of deprivation.
- Diabetes and coronary heart disease rates are known from national research to be more common in South Asian communities.

CURRENT JOINT WORK

- The Health and Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed. https://www.peterborough.gov.uk/healthcare/public-health/JSNA/
- The local NHS Clinical Commissioning Group 'Tackling Health Inequalities in Coronary Heart Disease Programme Board' has worked closely with City Council's public health services to improve uptake of CVD 'health checks' for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease.

FUTURE PLANS

- The Health and Wellbeing Board has set up a Cardiovascular Steering Group, and this will develop and implement a joint strategy to address cardiovascular disease in Peterborough.
- The potential for a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease is being explored.
- Options are being explored to reduce the risk of stroke within the local population by improved identification of atrial fibrillation (an irregular heart rate which can lead to formation of blood clots and cause a stroke).
- A long term conditions needs assessment will be carried out which will cover a wider range of long term conditions including cancer and musculo-skeletal disorders. The needs assessment will focus on issues of pain, mental health, disability and activities of daily living associated with long term conditions, multi-morbidity (the problems experienced by people with more than one long term condition), the potential contribution of lifestyle and behaviour change services to slowing the progression of long term conditions, and local service plans for end of life care.

HOW WILL WE MEASURE OUR SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Premature death rates from CVD (under age 75).
- Inequalities between electoral wards in emergency CVD hospital admissions.
- The upward trend in the prevalence of diabetes.
- The rate of hospital admissions for stroke and heart failure.
- Outcomes for a wider range of long term conditions will be defined following completion of the Long Term Conditions needs assessment.

2.4 MENTAL HEALTH FOR ADULTS OF WORKING AGE

Mental ill health is the largest cause of disability in the UK, representing 23% of the burden of illness. People with severe mental illness die on average 20 years earlier than the general population. Peterborough has its own challenges with mental illness, particularly around prevention and management of mental health crisis and support to those with severe mental illness and their carers.

NEEDS IDENTIFIED IN THE JSNA:

There is need to reduce mental health crisis, self-harm and suicide. In Peterborough:

- Hospital admission rates for self-harm are 40% above expected.
- Suicide rates were consistently higher than England rates until a drop was seen in 2012/14
- Referral rates to Crisis Resolution Home Treatment services for mental health problems are higher than Cambridgeshire.
- Use of police powers to take a person in mental health crisis to a place of safety (section 136) occurred at a much higher rate in Peterborough population than in Cambridgeshire.

Demand for mental health acute care occurs at a higher rate than all other areas in Cambridgeshire and mental health hospital admission rates are also higher.

Enablement – Data indicates that the proportion of people in Peterborough with severe mental illness who live independently or are in employment were consistently below the England rates, although there has been recent improvement.

Data indicates that carers of people with mental health disorders in the Peterborough community have unmet needs for services, information and advice.

CURRENT JOINT WORK

The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered. This includes the award winning ‘Stop Suicide’ campaign, which raises awareness and offers training in suicide prevention and provides resources for self-help.

A local ‘Crisis Care Concordat implementation plan aims to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act. A new crisis care telephone helpline and a community place of safety are proposed for the coming year.

Implementation of the Joint Peterborough Mental Health Commissioning strategy includes redesign of

the mental health accommodation pathway, increased choice of housing options, a placement model of employment support, stronger links between commissioners and clear focus on the right support, the first time, at the right place, by the right people.

FUTURE PLANS

- Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning strategy in 2016 to tailor implementation plans to address unmet mental health need.
- A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services
- An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams.
- The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services.
- Service user representation will also be invited to the Partnership Board.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Hospital admissions for self-harm.
- Rates of use of section 136 under the mental health act
- Suicide rate
- Hospital readmission rates for mental health problems
- Enablement of those with severe mental illness, with more people in employment and independent living
- Carers for people with mental health problems receiving services advice or information

2.5 HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT

NEEDS IDENTIFIED IN THE JSNA:

The population of Adults in Peterborough living with a learning disability is forecast to rise by 10% between 2014 and 2030 from 2865 people to 3152 (source Department of Health Information Centre). In particular:

- Growth in in number of residents with severe Learning Disabilities is from 174 to 193 (11%)
- Growth in number of residents with autistic spectrum disorders is from 1179 to 1320 (12%)

The number of people with moderate or serious physical disabilities is forecast to rise by 14% between 2014 and 2030 from 11,208 to 12,743

In particular

- Forecast growth in those requiring assistance with personal care is from 5155 to 5904 (15%)
- Forecast growth in residents with serious visual impairment is from 76 to 84 (11%)
- Forecast growth in residents with moderate to profound hearing impairment is from 4178 to 4895 (17%)

CURRENT JOINT WORK AND FUTURE PLANS:

- The Council and Clinical Commissioning Group have agreed a strategy for supporting older people and adults with long term conditions within the Better Care Fund plan, working together to support people with disabilities through the following five key workstreams:
    - Data Sharing – enabling effective sharing of care and support information between health and social care professionals with access controlled by the person with disabilities.
    - Seven Day Working – expansion of health and social care service provision to be accessible and responsive at evenings and weekends.
    - Person Centred System – multi-disciplinary teams linked to the communities in which people live.
    - Information, Communication and Advice- enhanced information and advice to support people to access the support they might need.
    - Ageing Healthily and Prevention – help for all to stay healthy and self-manage long term conditions wherever possible.
- The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough.
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed.
- We will work with users of St Georges hydrotherapy pool to explore future options for sustainability.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

National measures: Adult social care outcomes framework (ASCOF)

- Percentage of adults known to ASC in employment - to increase
- ASCOF Percentage of adults known to ASC in settled accommodation – to increase
- ASCOF permanent residential admissions of adults to residential care – to decrease

Local measures

- Numbers of adults in receipt of assistive technology
- ASC Service user survey quality of life measure – improvement for clients aged under 65 with both learning disability and physical disability
- Numbers of adults with disabilities receiving short term services to increase independence
- Number of adults with disabilities receiving information advice and guidance

2.6 AGEING WELL

Ageing is not just about being older or living for longer - it's about ensuring that people have quality of life that adds value and purpose and through which they can continue to contribute to their families, communities and the wider economy as they grow older. Ageing can however bring challenges, such as frailty and dependence which need not be an inevitable part of ageing. There is much that individuals can do to maintain their own health and wellbeing as they age. Public services, the third sector, the commercial sector and local government can ensure Peterborough is a good place to grow older.

NEEDS IDENTIFIED IN THE JSNA:

- Numbers of people over the age of 65 within Peterborough are expected to grow substantially over the

next few years, by about 28% between 2013 and 2023.

- More people over 65 years have multiple long-term health conditions (LTCs) requiring treatment, and about 50% of people with multiple LTCs experience limitation of their day to day activities.
- Rates of hospital admission and need for social care packages of care increase with age.
- There are currently approximately 1,660 people living with dementia in Peterborough – this is projected to rise to 2,660 by 2030.

KEY HEALTH INEQUALITIES

- There are a higher proportion of older people aged 65+ in rural areas of Peterborough.
- In more deprived areas, people develop multiple long-term health conditions at a younger age.

CURRENT JOINT WORK

The health and wellbeing challenges facing older people have been prioritised locally across health and care systems. A service model has been developed by local NHS commissioners and community service providers, local Councils and voluntary organisations to enable people to age well and to live the life they want to lead by:

- Providing high-quality, responsive care and support
- Integrated working across health, social care and third sector services in Peterborough to ensure that care is joined-up around the needs of individuals within local communities, and avoidable admissions to hospital and care can be prevented.
- This is supported by jointly agreed plans for the Better Care Fund.

FUTURE PLANS

- The Health and Wellbeing Board has commissioned an “Older People: Primary Prevention of ill health” JSNA for Peterborough which is due for completion during 2016.
- Developing a joint “Healthy Ageing and Prevention Agenda” to ensure that preventative action is integrated and responsive to best support people to age well, live independently and contribute to their communities for as long as possible. This will include workstreams on isolation and loneliness.
- Review and refresh the joint dementia strategy for Peterborough
- To understand the challenges faced by local older populations, a specific programme of work in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self-manage with minimal support.
- We recognise that some older people prefer face to face communication rather than digital – for example through community hubs which are part of the Council’s wider strategy for communicating with the public.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Increased access and uptake of preventative services to promote and ensure ageing well
- Reduced rates of admissions to hospital and social care due to conditions that could have been managed in the community
- Customer survey to establish if Older people feel safer and supported in their communities
- Using an Outcomes Framework – covering several key priority areas for older people in relation to their NHS care, and the Social Care outcomes framework

2.7 PROTECTING HEALTH

NEEDS IDENTIFIED THROUGH THE ANNUAL HEALTH PROTECTION REPORT

- Rates of Tuberculosis (TB) in Peterborough are well above the national average – there are implications from the new national strategy and the opportunity to offer screening for latent TB infection to new migrants from high prevalence communities
- There is relatively poor uptake of adult bowel and cervical cancer screening programmes
- The uptake of childhood immunisation programmes is generally lower in the inner city and areas of higher socio-economic deprivation
- Chlamydia screening is focussed on young people aged 15 – 24, with a high diagnosis rate in Peterborough despite low screening uptake suggesting that some young people who are infected may be missing out on screening
- There is reported late diagnosis of HIV for some men leading to poorer outcomes.

KEY HEALTH INEQUALITIES

- TB is recognised as being associated with deprivation and overcrowding
- There is some evidence that screening uptake is lower among some more deprived and marginalised populations and some new migrant groups
- The picture around immunisation uptake is complex but there is evidence that certain populations have difficulty accessing services for immunisation

CURRENT JOINT WORK

- Cambridgeshire & Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB Infection (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England.
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake. Task & Finish Groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward their recommendations.
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council – this will look at a range of sexual health issues, not just communicable diseases.

FUTURE PLANS

- Develop a TB Commissioning plan for Cambridgeshire & Peterborough
- Develop a joint strategy to address poor uptake of screening including improved communication with communities and individuals
- Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals.
- Develop a Peterborough Joint Sexual Health Strategy, covering a range of issues

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Percentage of eligible people screened for latent TB infection
- Percentage of eligible newborn babies given BCG vaccination (aim 90%+)
- Increase in rate of completion of TB treatment
- Evidence of increasing uptake of screening and immunisation
- Reduction in late diagnosis of HIV
- Increased uptake of chlamydia screening

CREATING A HEALTHY ENVIRONMENT

3.1 GROWTH, HEALTH AND THE LOCAL PLAN

The Planning System for the built environment affects health in many ways - through securing good housing construction, transport infrastructure, improving air quality and noisy environments, remediating contaminated land, providing open space and play space, enhancing biodiversity, providing opportunities for local food growing, reducing flood risk, provision of local employment and many more. The adopted Core Strategy for Peterborough sets the requirement for an additional 25,500 new homes and 20,000 new jobs by 2026. The new Local Plan will extend the plan period to 2036.

There is a clear correlation between health and where we live. A number of published studies have provided evidence that our local environments can have a positive effect on individual health and wellbeing. On the other hand, many aspects of the built environment can deter people from being physically active, which is important for health. Consideration of 'social infrastructure', encouraging communities in new housing developments to develop supportive social networks, has a positive impact on wellbeing.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The percentage of physically active adults is lower than the England average
- The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

KEY HEALTH INEQUALITIES

- Lack of access to open and green spaces can be bad for people's physical and mental health. Residents in areas of deprivation which have access to green space have lower rates of premature death than residents of deprived areas with less access to green space. The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

CURRENT JOINT WORK

- The Environment Capital Action Plan describes the following actions:
  - Secure funding to increase the number of Green Flag awards to 6.
  - Nene Park Trust will continually raise the quality of its facilities and improve the participation and engagement of visitors.
  - Seek funding to carry out a feasibility study into local, sustainable food production.
  - Achieve Fairtrade city status.
  - Develop planning guidance to support local food.

FUTURE PLANS

- The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups.
- Public Health outcomes and/or objectives will be added to the Plan
- Public health advice will be embedded into the City Council Growth and Regeneration directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- The Local Plan potentially affects a wide range of health outcomes. Some outcomes likely to be influenced by the built environment and land use planning are:
- The percentage of physically active and inactive adults
- Excess weight in 4-5 and 10-11 year olds, and Adults
- The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
- Utilisation of outdoor space for exercise/health reasons

3.2 HEALTH AND TRANSPORT PLANNING

Transport is a complex system affected by infrastructure, individual characteristics and behaviours and can have a broad impact on health. Components that could be linked to health outcomes include issues such as air and noise pollution, road design, impact on physical activity, road injuries and deaths, and access to health services. This illustrates the diverse nature of the policy areas that are related to transport and may have a direct or indirect impact on health. Travel offers an important opportunity to help people become more physically active. Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The number of children killed or seriously injured in road traffic accidents is not significantly different to the England Average.
- The number of adults killed or seriously injured on road is not significantly different to the England Average.
- Travel offers an important opportunity to help people become more physically active. However, inactive modes of transport have increasingly dominated in recent years.

KEY HEALTH INEQUALITIES

- The effects of road traffic disproportionately impact on socially excluded areas and individuals through pedestrian accidents, air pollution, noise and the effect on local communities of busy roads cutting through residential areas.
- Areas with higher levels of deprivation tend to have lower levels of general physical activity
- Cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle.

CURRENT JOINT WORK

The City Council's Travelchoice initiative encourages people to walk, cycle, use public transport, and car share, as well as the uptake of low emission vehicles.

- Increasing the number of pupils receiving Bikeability training from 951 to 1300 annually.
- The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understand current data and intelligence regarding the county's roads and develop multi-agency's solutions to help prevent future accidents and reduce collisions.
- Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources allow the serious accident data to be broken down into more detail to gain a clear understanding of the impact of severe collisions to the NHS and longer term social care and other partners.
- The Fourth Local Transport Plan (2016-2020) emphasises the role transport can play in health of Peterborough residents

FUTURE PLANS

- Collect further joint strategic needs assessment (JSNA) information on transport and health for Peterborough, using locally developed methodologies.
- Permanently embed public health advice into the City Council Growth and Regeneration directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes

- The numbers of adults and children killed or seriously injured in road traffic accidents.
- The number of businesses with travel plans
- % of adults who meet the Chief Medical Officer guidelines on physical activity (active people survey)
- To further develop a robust monitoring network to enable in depth transport modal data to be collected.
- Measures of air quality

3.3 HOUSING AND HEALTH

The National Housing Federation states that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood. Housing conditions that adversely affect health, include; indoor dampness; pollutants associated with respiratory problems; features that lead to physical injury. Household overcrowding is associated with an increased risk in the spread of infection,

and indoor cold is associated with excess winter deaths and cardiovascular problems. The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

Homelessness is associated with adverse health, education and social outcomes, particularly for children. Statutory homeless households contain some of the most vulnerable and needy members of our communities.

The Welfare Reform Act 2012 introduced a range of benefit changes which are likely to result in a loss of income for some claimants and could result in an increase in homelessness if people are unable to meet their housing costs. There are also national requirements to reduce social rented housing.

NEEDS IDENTIFIED IN THE JSNA AND KEY HEALTH INEQUALITIES:

In Peterborough:

- The rate of family homelessness is worse than the England average.
- The 3 year rate of excess winter deaths (which may be related to winter infections, cold homes, and becoming cold outside the home) remained similar to the England average in Peterborough in 2010 -2013.
- It is estimated that poor housing conditions are responsible for over 651 harmful events requiring medical treatment every year in Peterborough. The estimated cost to the local NHS of treating these is £2.2M annually. .

CURRENT JOINT WORK:

- Housing Related Support (formerly Supporting People) funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies, and therefore prevent them from becoming homeless.
- The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home and be supported to do so through the provision of aids and adaptations, and a demand for Extra Care Accommodation. To date, 262 additional units of Extra Care accommodation have been provided in partnership with Registered Providers. A further scheme of 54 dwellings is under construction.
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations and the HP assist hospital discharge and enable health services to be delivered in people's homes. The Agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives.
- City Council Cabinet has approved introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and well- being of those residents. The proposal is currently (May 2015) awaiting Secretary of State response.

FUTURE PLANS

- Peterborough City Council is working in partnership with Registered Providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorder to enable them to live independently with a live-in carer where necessary or floating support.
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed.

- The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the aging population.
- A task and finish group including Housing managers and Hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this.

HOW WILL WE MEASURE SUCCESS?

- Decrease in the ratio of excess winter deaths to average non-winter deaths
- Reduction in unintentional injuries in the home in the under 15 year olds
- Reduction in delayed discharge from hospital related to housing issues. .

4.1 GEOGRAPHICAL HEALTH INEQUALITIES

NEEDS IDENTIFIED IN THE JSNA:

- This link between more adverse socio-economic circumstances (deprivation) and poorer health is well known.
- The five most deprived electoral wards in Peterborough (pre-2016) were Dogsthorpe, North, Paston, Central and Ravensthorpe. Within these wards, deaths rates from all causes under the age of 75 and rates of admission to hospital were significantly high.
- Other parts of Peterborough also have residents living in difficult socio-economic circumstances – for example Bretton North, Orton Longueville and Park wards (pre-2016) are not included in the five 'most deprived' but have a higher percentage of children in poverty, lower achievement at GCSE and a higher percentage of the working age population claiming out of work benefit than the Peterborough average.

CURRENT JOINT WORK

- The City Council has a focus on economic development and regeneration in the City, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health.
- City Council Children's Centres work closely with health visitors, and are located to ensure focus on the areas of the City with the highest levels of need. Early child development, which Children's Centres help to support is important for future healthand wellbeing.
- The City Council has identified the 'Can Do' Area around Lincoln Road, which includes parts of Central Ward, Park ward and North ward. The 'Can Do' Board focusses on supporting environmental and service improvements for the area and includes senior staff from the City Council.

FUTURE PLANS

- The NHS Clinical Commissioning Group has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes.
- City Council proposals for selective licensing of private sector housing in parts of the City (outlined in the previous section) could impact on geographical health inequalities in the longer term.
- There is potential to target preventive public health initiatives and services so that they focus more on areas of the City with the greatest health and wellbeing needs.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation.
- Increase in life expectancy in wards with highest levels of deprivation.
- Reduction in emergency hospital admissions from wards with the highest levels of deprivation.
- Smoking cessation rates in wards with highest levels of deprivation
- Health checks completion in wards with highest levels of deprivation

4.2 HEALTH AND WELLBEING OF DIVERSE COMMUNITIES

NEEDS IDENTIFIED IN THE JSNA:

Diverse Communities

- Peterborough has an ethnically diverse population; 70.9% of residents self-identified as White English/ Welsh/Scottish/Northern Irish/British compared to 86.0% in England as a whole. A higher proportion of our population than average are of South Asian and Eastern European descent.
- Black & Ethnic Minority populations are highest in the Central ward (58.2%), Park (35.8%) and Ravensthorpe (30.8%).
- World Health Organization research concludes that
    - the risk of cardiovascular disease and type 2 diabetes is higher in South Asian population groups
    - alcohol consumption is rising in many Eastern European countries, contributing to a significant decline in life expectancy among men of Eastern European descent
    - rates of tuberculosis are also known to be higher in some African, South Asian and Eastern European countries than in England.

CURRENT JOINT WORK

- The Health and Wellbeing Board has commissioned a Joint Strategic Needs Assessment (JSNA) on the health and wellbeing needs of migrants.
- Eastern European 'community connectors' employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations

FUTURE PLANS

- The benefits of tailored preventive programmes, working with South Asian communities to prevent diabetes and cardiovascular disease, are increasingly recognised nationally. The CCG and City Council will work together to assess the feasibility of local schemes.

HOW WILL WE MEASURE SUCCESS?

Measuring success is more challenging for health and wellbeing issues in diverse communities, as recording of ethnicity by health services is not always complete. This makes it hard to rely on routinely collected data. Population mobility and change can also make measuring progress more challenging.

- We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions.
- Outcome measures for health and wellbeing of migrants will be developed following completion of the JSNA.

5.1 PARTNERSHIP BOARDS

The Peterborough Health and Well Being Board is supported by a number of Boards and Groups that are key to delivering the outcomes of the Joint Health and Wellbeing Strategy.

The Boards are as follows:

- Housing Partnership
- Children and Families Joint Commissioning board
- Older People's Stakeholder Group
- Carers Board
- Learning Disability Partnership
- Adult Joint Commissioning Board
- Mental Health Stakeholder Group
- Sexual Health Stakeholder Group
- Substance Misuse Stakeholder Group
- Greater Peterborough Executive Partnership Board
- Public Health Board
- Skills Partnership Board

These Boards include officers from the Local Authority, Clinical Commissioning Group, GP's and other health officers, Housing, Education, Police, Voluntary Sector, Prison and parents, carers and service users. The Boards define outcomes for delivery by focussed Task Groups, and these outcomes are core to delivery of the Joint Health and Wellbeing Strategy. A Community Serve Board is also in development to support delivery in and by communities.

To avoid duplication and give opportunities to join up work when appropriate, the Health and Wellbeing Board agreed to the development of a Health and Wellbeing Partnership Delivery Board. This comprises the Chairs of all the above Boards and the joint chair of the City's Skills Board. It's role is to take an overview of the work going on and ensure it is co-ordinated. This Delivery Board also reports to the Safer Peterborough Partnership Board (which has an important impact on health and wellbeing through its work on community safety and cohesion) and links to the Adult and Children Safeguarding Boards.

The terms of reference (including membership) of the Partnership Boards which feed into the Health and Wellbeing Board will be published on the City Council's website. Relevant work by the Partnership Boards on delivering the Joint Health and Wellbeing Strategy will be fed back to the Health and Wellbeing Board, which meets in public.

5.2 COMMISSIONING PRINCIPLES

Commissioning is about supporting the development of a thriving, strong and diverse social and health care market that is flexible and responsive to everyone in Peterborough, not just those eligible for direct Council or Health support - We want to stimulate the development of new services, and promote competition and collaboration so people have a varied care and support market to purchase from. To achieve this, we will work to ensure all the services we commission are:

1. Affordable and sustainable;
2. Evidence based;

3. Locally shaped;
4. Improving quality and the patient experience;
5. Address Health Inequalities
6. Appropriate in scale; and
7. Reflect the user's voice.

5.3 KEY PROGRAMMES

The following pages describe two key programmes to meet the future needs of growing populations, within available resources:

- The Cambridgeshire and Peterborough Health System Transformation Programme
- The Peterborough City Council Customer Experience Programme

The Health System Transformation Programme, Customer Experience Programme and other relevant health and social care programmes such as the Better Care Fund Plan, are being brought together in Peterborough under a joint governance and management system overseen by the Greater Peterborough Executive Partnership Board, which reports through to the Health and Wellbeing Board.

5.4 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH SYSTEM TRANSFORMATION PROGRAMME

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), which plans, organises and buys most NHS-funded healthcare, is working together with the providers of local hospital and community healthcare to plan for local health and care needs. They have joined together under the Health System Transformation Programme to look at shaping a sustainable health system fit for the future. Peterborough City Council and Cambridgeshire County Council are also part of the programme, as are local Healthwatch organisations. The work of the programme also fits in with NHS England's Five Year Forward View. The Five Year Forward View recognises that the world has changed and health services need to evolve to meet the challenges NHS health services face.

SYSTEM STRATEGIC AIMS AND GOALS

The Cambridgeshire and Peterborough health system has agreed to a set of strategic aims for the next five years. These strategic aims are set out in the diagram below which shows how the strategic aims relate, with people at the centre of all we do.

The Cambridgeshire and Peterborough System Transformation Programme is looking at all hospital-based, GP and community healthcare services in Cambridgeshire and Peterborough. It is particularly focussing on the following areas of care:

- Children's and maternity services

- Mental health services
- Care delivered through GP surgeries
- Planned care (both in hospital and in the community)
- Emergency and urgent care.

It's also taking into account proposals to maintain planned improvements for older people's (over 65s) healthcare, following termination of the Integrated Older People's and Adult Community Services contract with Uniting Care Partnership. Prevention is key to the programme with everyone having a role in helping to reduce demand on our health services.

If we do not plan to change our health system, we are likely to see:

- funding shortfalls, possibly leading to unplanned service changes over which we have little control
- decreased quality of care and poorer health outcomes for people
- a continued rise in the need for health care
- some General Practices going out of business
- hospitals continuing to experience a rise in emergency admissions
- hospitals finding it harder to undertake planned work (such as scheduled operations)
- a decrease in quality and access performance standards in hospitals, and an increase in financial deficits
- an increase in pressure on all parts of the health system and an already stretched workforce.

The Health System Transformation Programme has taken a range of opportunities to engage with the wider public and feedback will inform and be reflected within the development of ideas for change across the system.

5.5 PETERBOROUGH CITY COUNCIL CUSTOMER EXPERIENCE PROGRAMME

The Customer Experience programme will develop and improve the ways in which customers access or are provided with public services, ensuring those that need help the most are able to reach the most appropriate services quickly and first time. This approach will enable services to meet the needs of those affected by health, social and economic inequalities across Peterborough, and will build resilience and capacity in communities to sustain improvements. The programme targets a reduction in costs, an increase in revenue and the management of current and future demand. The programme is divided into seven themes:

i. Front Door – redefining the method of accessing and contacting the council, ensuring those that can will be able help themselves and those with more complex needs reach the right services quickly
ii. Investment in Communities – ensuring we invest appropriately in community, voluntary or faith services and capacity as an alternative to public sector services
iii. Operating Models – designing new service delivery arrangements between council services and with partners
iv. New Ways of Working – enabling staff to work flexibly and in an agile way, making full use of digital technologies
v. Revenue – strengthening the council's commercially-minded approach, Increasing the amount of profitable revenue

vi. Building Optimisation – making the best use of public buildings and office space

vii. Digital Technology – investing in new technologies to improve ways of working and to enhance the offer to customers

The council wants its customers to:

- Ask once – we will only ask the customer for any information needed once
- Be self-directed – we will maximise any opportunity for the customer to self-serve
- Be in control – we will ensure services are customer-led and take account of the customer's views
- Be protected – we will identify and act upon any safeguarding concerns
- Be confident the information we hold about them is consistent across the organisation
- Be able to make full use of universal information and provision as the norm through interactive use of technology, blended with 'expert' assistance
- Have their queries resolved at the first point of contact wherever possible
- Be able to access council services or information in the most appropriate settings – there will be no wrong front door.

If we get these things right then it will be better for customers as they will receive a better and more accessible service, whilst at the same time enabling us to manage demand more effectively and sustainably.

CURRENT JOINT WORK

The Customer Experience programme is enabling a sharp focus on developing greater integration between the council and health partners. For example:

- the Operating Models theme is scoping an integrated health and social care operational delivery model which could see social workers co-located with health professionals
- the Operating Models theme is developing a new delivery model to bring together reablement and preventative health and social care services into a trading vehicle
- the Front Door theme is exploring a single, integrated front door model for council and health services
- the Investment in Communities theme is determining what health and social care preventative projects could be commissioned to help manage demand
- the Digital Technology strand is piloting new assistive technologies that could help reduce demand on the health and social care system

FUTURE PLANS

- The Customer Experience programme is still at the early stages of delivery, but has well established principles including the desire to deliver integration across health and social care services wherever possible and appropriate. We will ensure that health colleagues across the system are fully engaged in the programme.

5.6 A VISION FOR HEALTH AND WELLBEING IN 2016/19

To conclude, the context for the 2016/19 Joint Health and Wellbeing Strategy is:

- Significant budget reductions
- Growing population and demand for services

To meet these challenges, Health, Local Authority and other partners in the Health and Wellbeing Board will work in a new way - focusing on outcomes not organisations. We will get done what needs to be done by who is best to do it, and use evidence based sources and best practice to ensure what we deliver has the best chance of success. Success is now seen as collective.

PLACING PEOPLE AT THE HEART OF A SYSTEM WHICH MAKES SENSE TO THEM

The Health and Wellbeing Board will achieve its aims by:

A focus on **prevention**

- making Peterborough a healthy environment in which to live
- supporting all people and communities to maintain their own health and independence.

Driving **delivery** of:

- The right services
- To the right people, families and communities
- By the right people
- At the right time
- In the right place
- At the right cost

Monitoring **outcomes** which matter to all local residents, families and communities

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Peterborough
Creating a Healthy City

PETERBOROUGH
CITY COUNCIL

www.peterborough.gov.uk/healthcare/public-health

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Angela Burrows, Chief Operating Officer	Tel. 01733 887926

HEALTHWATCH UPDATE

RECOMMENDATIONS	
FROM : Healthwatch Peterborough	**Deadline date :** *N/A*
The Health and Wellbeing Board is asked to review and comment on the activity and (short/draft long term) priorities of Healthwatch Peterborough.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board to keep the members informed of the progress being made by Healthwatch Peterborough in regards to its statutory duties in supporting the patient voice including Peterborough residents and/or those using health and social care services in the Peterborough and/or those working in Peterborough and/or those volunteering in Peterborough.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is:

(a) to keep the Board informed of the progress being made by Healthwatch Peterborough in regards to its activity and priorities.
(b) to obtain the Boards views on a proposed development of such stated priorities
(c) for consideration of the conclusions and recommendations of a review;

2.2 This report is for Board to consider under its Terms of Reference No*. 3.8 To oversee the development of Local Healthwatch for Peterborough and to ensure that they can operate effectively to support health and wellbeing on behalf of users of health and social care services.*

3. Contract Monitoring

3.1 To provide a summary overview of Healthwatch Peterborough's activity in the first two quarters of 2016-17 period (April-September). See **Appendix A**

4. Priorities

Due to the uncertainly of the operational function of Healthwatch Peterborough (i.e. the expiry of the current contract with no agreed host to employ staff, office and manage support etc from 31 March 2017) it is not possible to create a substantive long term priorities plan. Therefore, short term priorities have been agreed and DRAFT long term priorities have been established. **Appendix B**

5. ANTICIPATED OUTCOMES

5.1 To provide the Board with details of Healthwatch Peterborough activity to ensure adherence of core functions and to be reviewed and feedback on any development where appropriate.

5.2 To provide overview of the development of priorities for Healthwatch Peterborough.

Healthwatch Peterborough

Contract Monitoring/Outcome report
April-June and July-September 2016 (Qs 1 & 2 of period: Year 2016-17)

Community Voice and Influence

Output/activity	Outcome
PSHFT & Hinchingbrooke Healthcare NHS Trust proposed Merger: Facilitation of an engagement session regarding the proposed merger of PSHFT and Hinchingbrooke Healthcare Trust in August (second scheduled for November. HWP have also promoted other sessions on the merger run by the trusts. HWP have shared the draft and final business plans Use of live response pads for report writing/submitting	Public have been given multiple, useful opportunities to have their say, raise questions and highlight concerns on the proposal and business plans. Income generation Live feedback Production of reports **APPENDIX 1**
Enter and views: care homes	20 September 2016: Cherry Blossom
Enter and View activity: Supported PSHFT Patient-Led Assessment of the Care Environment (PLACE) Provided volunteers/staff to take part in the statutory activity all hospitals have to undertake.	4 April 2016: Supports good key stakeholder relations, provides our volunteers with additional observational opportunities, provides local people to have input on locally delivered services.
Enter and View activity: 15 Step Challenge including HWP-led review of Assessable Information Standards (AIS)	29 September 2016: Focus on AIS as part of forward planning/use of new toolkit to ensure local compliance with new standards. Opportunity to observe local services at point of delivery.
Made public aware of 35 local and national consultations and surveys (16 national, 19 local) through Enews and social media.	Raising opportunity for local people to have their say/be involved in local and national development of services directly to health and social care organisations.
Facilitated patient/carer focus group on STP.	Chance given for local carers to give their views on STP.
HWP Comms officer began learning British Sign Language Level 1 in September to improve communication with Peterborough's deaf community. Follows local Deaf Group event where range of issues were raised.	Training is still ongoing. However, once BSL is of a sufficient standard, comms officer will attend BSL gatherings to get to know deaf community and their concerns.
Youth engagement officer (shared post) funded by CCG/PCC/CCC Joint Commissioning Unit (focus on emotional/mental health) from 1 April l2016 Letters sent to Pboro schools / mtg with 1 school /mtg with second school pending	Better engagement with local young people Feedback/outcomes pending

Attended and highlighted engagement events **(Enews sign ups - where recorded)**	1. OPACS Learning Event (closed stakeholder event) 2. Family Voice AGM(20) Family Voice Conference 3. Children's Safeguarding Threshold Event 4. PSHFT Quality Account Stakeholder Event 5. NICE local event 6. Goldhay Group (LD)(Presentation to 100 people – gave out easy read HW leaflets/PSHFT – patient passports) 7. PSHFT Annual Public Meeting 8. CCG Vol Org event 9. CCG AGM 10. HW Rutland AGM 11. HW Cambs AGM 12. Building Caring Communities (4) 13. Black History Event 14. CQC National Event 15. St George's Hydro pool event (2) 16. Carers Awareness Event 17. PRC Freshers Fayre (13)(30 signed up for Youth Connect) 18. Thorpe Hall AGM 19. Care Home engagement event 20. PCC LD Partnership Board meeting (14) 21. PRC Wellbeing Event (13)(21 signed up for youth Connect) 22. Hospital Merger Events (9) 23. PCC Slovak Embassy Event (5) 24. Clayburn Court Networking meeting(4) 25. PARCA: Cultural Inclusive Event 26. Dementia Friends Champions Networking meeting 27. Regional HW Meetings 28. PCC ASC Quality Group Meeting 29. NHS LD Health Checks Project Group Meetings 30. Community Connectors Meeting
Holding minimum of eight community meetings in public	Providing opportunity for public to scrutinise HWP's work, share experiences, ask questions of local commissioners and/or providers.

Relationship with Healthwatch England (HWE)

Output/activity	Outcome
Attendance of Angela Burrows, David Whiles and Samuel Lawrence at the National Conference	Improved knowledge of work that other local Healthwatch and national Healthwatch are undertaking.
Angela Burrows delivered prisoner engagement training at the National Conference	Other local Healthwatch enabled to replicate HWP's highly successful project.
Angela Burrows delivered Enter and View peer training at National Conference	Shared templates and recommendation/action plan formats
All cases brought to HWP by the general public logged on CRM.	Detailed data on local patient concerns made available to Healthwatch England.
Healthwatch England highlighted HWP's prisoner engagement project on their website as part of showcasing local HW impact	Obtain national coverage and recognition

Informing people/signposting

Output/activity	Outcome
Publishing a weekly electronic bulletin: Enews. Informs people about changes to local services. Invites people them to have their say in consultations and engagement events. Keeps people up to date on the work of HWP.	Created and delivered to nearly 700 direct subscribers. Many of these are organisations or local people who disseminate the enews to their contacts. In a survey carried out in June this year on the enews, 50% of respondents told us they shared the enews with friends and colleagues. Sent out every Friday between April-September, Ensures know what services they are entitled to, have access to and how to access. Ensures they have a chance to respond to changes in local services. Ensures opportunities for engagement and awareness of consultations (often being only org. to reach some participants) Very positive feedback from subscribers.
Carried out a survey on the readers' experience of the Enews.	Very positive feedback received. 95% or respondents found the enews very clear and easy to understand, and 100% found it either very or somewhat useful. Increased focus on local news and decreased focus on national news implemented as a result of feedback. Services feature, which had been an irregular feature highlighting an interesting local service, was received positively and has been made a regular feature – public now made aware of at least one interesting service they can access each week in addition to news items.
Production and delivery of HealthAware (target to PPGs to promote national health campaigns in advance and identify links to resources for local GP surgeries.	Three delivered in period
Using social media (Twitter/ Facebook)to: Further inform people about local services, consultations, engagement events and health information Share relevant/useful posts from other Healthwatchs/health organisations Using Hootsuite to time information release for optimal impact	1575 followers on Twitter and 109 likes on Facebook. Public are alerted to health services/ events/developments. Useful information from other organisations can be easily shared.
Signposting and information officer responds to patient cases with relevant and useful information Signposts to relevant partner agencies including Complaint Advocacy services (POhWER)	Patients get prompt, direct service with the information they need. Good knowledge of other organisations to refer ensures patients are able to make informed choices. Patients are protected when safeguarding issues arise

Reports safeguarding issues to relevant organisations when necessary	
Use Refernet – local referral system which allows for quick and secure referrals to other local organisations and for you to be notified when they accept/reject them. We promote the use of Refernet to other local health organisations to facilitate ease of referrals for all organisations across the city.	Referrals made and received **Apr-Sep 2016: 8 cases dealt with** Quicker easier referrals reduce patient waiting times. Having referrals logged on a central referral base system makes it easier to monitor them and collect data about referral success/failure.
Logging all contact where referral/signposting has been actioned	Cases logged on CRM Wizard total for **Apr-Sep 2016: 59**
Use of promotional items for engagement/ signposting including: Leaflets; Posters; Pencils; Pens; Fabric carrier bags.	Local people know they can turn to Healthwatch Peterborough for information, advocacy and support.
Production of a comprehensive, informative and easy to read annual report.	Detailed information on the work of HWP made available to the general public. **APPENDIX 2**
Involved in PCC Public Health Healthy City campaign	Helping to support the prevention strategy and using extensive comms tools to share/highlight key messages. Supporting development and providing input to strategy.
Included on the Keep Your Head website aimed at young people	Reaching younger audiences
Part of Youth Connect – electronic monthly newsletter	Obtained 40 subscribers at first event
Health and Wellbeing Board Draft Strategy: Created a comprehensive and detailed and separate summary questionnaires and shared through a range of mediums HWP also submitted a response to the strategy	The questionnaires enabled local people to provide feedback on the strategy for PCC to use to develop and make sure local people have been able to be included in the development of the strategy. **APPENDIX 3**

Making a difference locally

Output/activity	Outcome
Non-clinical cancer services (RHMC). Since 2012 HWP have provided support and evidence to develop a local cancer wellbeing centre. We identified the need for a holistic cancer wellbeing service and the severe underutilisation of the existing Robert Horrell Macmillan Centre. We gathered intelligence and facilitated engagement events to find out what people wanted. In 2016 we have been active on the RHMC wellbeing steerage committee, using our data to support and shape final development.	HWP key stakeholder in development. Highlighted opportunities to Board for disseminating project developments.
Advocated/working with local hydrotherapy pool steering group	Supporting facility that makes a huge difference to the lives of local people. Angela Burrows formally requested data and policy on aquatic therapies (hydrotherapy) David Whiles request for a uniform policy on hydrotherapy provision from CCG on HWBB due to inequality with Cambs use of Addenbrookes hydro pool.
OPACS learning event Joint working with HWC to facilitate event following the failure of the UnitingCare contract. Angela Burrows drafted key points and provided invitation/attendee lead for event	Income generation Providing platform for leads to share issues, feedback, learning
Completing submission to Quality Accounts for local stakeholders	Raising awareness with providers of key activity of HWP PSHFT **APPENDIX 4** CPFT **APPENDIX 5**
Angela Burrows delivered Enter and View training to volunteers	Increase numbers and diversity to carry out statutory tool (E&V)
HWP seat on Older People's Partnership Board provided input to Ageing Well programme.	OPPB specifically leading this programme
Post submission addition (David Whiles) With fundamental changes occurring in the health and social care economy nationally and locally through the coming together of local authority activities and staff and the development of the STPs we have considered changes to the delivery of our own services too.	Post submission addition (David Whiles) We have looked at ways of improving the effectiveness and efficiency of our service delivery to match the changing environment and have concluded that working together with a neighbouring Healthwatch is the way forward. Discussions have been held this period with Healthwatch Cambridgeshire and we have agreed to jointly commission a consultant to advise us on the best way forward. Appointment and reporting will take place during Q3 2016/17.

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Healthwatch Peterborough (HWP) Priorities

Following sessions with Directors, staff and Advisory Group HWPs projects, activity and workstreams were discussed, reviewed and draft agreements in place to approve for a short term priorities, and a draft long term priorities (due to uncertainty around delivery/future structure).

All projects/workstreams are currently in the developmental stage and priorities are agreed taking into consideration HWP's Mission Statement (see page 3). In addition to the key mission statement as focus of project priorities, each project will also include project plan targets including:

- Objectives
- Tasks
- Success criteria
- Time frame
- Resources
- Outcome/s

Short term priorities (agreed):

Prisoner engagement project (see details on pages 3)
Current –March 2017: To continue to deliver and train Wellbeing Reps in HMP Peterborough, maintain key local and national stakeholder relationships. Review next steps including making the wellbeing training sustainable.

Cancer Wellbeing project (see details on pages 3)
current – March 2017: To continue to be part of Project Steering Group (only external partner). To maintain patient/carer engagement at the site while under development. To highlight range of services available to public. To signpost services and stakeholder partners to PSHFT project lead.

Enter and View
Current – Dec 2016: Statutory tool HWP can use to 'enter and view' local NHS and care services. To continue until end of 2016 with activity in care homes.
Jan 2017: To cease activity in January 2017 until long term stability is established.
Jan-Mar 2017: To consider Enter and View at urgent/emergency services, in line with follow up recommendations from previous visit in March 2016.

Dementia
Current –March 2017: continue to deliver Dementia Friends (DF) training to wide-range of audiences

Engagement activity:
Current – Dec 2016: continue to attend, engage, collate feedback, network, increase subscriptions for Enews at all relevant local and regional events.
Jan-Mar 2017: To prioritise engagement activity to only that which fits with HWP priorities.

Enews
Current – March 2017: Weekly free electronic bulletin to continue to be delivered.

Youth worker
HWP currently do not direct the project (as funding from CCG Joint Commissioning Unit). HWP are supporting the work that Rita Nunes is doing and will continue to do so in the short term.

Accessible Information Standards (AIS)
Current – March 2017 using AIS to apply to all work and engagement carried out, picking up on areas that need improvement and making recommendations as and when necessary.

DRAFT long term priorities (April 2017- forward – not in order of preference/priority)

A. Create volunteer policy on recruitment and training and how to develop use of volunteers in delivering HWP's key activity.

B. Accessible Information Standards (AIS): to extend work reviewing the adherence to AISs to areas as part of Enter and View activity, including GP surgeries and other health services

C. Income generation: to review where HWP can increase potential for income generation/sustainability and/or growth. To review where income generated funds can be used to further develop core business

D. Youth worker: submit proposal to Joint Commissioning Unit for ongoing funding and provide leads from both HWs to develop work (greater input from HWP).

E. Following review of local health statistics (JSNAs) feedback/national health statistic (Public Health England) the following are to be considered as part of HWP's long term priorities:

1. Migrant health:
   Actions:
   - Scope what work is already being done around migrant health
   - Highlight and promote the work of others
   - Target key events to engage with migrant communities, gathering soft intelligence
   - Work in partnership/contribute to the work of other stakeholders
2. Maternity/ children
   - Liaise with patient-led groups (MSLC)
   - Establish key factors from JSNA to review
   -
3. Cancer screening take up
   - Look at data around screening up take and any evidence available to target workstreams activity
4. TB and latent TB screening
   - Support targeted awareness raising
5. Suicide
   - Establish recent and local data to ensure local picture on this issue is addressed (due to inconsistency with national demographics)

Mission Statement

Engage

To be accessible to the public and stakeholders to ensure inclusive participation, engagement and communication especially hard to reach and vulnerable members of our community.

Impact

To be a 'critical friend' and credible, using our statutory powers appropriately and to greatest effect, to drive improvements by challenging and influencing providers and commissioners.

Inform

To provide signposting and information in a range of formats to help people access local health and social care services to empower them to make informed choices.

Evidential

Gather and use a full range of evidence, feedback and intelligence to influence our work plan and projects, championing the voices and views local people

Each project undertaken has to give consideration as to how the mission statement will be met, current project priorities are:

Project	Engage	Impact	Inform	Evidential
Prisoner engagement	Face-to-face delivery of training prisoners Networking with prison staff (mostly local residents)	Use service users experiences to make recommendations to providers/commissioners of services. Improve delivery of health services in prison National recognition (high profile) Requests from national orgs for joint working (CLiNKS, NHS England, NICE, CQC)	Increase awareness of health campaigns (both local/national) to Delivered DF training to staff Delivering DF to prisons	National stats on prisoner health NICE Call to evidence HW statutory duty to local residents inc. those in secure settings Prisoners settling in local area demand on health services
Cancer wellbeing (Robert Horrell Macmillan Centre)	One-to-one interviews with 100+ in Oncology at PCH. Over 100+ at Breast cancer show 200+ at Race for Life Ongoing patient engagement at centre	Underutilised centre (120 attendees in 10 month period) to over 500 in three month period Increase in availability of wide-range of holistic services Raise profile of HWP Joint working with local and national partner	Raising awareness of holist, non-clinical cancer support to local people Make recommendations during development stage, based on patient/carer feedback Signpost Project lead (PSHFT) to key local stakeholder partners for wider range of engagement (i.e. Patient Forum etc)	JSNA for cancer in Peterborough Use of local centre Comparative with other cancer centres

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Ryan Hyman (Senior Account Manager)	Tel. 01733 207338

WORK IN PETERBOROUGH – RECRUITMENT AND RETENTION CAMPAIGN

RECOMMENDATIONS	
FROM : *Athene Communications*	**Deadline date :** *N/A*
1. To proceed with making the Work in Peterborough website live as soon as possible 2. To agree and proceed with creating the Health recruitment micro-website 3. To agree and proceed with a 12 month PR and marketing campaign to drive visitors to the Work in Peterborough campaign website and its associated sector websites – Teaching, Social Work, and Health	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board from Athene Communications Ltd.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

a) Update the Board on the progress that has been made with regards to the Work in Peterborough recruitment and retention campaign to date

b) To obtain the committee's views of the proposed content plan for the Health recruitment website and sections and best way to proceed with the 12 month marketing campaign

3. BACKGROUND AND UPDATE

Following workforce development workshops facilitated by Peterborough City Council: People and Communities earlier this year, and the success of the Teach Peterborough campaign, Athene Communications was commissioned to create and develop similar campaigns across the three main sectors that support People and Communities. These include:

- Teaching
- Social work
- Health

The workshops found that each sector faced similar issues – mainly related to the reputation of the city of Peterborough rather than the sectors themselves.

Since going live around 18 months ago, Teach Peterborough (www.teachpeterborough.co.uk) has attracted more than 24,000 unique users to its website. A total of 491 vacancies have been listed, and a total of 1,706 application form download requests have been received through the Teach Peterborough website alone.

The Work in Peterborough campaign was designed to market the city to potential recruits into the city. On top of this, we also created sector specific campaign websites in order to promote the individual benefits and opportunities within these.

All of the websites are easy to manage and can be controlled and edited by schools, GP surgeries, etc. All vacancies can be uploaded and monitored free of charge and within the back of the website you will also be presented with more useful data for you to gauge how popular your vacancy is.

Much of the information about Peterborough would be relevant to employees of all sectors. Therefore, in order to prevent a duplication of workload, resource and cost, the Work in Peterborough campaign website acts as a master website. Therefore, whenever information is edited on Work in Peterborough it will also automatically update the Health, Teaching and Social Work campaign websites.

All vacancies will also automatically appear on both the sector campaign website and the master Work in Peterborough website without additional work.

The Work in Peterborough website and developments to create the Teach, Social Work and Health websites were initially funded by Peterborough City Council: People and Communities. However, it was agreed at following meetings that the ongoing PR and marketing campaign to drive traffic to the campaign sites and the website development and technical support for all websites would be shared between schools, social workers and healthcare providers.

The Work in Peterborough website has now completed its final amendments and is being checked and approved. Once approval has been received the website will go live.

In the future, the website has the ability to 'plug in' other commercial sectors. Aside from the up front development costs, this could be charged additionally to deliver a return to the three sectors or minimise/cover the ongoing costs for schools, social workers and healthcare organisations.

4. HEALTH SECTOR CAMPAIGN WEBSITE

Athene has held initial meetings with Gill Burry and Rob Henchy to define the content and structure of the Health website. A further meeting to finalise the sitemap, content plan and initial design concepts is expected to take place during WC 28th November 2016. The outcomes from this meeting will be reported to the Board at the next meeting.

Gill and Rob have also received interest from other partners, including PSHFT, CPFT, GPN and the Ambulance Trust in being part of the campaign and potentially sharing the 12 month marketing and technical support cost.

If we can achieve agreement on the content at the next meeting then the website could go live early in the new year providing prompt feedback and approval from all partners or delegated leaders has been received.

5. 12 MONTH PR AND MARKETING CAMPAIGN AND TECHNICAL SUPPORT

The workshops asked us to consider how we could make use of media coverage and social media activity to drive traffic to the campaign websites over the first year. This is an important factor as we have found that more than 40% of traffic going to Teach Peterborough is via a Google search, and around 25% of traffic comes via a referral from social media or another website or news article.

Also, as we will have the ability to collect more data to show us how people are using the different recruitment websites we will be in a good position to modify the websites over time to improve the number of people signing up for email alerts, uploading their CV or applying for vacancies.

We have suggested that the three sectors share this overall cost to provide economies of scale. This will provide three days per month for PR and marketing support to the campaigns (one day per sector per month), and three days of technical support and website analytics per month (one day per sector per month).

The cost to each sector would be £11,820.00 + VAT per year (£985.00 per month). So far, teachers and social workers have agreed their cost towards the campaign. We understand that GPN have agreed to fund a share of the cost and the other partners have expressed interest, but this has not yet been confirmed. Athene will update on this following the expected meeting with Gill and Rob during WC 28th November 2016.

One of the key goals of the Work in Peterborough website is to capture personal information and job preferences of potential recruits. With this in mind, we recommend that the campaign begins as soon as Work in Peterborough goes live to attract as much interest as quickly as possible.

6. CONSULTATION

6.1 A meeting is expected to take place with Gill Burry and Rob Henchy to determine the sitemap and content plan of the Health website during WC 28th November 2016.

7. ANTICIPATED OUTCOMES

The anticipated outcome of this report is to agree the best way to proceed with the recruitment and retention campaign.

8. REASONS FOR RECOMMENDATIONS

All sectors are facing recruitment problems.

9. ALTERNATIVE OPTIONS CONSIDERED

The website development has already been agreed and funded by Peterborough City Council: People and Communities.

If the Board or organisations choose to opt out of the 12 month marketing campaign, they could make use of internal resources to support this instead. We would recommend a joined up approach to this to avoid duplication or inconsistency of messaging with the campaign that will continue to support teaching and social workers in the city.

10. IMPLICATIONS

N/A

11. BACKGROUND DOCUMENTS

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

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Adrian Chapman, Adult Services & Communities Service Director	Tel. 863887

LGA PEER REVIEW OF ADULT SOCIAL CARE

RECOMMENDATIONS	
FROM : Adrian Chapman, Service Director for Adult Social Care and Communities	**Deadline date : N/A**
The Health and Wellbeing Board is asked to consider and comment on the Adult Social Care Safeguarding Peer Review - outcomes and recommendations.	

1. ORIGIN OF REPORT

1.1 This report is submitted following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The report provides an overview of the conclusions and recommendations of the Safeguarding Peer Review and to ask the Health and Wellbeing Board to note and comment on the conclusions and recommendations.

2.2 This report is for Board to consider under its Terms of Reference No. *3.9 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.*

3. BACKGROUND

3.1 Peterborough City Council requested a Peer Review via the Local Government Association as a means of helping us review and assess our current safeguarding arrangements, to learn from an independent assessment of our current position, to build on those areas we are doing well and improve on those areas which are not so strong. The Peer Review Team were asked to focus on 3 key areas:

3.1.1 **Delivery of outcomes from frontline staff** – from a practice perspective, this was about assessing how embedded Making Safeguarding Personal is within our practice, whether or not we are focusing on what adults at risk want as an outcome, whether or not we are seeking feedback from adults at risk and carers on peoples' experience of safeguarding, and whether or not we are able to demonstrate continuous improvement.

3.1.2 **The quality of strategic leadership and governance** – this area assessed how clear and effective the Peterborough Safeguarding Adults Board and related partnership arrangements were and the interface between the Council, and whether our internal leadership model was robust and safe.

3.1.3 **The robustness and effectiveness of commissioning and quality assurance/ improvement mechanisms** – the reviewers were asked to assess if our strategies and procedures were robust and to consider our joint commissioning arrangements with health and the effectiveness of the Section 75 Agreement with Cambridgeshire and Peterborough Foundation Trust (CPFT).

3.2 Alongside council officers and councillors, the review team engaged with key partners from health, the voluntary and community sector, independent care providers, Peterborough Safeguarding Adult Board members, further education, police and Healthwatch.

4. SUMMARY OF OUTCOMES

4.1 The Review identified a number of areas of strength which are summarised below:

4.1.1 **Overall**

- Staff have remained focused and enthusiastic through a sustained period of change and are working hard to make it work for the people of Peterborough
- The Client Income and Financial Assessment Teams received excellent praise from the peer team as did the social worker who went on a joint visit with a member of the Peer Team
- Budget pressures are being managed
- An ambitious Prevention and Enforcement Team is being established
- The Adults Safeguarding Board is working well at a strategic level
- Senior management are focused on quality assurance and outcomes via the quality assurance team structure
- Stronger Adults Safeguarding Board actively promoting Making Safeguarding Personal (MSP) amongst all partners
- Some staff clearly articulated person centred and outcome focused approaches

4.1.2 **People's Experiences**

- The Older People's Partnership Board is a valuable resource - vibrant and enthusiastic
- The Registered Managers forum is a vanguard
- Availability of advocacy is positively welcomed
- Language line is available for the wealth of diversity in the community
- Community connectors recognised as innovative

4.1.3 **Leadership**

- Political leaders are supportive and informed
- Leadership was noted as ambitious and innovative
- The senior management team is seen as strong and creates vision, principles and direction
- Strong leadership from the statutory partners
- Strong professional leadership from the principal social worker

4.1.4 **Strategy**

- Good suite of strategies and policies that will take us in the right direction
- Some bold innovative structures starting to deliver, e.g. Home Services Delivery Model and Quality Assurance
- Some innovative policies e.g. self-neglect and hoarding
- Partners are becoming more involved with strategy creation

4.1.5 **Commissioning**

- Appear to be focused on achieving savings
- Clear view of the market and the Market Position Statement is well written and indicates next steps
- Contracts in health and social care are clear on safeguarding responsibilities
- The Registered Managers Forum is an important asset to understand the market

4.1.6 **Peterborough Safeguarding Adults Board (PSAB)**

- The independent chair is very highly regarded and respected and is willing to learn and develop
- The PSAB is working well with good attendance from partners with an improving strategic focus
- It is clear there is collaborative planning

- The Safeguarding Adult Review sub-group is working well (clear policy, procedures, attendance and is focused)
- Some good projects undertaken by Healthwatch (hydrotherapy, prison, cancer centre)
- Constructive feedback from providers regarding audit toolkit

4.1.7 **Service Delivery and Effective Practice**

- Strong partnerships with the Police, Health and Housing that share good practice and lessons learnt
- Prevention and Enforcement Team has potential to provide more effective safeguarding
- Financial Assessment Team is effective
- MASH - phone advice regarding appropriate referrals appreciated
- Contract monitoring team has potential
- Effective management of Deprivation of Liberty Safeguards service

4.1.8 **Performance and Resource Management**

- Innovative quality assurance function designed to provide rigor and management confidence
- Stable management team
- Delayed Transfer of Care (DTOC) data assertively managed
- The MASH has resolved a high percentage of cases
- Police have been independently inspected for their service to vulnerable people and found to be performing well

4.2 In addition, the review identified a number of areas of focus and a series of recommendations which are summarised below:

- To undertake further work to assess the impact of the city's population growth, the changing profile and future demand forecasting across the system
- To evaluate the effectiveness of policies and procedures and to ensure co-production where required
- To publish a staff communication to clarify senior management roles and responsibilities and re-emphasise the vision and priorities
- To enhance awareness of safeguarding with partners, providers and the public
- To undertake a review to ensure Making Safeguarding Personal is thoroughly embedded through reflective practice and supervision and dovetailed with quality assurance
- To set up a multi-agency working group to undertake a process mapping exercise of how services are accessed and thresholds used, in particular first contact and the triage process
- To carry out a review of the 'Home to Hospital' pathway
- To add further detail to the Market Position Statement and identify areas of concern
- To enhance involvement of service users and third sector organisations in the commissioning process
- To ensure staff, partners and providers are updated on the commissioning service's philosophy and clarify the target operating model
- The PSAB to re-launch a statement on the local authority's and partners' accountability
- The PSAB to undertake further work to embed Making Safeguarding Personal across the partnership
- To ensure partners and providers receive agendas and templates for strategy meetings to clarify purpose and outcomes
- To review quality assurance linking with contract quality monitoring function
- Further work is needed to improve awareness of Mental Capacity with key partners
- To create a frontline data dashboard
- To carry out a review of Frameworki and safeguarding controls

5. NEXT STEPS

5.1 The recommendations have been formulated into a delivery plan with identified leads from the People and Communities Directorate, the PSAB and/or the sub groups of the PSAB.

The plan and its progress will be regularly monitored both internally but he council and by partners via the PSAB.

6. IMPLICATIONS

None.

7. BACKGROUND DOCUMENTS

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

None.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 9
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Jo Procter – Head of Service – Peterborough Adult and Children's Safeguarding Boards	Tel. 01733 863765

ANNUAL REPORT OF THE PETERBOROUGH SAFEGUARDING CHILDREN BOARD 2015/16

ANNUAL REPORT OF THE PETERBOROUGH SAFEGUARDING ADULT BAORD 2015/16

RECOMMENDATIONS	
FROM : Dr Russell Wate QPM – Chair of Peterborough Safeguarding Children Board and Chair of Peterborough Safeguarding Adults Board.	**Deadline date :** N/A
The Health and Wellbeing Board are requested to note the contents of the annual reports.	

1. ORIGIN OF REPORT

1.1. This report is submitted to Board for information following sign off and publication of the Safeguarding Boards annual reports.

2. PURPOSE AND REASON FOR REPORT

2.1. There is a statutory requirement under Working Together 2015 that Local Safeguarding Children Boards produce an annual report and ensure it is shared with the Health and Wellbeing Board.

2.2. Further, there is a statutory requirement under section 14 of the Care Act 2014 that Safeguarding Adult Boards publish an annual report detailing the work of the Board.

2.3. The purpose of the two reports being brought to the Health and Wellbeing Board is to ensure that members are fully aware of the work and progress of the Peterborough Safeguarding Children and Adult Boards. The annual reports cover the period from April 2015 – March 2016 was they were published in September 2016.

3. MAIN BODY OF REPORT

3.1. The reports are attached as:

a) Appendix A – Peterborough Safeguarding Children Board Annual Report
b) Appendix B – Peterborough Safeguarding Adult Board Annual Report

4. CONSULTATION

4.1. Partner agencies including Peterborough City Council contributed to the information contained within both of the annual reports. Both of the annual reports were approved by the Peterborough Safeguarding Children and Adults Board in September 2016 and was published on the Boards website (www.safeguardingpeterborough.org.uk) and shared via social media.

5. ANTICIPATED OUTCOMES

5.1. The annual reports highlight the significant events during the last year, summarises the work of both Boards and the work of the sub committees. They highlight areas of good practice and present statistical information about safeguarding performance.

5.2. The reports have been brought to the Health and Wellbeing Board for information purposes.

6. REASONS FOR RECOMMENDATIONS

6.1. There are no recommendations for the Board – the report is for information purposes.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1. Both of the annual reports were signed off by the Safeguarding Boards in September 2016 and the documents were published on the Boards website and through social media in the same month.

8. IMPLICATIONS

8.1. The Peterborough Safeguarding Children Board is funded by the City Council, Cambridgeshire Constabulary, NHS England, Cambridgeshire and Peterborough Foundation Trust, Peterborough and Stamford Hospitals, NHS Foundation Trust, Cambridgeshire and Peterborough Clinical Commissioning Group, National Probation Service and Children and Family Court Advisory and Support service. The work undertaken by partners is city wide.

8.2. The Peterborough Safeguarding Adult Board is funded by Peterborough City Council. Cambridgeshire Constabulary, Cambridgeshire and Peterborough Foundation Trust, Peterborough and Stamford Hospitals Foundation Trust. The work undertaken by partners is city wide.

8.3. The work of the Boards is supported by a small Business Unit.

9. BACKGROUND DOCUMENTS

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

9.1. The statistics contained within the Annual Report are from the safeguarding board datasets.

9.2. Partners provided information from their agencies which was used to formulate the annual report.

Annual Report 2015/16

Keeping Children Safe Together

www.safeguardingpeterborough.org.uk

CONTENTS

FOREWORD

By Dr Russell Wate QPM, Independent Chair Peterborough Safeguarding Children Board

It gives me great pleasure to present to you Peterborough's Safeguarding Children Board annual report for the period April 2015 – March 2016. The report outlines both the activity and contribution of the Board and its partners that has taken place during the last year. The year has been as always a very challenging one for all agencies. I would like to thank all of the Board members (in particular the Lay Members) and their organisations, especially the frontline staff, for the hard work they have carried out to keep children and young people safe from harm in Peterborough.

Our overarching objectives through Working Together 2015 were to:

1) *Co-ordinate what is being done by each person or body represented on the board to safeguard and promote the welfare of children in Peterborough and*
2) *Ensure the effectiveness of what is done by each such person or body for those purposes.*

However, you will see in the report that we have worked well through our priorities for the year and, as a result of these being correctly identified, we are now continuing with them for another year. Some of these priorities we share with our partner boards, for example the priority of ensuring children and young people receive early help in Peterborough. This is achieved in conjunction with other boards working in Peterborough and evidences clear joint agency working arrangements in Peterborough.

The biggest challenge in recent times for the Board and its partners has been the continued investigations (Operation Erle) in the city into child sexual exploitation. These came to a conclusion in May 2015. Operation Erle involved five separate criminal trials, resulting in 10 men and boys receiving sentences totalling 114 years and nine months. We must pay tribute to the victims and the frontline staff that brought about these successful results.

The Board and the Local Authority were inspected by Ofsted during the reporting period of this annual report. The Board was judged a 'Good' board. This judgement is one that only a few Boards in the country have received, so we should be proud of this testimony of the hard work of professionals in Peterborough. There is of course a lot still to be done to continue to keep children safe and promote their welfare in Peterborough.

We, as a Board, feel the next year is an exciting one for us with lots of opportunities for the partnership to continue our work and to move to be a very good, if not outstanding, Safeguarding Board. We will also work on the challenge that proposed changes through the 'Wood' review will bring.

Finally I would like to thank Jo Procter and all of her team for their unstinting commitment to the work of the Board and keeping children in the City safe.

Dr Russell Wate QPM

CONTACT INFORMATION

This report has been compiled on behalf of the Peterborough Safeguarding Children Board by the Peterborough Safeguarding Children Board Business Unit. The format and content has been guided by the Association of LSCB Chairs suggested model for Annual Reports (2015). The content is drawn from the work of the Peterborough Safeguarding Children Board and its sub-groups including; reports presented to those groups; records of meetings; multi-agency audit findings and the findings from Serious Case Reviews.

The report will be published in August 2016 and will be a public document.

For further information about the content of this report or the work of the Peterborough Safeguarding Children Board please contact the Business Office on 01733 863744 or by email pscb@peterborough.gov.uk or visit the website at www.safeguardingpeterborough.org.uk.

For further information or queries about Peterborough Safeguarding Children Board (PSCB) visit our website or contact any of the members of the staff team listed below:

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GUIDING PRINCIPLES OF OUR WORK

Peterborough Safeguarding Children Board is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share the same commitment.

Peterborough Safeguarding Children Board believes that:

- ✓ The welfare and safety of the child is paramount.
- ✓ We will be more robust in safeguarding children if we all work together. This includes both statutory and voluntary agencies and also the wider communities.
- ✓ Early help is a critical part of keeping children safe.
- ✓ We will support families in bringing up their children safely, engaging with them in the wider agenda for safeguarding.
- ✓ We will ensure agencies provide an equitable, quality service to all children and their families.
- ✓ Services should be provided which are appropriate to race, religion, culture, language, gender, sexual orientation and disability.
- ✓ We need to be accountable for our actions, open to challenge, and to learn from practice in order to achieve continuous improvement.
- ✓ Procedures and processes must be open and transparent.

These principles should underpin everyone's approach to safeguarding children and promoting their welfare, regardless of the extent of their involvement.

Peterborough Safeguarding Children Board will further ensure that:

- ✓ Personal information is held confidentially and only by those who need to know.
- ✓ Information will be shared safely and effectively, so that agencies working with children, young people and families know the whole story, understand the risk, and the child only has to tell their story once.
- ✓ Safeguarding children is viewed in the wider context of their needs and rights.

THE LOCAL CONTEXT

Peterborough is the second fastest growing city in England. It includes a variety of inner-city and rural areas, the former being associated with higher density housing and a more diverse and faster growing population.

Approximately 51,000 children and young people under the age of 19 live in Peterborough. This is 26.8% of the total population in the area. There are year-on year increases in the numbers of children and young people attending Peterborough schools; the number of pupils increased by 4% between October 2013 and October 2014.

Peterborough has an increasingly diverse population where 153 languages are spoken in Peterborough schools. There is a growing number of children and families moving to the city from central and eastern Europe.

School children and young people from minority ethnic groups account for 44.8% of all children living in the area, compared with 28.9% in the country as a whole. The largest minority ethnic group of pupils is still Asian Pakistani, reflecting earlier patterns of migration. However, this group as a proportion of the school population is now relatively stable, whilst the population of Polish and Lithuanian children in Peterborough schools increased by 19% and 13% respectively between October 2013 and October 2014.

37% of children and young people in primary schools and 28% in secondary schools have English as an additional language compared with the national averages of 19% and 14% respectively.

The child population in this area

	Local	East of England	England
Live births in 2014			
	3,134	71,855	661,496
Children (age 0 to 4 years), 2014			
	15,600 (8.2%)	376,500 (6.3%)	3,431,000 (6.3%)
Children (age 0 to 19 years), 2014			
	51,000 (26.8%)	1,425,000 (23.7%)	12,907,300 (23.8%)
Children (age 0 to 19 years) in 2025 (projected)			
	57,100 (26.8%)	1,558,300 (23.7%)	13,865,500 (23.7%)
School children from minority ethnic groups, 2015			
	13,458 (44.8%)	166,729 (22.1%)	1,931,855 (28.9%)
Children living in poverty (age under 16 years), 2013			
	21.9%	15.4%	18.6%
Life expectancy at birth, 2012-2014			
Boys	78.6	80.4	79.5
Girls	82.4	83.8	83.2

This rapidly increasing and changing population is likely to place additional pressures on services over the coming years. An increasing population of children implies that, all things being equal,

there will be increasing numbers of children who are in need, including those who are in need of protection and/or looking after. The Peterborough Safeguarding Children Board will need to ensure that it has an awareness of safeguarding issues in all sectors of Peterborough's communities. This in itself will be a challenge for the Board.

CHILD AND FAMILY POVERTY IN PETERBOROUGH

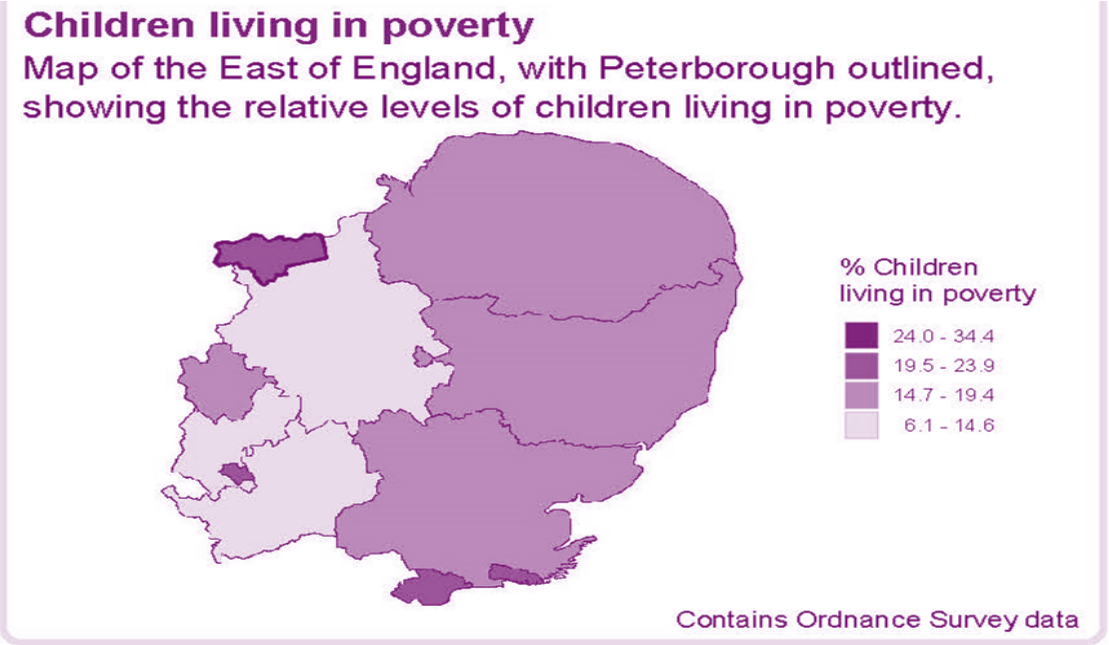
Peterborough remains a local authority with relatively high levels of deprivation, as measured by the Income Deprivation Affecting Children Index (IDACI), which forms part of the Index of Multiple Deprivation (IMD).

Deprivation in Peterborough has reduced slightly between 2010 and 2015 by approximately 2%. However, deprivation has not fallen in all areas of the City.

Among Peterborough's CIPFA (Chartered Institute of Public Finance and Accountancy) comparator group of 15 socio-economic neighbours, Peterborough has moved from being the fifth-most deprived local authority to the fourth-most deprived.

Levels of deprivation are particularly high in areas near the centre of Peterborough and there is a higher concentration of relatively deprived areas towards the south of the geographical area that comprises Peterborough. Deprivation, as measured by the Income Deprivation Affecting Children Index, is markedly less prevalent in Peterborough's more affluent, rural wards.

The health and wellbeing of children in Peterborough is generally worse than the England average. The Public Health England Child Health Profile[1] provides the following key findings relating to the health of children in the city. Poverty is evidenced to be a key factor in health outcomes.



The overarching Child Poverty measure found within the Child Health Profile indicates that the percentage of children living in poverty in Peterborough fell from 22.0% to 21.9% between 2012 and 2013 but remains significantly higher than England (18.6% in 2013, was 19.2% in 2012). This measure looks at the percentage of children aged under 16 years living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. The rate of family homelessness is worse than the England average.

[1] Child Health Profile – March 2016 http://www.chimat.org.uk/resource/view.aspx?RID=273329

Child Health Profile – Child Poverty (under 16s)

Area	Value	Lower CI	Upper CI
England	18.6	18.6	18.6
East of England region	15.4	15.3	15.5
Bedford	16.8	16.4	17.2
Cambridgeshire	12.1	11.9	12.3
Central Bedfordshire	12.7	12.5	13.0
Essex	15.7	15.5	15.8
Hertfordshire	12.4	12.2	12.5
Luton	21.6	21.2	21.9
Norfolk	16.8	16.6	17.0
Peterborough	21.9	21.5	22.3
Southend-on-Sea	20.6	20.2	21.1
Suffolk	14.8	14.6	15.0
Thurrock	20.4	20.0	20.8

Source: HM Revenue and Customs (Personal Tax Credits: Related Statistics - Child Poverty Statistics)

OFSTED INSPECTION

Ofsted's single inspection framework for inspecting local authority children's services includes a review of the effectiveness of the Local Safeguarding Children Board. These inspections are conducted under Section 136 of the Education and Inspections Act 2006. They focus on the effectiveness of local authority services and arrangements to help and protect children as well as the experiences and progress of looked after children – including adoption, fostering, the use of residential care and children who return home.

An inspection of the Local Safeguarding Children Broad was undertaken by Ofsted during its inspection of Peterborough City Council Children's Services in April – May 2015[2].

The Peterborough Safeguarding Children Board receive an overall grading of good.

Sample of highlights from Ofsted's findings:

Fulfils its statutory responsibilities and is appropriately structured with a range of effective sub-groups.
Partner agencies are well represented on the Board and attendance is good.
There are good links with the Safer Peterborough Partnership, the Health and Wellbeing Board and the Joint Children and Families Commissioning Board.
Provided strong challenge and leadership to partnership agencies, leading on improvements in a number of areas.
Commissioned an external audit of early services and put an action plan in place to further strengthen practice.
Has been effective in promoting awareness of child sexual exploitation.
Had a pivotal role in co-ordinating work across the partnership to disrupt the activity of and prosecute those responsible for child sexual exploitation.

[2] Single inspection of LA children's services and review of the LSCB as pdf published 18th September 2015 http://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/peterborough/053_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

Focussed on raising awareness of female genital mutilation and produced a resource pack which is a significant and positive achievement.
Learning from serious case reviews has been effectively shared and used to inform improvements.
A range of good initiatives have been used to involve children and young people in safeguarding in Peterborough.
The business plan is clear, detailed and regularly updated.
Training provided by the LSCB is of a high standard.
The LSCB is well led by the Independent Chair and supported by a tenacious Business Manager.
The Board's website is accessible, informative and engaging.

Sample of recommendations and areas for further improvement:

Update the performance management framework and enhance quarterly performance reports to the Board.
Prioritise the revision of the threshold document.
Monitor the Local Authority's response to the findings of the Ofsted inspection relating to the quality of social work assessments, chronologies and plans.
Implement the new child sexual exploitation risk assessment tool.
Ensure the issue of neglect is given a suitably high strategic and operational profile.
Ensure that findings and recommendations arising from the Child in Need task and finish group are implemented and impact monitored to help improve outcomes.

GOVERNANCE AND ACCOUNTABILITY

THE STATUTORY AND LEGISLATIVE CONTEXT

The **Children Act 2004**[3] places a duty on every Local Authority to establish a Local Safeguarding Children Board (LSCB). **Regulation 5 of the Local Safeguarding Board Regulations 2006**[4] sets out the functions of the Peterborough Safeguarding Children Board as per section 14 of the Children Act which are:

- Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
  - The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention
  - Training of persons who work with children or in services affecting the safety and welfare of children
  - Recruitment and supervision of persons who work with children
  - Investigation of allegations concerning persons who work with children
  - Safety and welfare of children who are privately fostered
  - Cooperation with neighbouring children's services authorities and their Board partners

[3] **Children Act 2004** http://www.legislation.gov.uk/ukpga/2004/31/section/14

[4] **Regulation 5 of the Local Safeguarding Board Regulations 2006** http://www.legislation.gov.uk/uksi/2006/90/pdfs/uksi_20060090_en.pdf

- Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so
- Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve
- Participating in the planning of services for children in the area of the authority
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned
- Putting in place procedures to respond to unexpected child deaths and collecting and analysing information about all child deaths in Cambridgeshire and Peterborough.

The Government's Statutory Guidance, **Working Together to Safeguard Children (2015)** [5] defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best life chances.

Local agencies, including the police and health services, also have a duty under Section 11 of the Children Act to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

The Peterborough Safeguarding Children Board is independent from local agencies and provides the key statutory mechanism for agreeing how organisations within Peterborough cooperate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.

The Peterborough Safeguarding Children Board does not commission or deliver frontline services or have the power to direct other organisations but does have a role in making it clear where improvements are needed. Each Board partner retains their own lines of accountability for safeguarding.

WHO IS REPRESENTED ON THE PETERBOROUGH SAFEGUARDING CHILDREN BOARD?

The Peterborough Safeguarding Children Board has an independent chair, Russell Wate, who was appointed in February 2013 and is accountable to the Chief Executive of the Local Authority. The Peterborough Safeguarding Children Board is composed of senior representatives nominated by each of its member agencies and professional groups.

[5] **Working Together to Safeguard Children (2015)**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Name	Agency
Russell Wate	Independent Chair
Andy Hebb	Cambridgeshire Constabulary
Wendi Ogle-Welbourn	Director for People & Communities, Peterborough City Council
Lou Williams	Service Director for Children & Safeguarding, Peterborough City Council
Nicola Curley	Assistant Director Safeguarding Families & Communities
Cllr Andy Coles	Cabinet Member for Children Services
Poppy Reynolds	Head of Sexual Health, Cambridgeshire Community Services
Jill Houghton	Director or Nursing and Quality, Cambridgeshire and Peterborough CCG
Emilia Wawrzkowicz	Designated Doctor Safeguarding Children, Cambridgeshire and Peterborough CCG
Sarah Hamilton	Designated Nurse Safeguarding Children, Cambridgeshire and Peterborough CCG
Mavis Spencer	Deputy Director for Nursing, NHS England
Melanie Coombes	Director of Nursing, Cambridgeshire & Peterborough Foundation Trust
Joanne Bennis	Director of Care Quality & Chief Nurse, Peterborough & Stamford Hospitals NHS Foundation Trust
Angela Burrow	Peterborough Healthwatch
Stephen Segasby	Locality Safeguarding Lead for Cambridgeshire and Peterborough East of England Ambulance Service
Matthew Ryder	Assistant Director, National Probation Service
Jo Curphey	Operational Director, BeNCH Community Rehabilitation Company
Issy Atkinson	Service Manager, CAFCASS
Nick Edwards	Service Manager, NSPCC
Iain Easton	Head of Youth Offending Service, Peterborough City Council
Rick Hylton	Area Commander, Cambridgeshire Fire and Rescue
Judita Grubilene	Lay Member
Sue Hartropp	Lay Member
Professional Representatives, who provide insight from and communication with their professional bodies but do not represent a single agency or organisation:	
Claire George	Headteacher of Pupil Referral Service; Representing Secondary Schools
Sarah Levy	Headteacher of Old Fletton Primary School; Representing Primary Schools
Joanne Hather-Dennis	Executive Director (Students), Peterborough Regional College; representing Further Education establishments

Partner agency representatives are of sufficient seniority to make decisions around their agency's resources. They are given delegated authority to make decisions to an agreed level on behalf of their agency and have access to those responsible for making the decisions for which they do not have delegated authority. Many agencies have a specific deputy at the appropriate level who will step in should the board member not be able to attend.

The Peterborough Safeguarding Children Board Business Unit supports both the Adult and Children's Safeguarding Boards and is made up of the following members of staff;

- Head of Service
- Sexual Exploitation Coordinator
- Safeguarding Board Officers – Children's Lead
- Safeguarding Board Officer – Adult's Lead
- Safeguarding Board Coordinator (Communication and E-safety Lead)
- Business Support Officer - Full-time
- Business Support Officer - Part-time

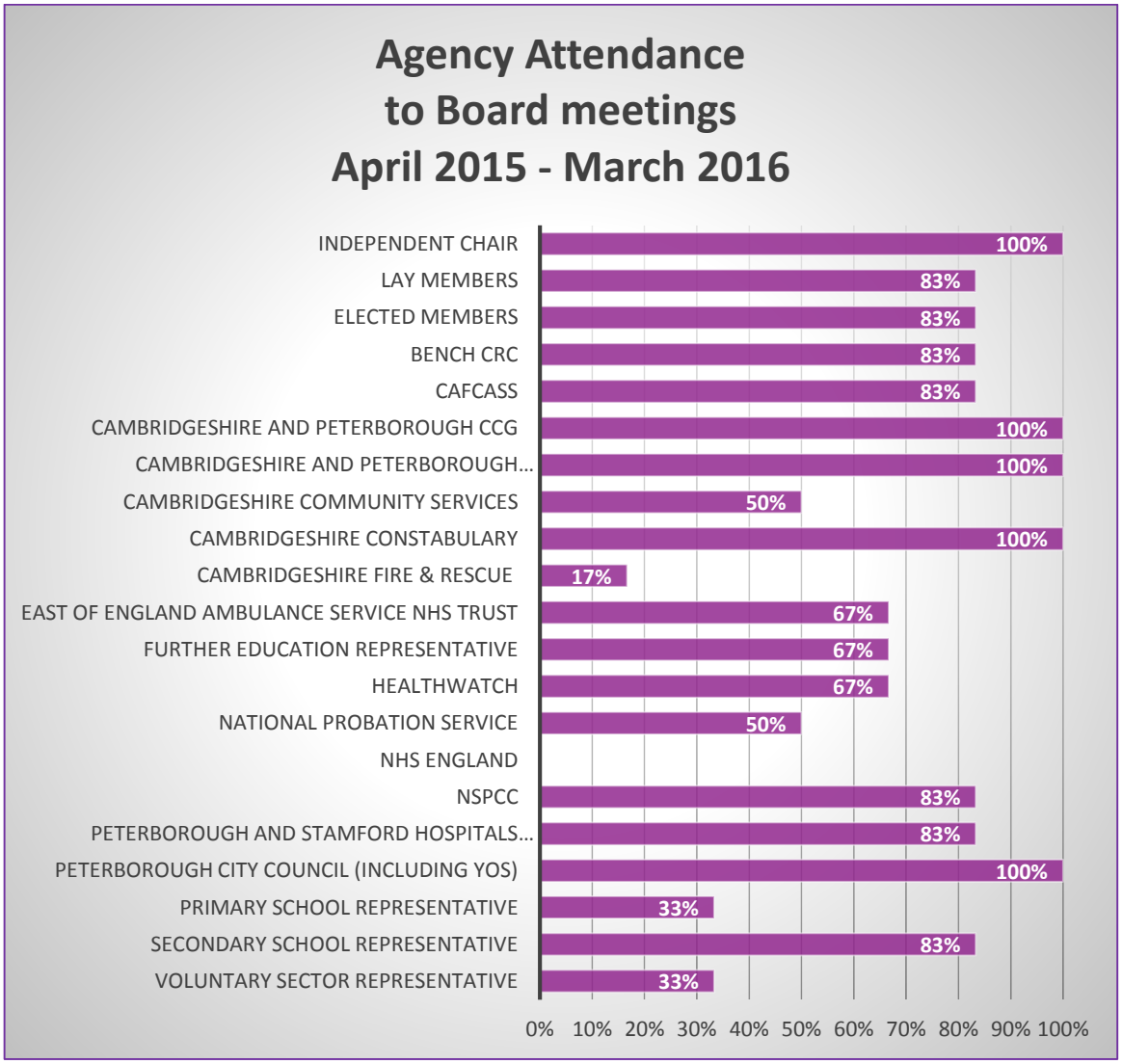
Each member of the Board is responsible for ensuring a two-way communication between their agency and the Board by disseminating information between the Peterborough Safeguarding Children Board and their agency/professional body. They are also responsible for identifying any appropriate actions and highlight any issues with partners that have been identified by their agency which will lead to challenge by the Board.

As detailed in the chart below, the Board has two Lay Members. One of our Lay Members has been a Board member since September 2012. The second Lay Member joined the Board in December 2015. The remit of the Lay member is to:

- Support public engagement in local safeguarding issues.
- Contribute to an improved understanding of the Peterborough Safeguarding Children Board's child protection work in the wider community.
- Challenge the Peterborough Safeguarding Children Board on the accessibility by the public and children and young people of its plans and procedures.
- Help to make links between the Peterborough Safeguarding Children Board and community groups.

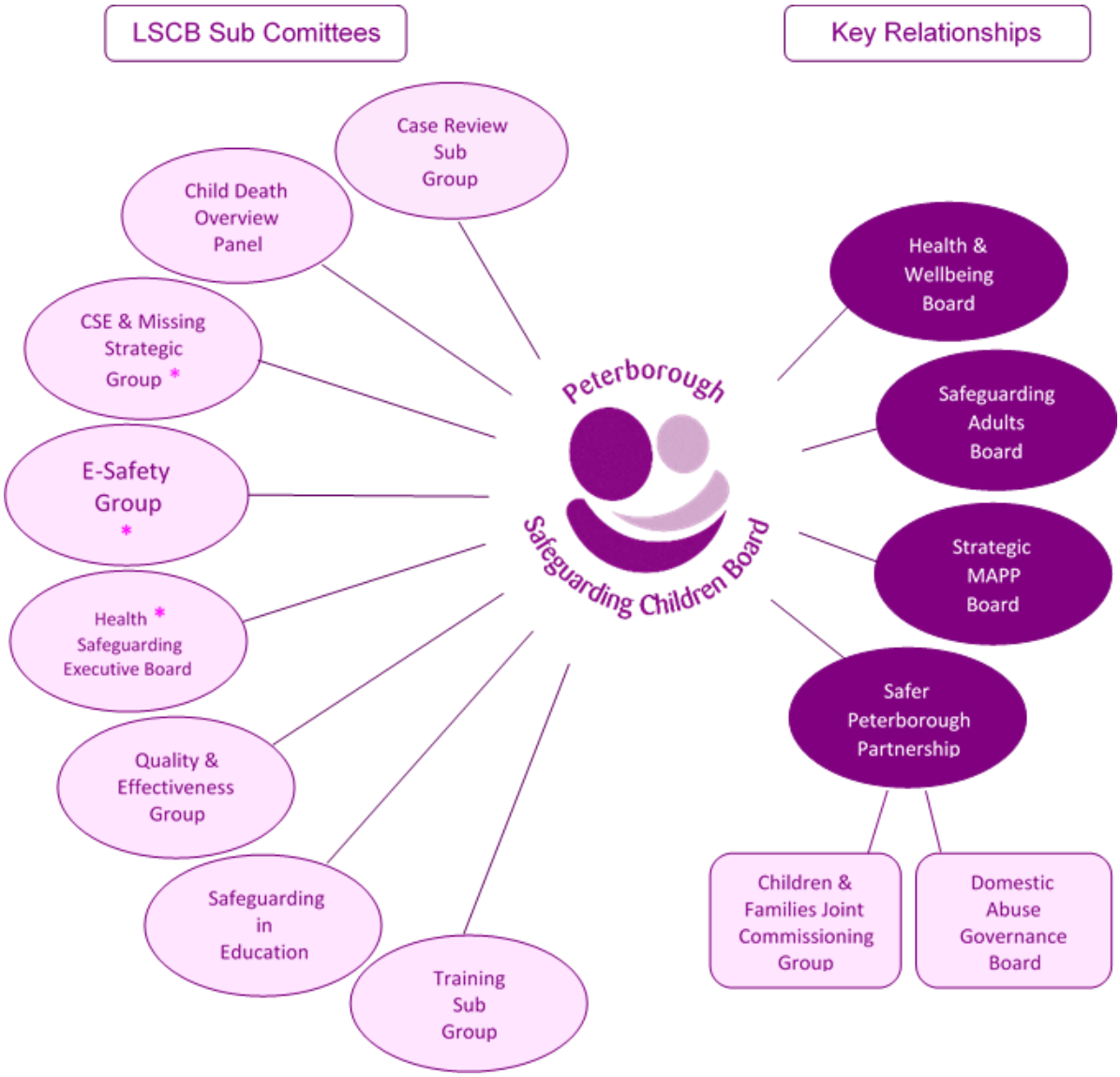
Both Lay Members have safeguarding experience and play a key role in their local communities.

The Peterborough Safeguarding Children Board met six times between April 2015 to March 2016 and there were no extraordinary meetings held. The chart below provides information on agency attendance at meetings:



LINKS WITH OTHER STRATEGIC BOARDS

For the Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong links with other groups and boards who impact on child services. The Board also has an integral role in being part of the planning and commissioning of services delivered to children in Peterborough.



The Independent Chair of the Peterborough Safeguarding Children Board is also the Chair of the Peterborough Safeguarding Adults Board, which provides consistency of services for children and adults across Peterborough. He is also a member of other strategic and statutory partnerships within Peterborough which are the Health and Wellbeing Board, the Safer Peterborough Partnership and the Strategic MAPP Board. This ensures that safeguarding children is represented and a priority of the work of these groups. Key members of the Peterborough Safeguarding Children Board also sit on the Safer Peterborough Partnership and Domestic Abuse Governance Board. In addition, the Head of Service is a member of the Domestic Abuse Governance Board and the Children and Families Joint Commissioning Board.

These links mean that safeguarding children remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Peterborough Safeguarding Children Board across all services and activities in Peterborough.

PETERBOROUGH HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board comprises of representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council's Childrens and Adult Social Care Services and the Director of Public Health and Link/Local Health Watch representatives.

Priority 1	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.
Priority 2	Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
Priority 3	Enable older people to stay independent and safe and to enjoy the best possible quality of life.
Priority 4	Enable good child and adult mental health through effective, accessible health promotion and early intervention services.
Priority 5	Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

SAFER PETERBOROUGH PARTNERSHIP (SPP)

A number of statutory and voluntary organisations work together to deliver the priorities of the Safer Peterborough Partnership.

The responsible organisations, by law, for the work of the partnership are:

- Peterborough City Council
- NHS Peterborough
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- BeNCH CRC

They work in partnership with a wide range of other services across the public and voluntary sector and community groups that contribute significantly to community safety. These other services are known as co-operating authorities. The Crime and Disorder Act 1998 makes co-operating bodies key partners in the setting and delivery of objectives.

Co-operating authorities provide data and information to improve the understanding of local crime and disorder problems, thereby benefitting the community and contributing to the core functions of their respective organisations. Those organisations are listed on the Safer Partnership web site at: http://www2.peterborough.gov.uk/safer_peterborough/about.aspx.

A strategic assessment of threat, risk and harm was developed in 2014, which formed the basis for the Safer Peterborough Partnership Plan. The designated priorities are:-

Priority 1	Addressing victim based crime by reducing re-offending and protecting our residents and visitors from harm.
Priority 2	Tackling anti-social behaviour.
Priority 3	Building stronger and more supportive communities.

A further priority was added in 2016:

Priority 4	Supporting high risk and vulnerable victims.

These priorities are delivered through specific areas of work managed through the Safer Peterborough Partnership's performance framework supported by the Safer Peterborough Partnership Delivery Group.

PETERBOROUGH SAFEGUARDING ADULTS BOARD (PSAB)

The PSAB is one of the key mechanisms for ensuring effective partnership working for the safeguarding of adults at risk of abuse and neglect in Peterborough. The Board is made up of representatives from:

- Axiom Housing
- BeNCH CRC
- Cambridgeshire and Peterborough NHS Foundation Trust
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- City College Peterborough
- Healthwatch
- HMP Peterborough
- Independent Providers
- National Probation Service
- NHS Cambridgeshire and Peterborough Clinical Commissioning Group
- NHS England (Correspondence member)
- Peterborough City Council (representation from Adult Social Care, Community Safety, Children's Services and including the lead member for adult services)
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Peterborough Regional College
- Peterborough Voluntary Sector representatives (including Peterborough and Fenland Mind and Age UK Peterborough)
- Safer Peterborough Partnership Board

The Peterborough Safeguarding Adults Board is working to the following priorities:

Priority 1	Partnership and Culture.
Priority 2	Practice, Delivery and Outcomes.
Priority 3	Prevention and Early Detection.

WORKING WITH CAMBRIDGESHIRE LSCB

Peterborough and Cambridgeshire both have a Local Safeguarding Children Board. There are strong historical links between the two areas and a number of partner agencies deliver services across the two areas and are members of both LSCB's. To ensure consistency and efficiency for all partner agencies, where possible, both Boards have sought to co-work across the two Boards. The primary purpose has been to reduce duplication of work, ensure consistent expectations are placed on partner agencies and increase the efficiency of meetings. As a result of the co-working arrangements, there has been some savings in LSCB resources which has allowed other work to be progressed.

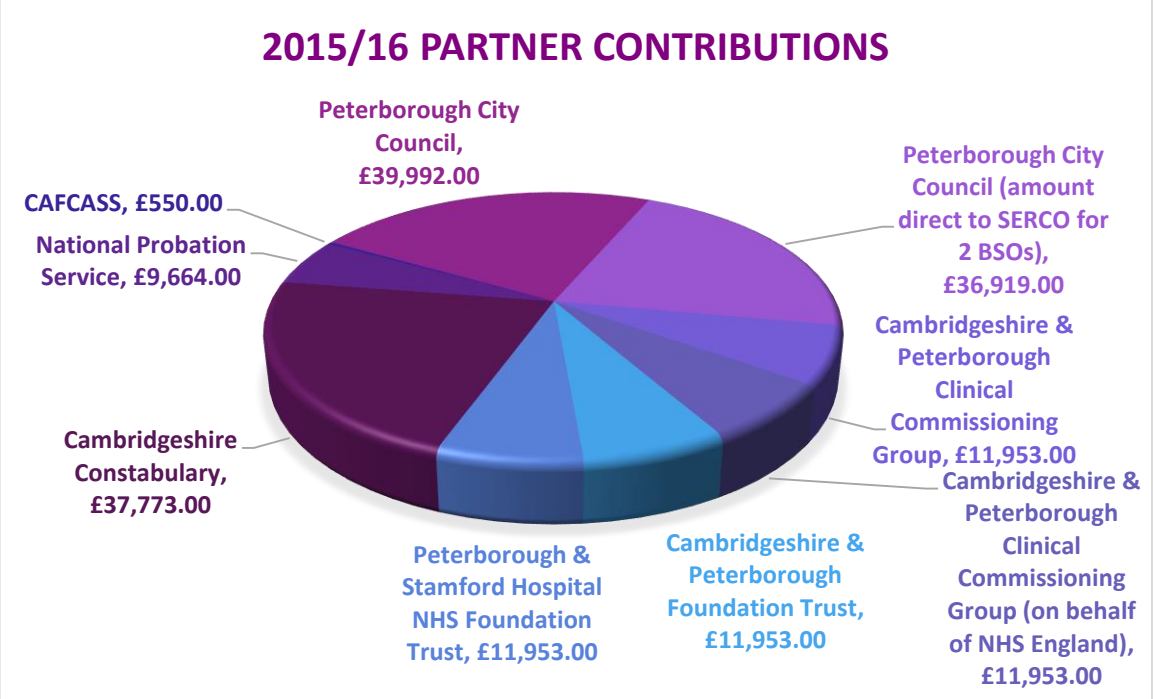
For some years there has been a significant level of cooperation across the two Boards in relation to training. The Boards work to the same validation process and deliver a number of joint training courses across the County. In February 2016, the two LSCBs worked together to deliver a highly successful joint Neglect Conference. This reflected the importance of Neglect in both areas. Working together on this conference proved productive (an evaluation of the conference can be found in the Training section of this report) and it is anticipated that further joint conferences will be held in the future.

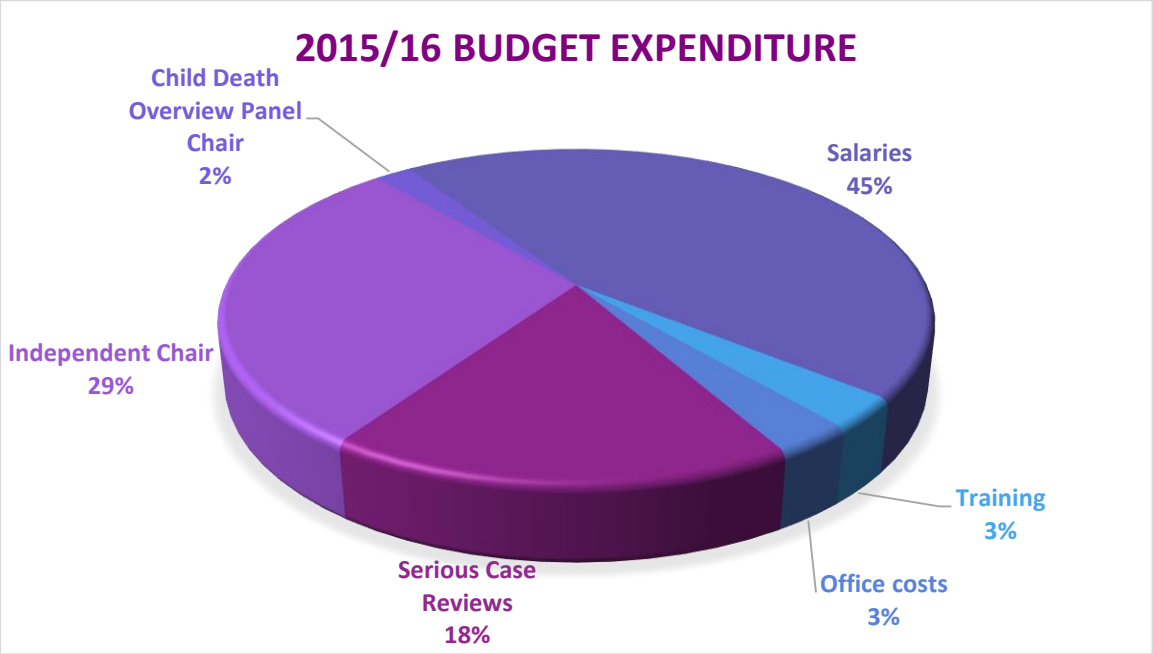
The Boards currently have two countywide joint sub-groups, one that focuses on CSE and the other on e-safety. Both of these sub-groups have worked well on a countywide basis and have produced some positive results. In an attempt to further the joint working, this year has seen the development of more formal ties between the Quality and Effectiveness Groups (QEG). It has been agreed that two joint QEG's will be held each year. The first joint QEG meeting held in November 2015 was to plan out the work that could and would be done together and what work needed to remain specific to each Local Authority area. Future Section 11 audits will be jointly delivered, simplifying the process for partner agencies and reducing the resources required from them. However, Cambridgeshire and Peterborough have very different demographics and not all the key agencies cover both areas. For this reason there will always remain differences in some priorities that will need to be reflected in the audit plans.

In addition to the above joint working, the Business Manager's from each Board meet on a monthly basis to ensure that work is consistent across the county.

BUDGET 2015 – 16

The budget for the Peterborough Safeguarding Children Board is made up of contributions from partner agencies.





PETERBOROUGH SAFEGUARDING CHILDREN BOARD SUB-GROUP STRUCTURE

Reconfiguration of the Safeguarding Board's Business Unit and Sub-Groups

Safeguarding Children Boards have been a statutory requirement for a number of years and the Peterborough Board has robust, embedded processes in place to monitor and challenge agencies around their safeguarding practice. A well-established quality assurance function is in place that has demonstrable impact on practice and a comprehensive multi-agency training programme that is well evaluated and routinely accessed by partner agencies.

The Adult Safeguarding Board has been a statutory requirement since 1st April 2015 and it is considered good practice that Peterborough already had an Adult's Board in place before it became a statutory requirement. However, the work of the Board needs to ensure that it delivers on its statutory requirements and hold agencies in Peterborough to account for their adult safeguarding responsibilities. This includes the establishment of a multi-agency training programme, policies and procedures and the implementation of a quality assurance programme.

The two Boards are chaired by the same Independent Chair (Dr Russell Wate) and this has provided a level of shared understanding across them both. A number of the statutory functions of the two Boards are similar and, to ensure consistency of practice and policies and efficient service delivery, a decision was made in summer 2015 that some of the work of the Boards should be combined or mirrored across the two Boards.

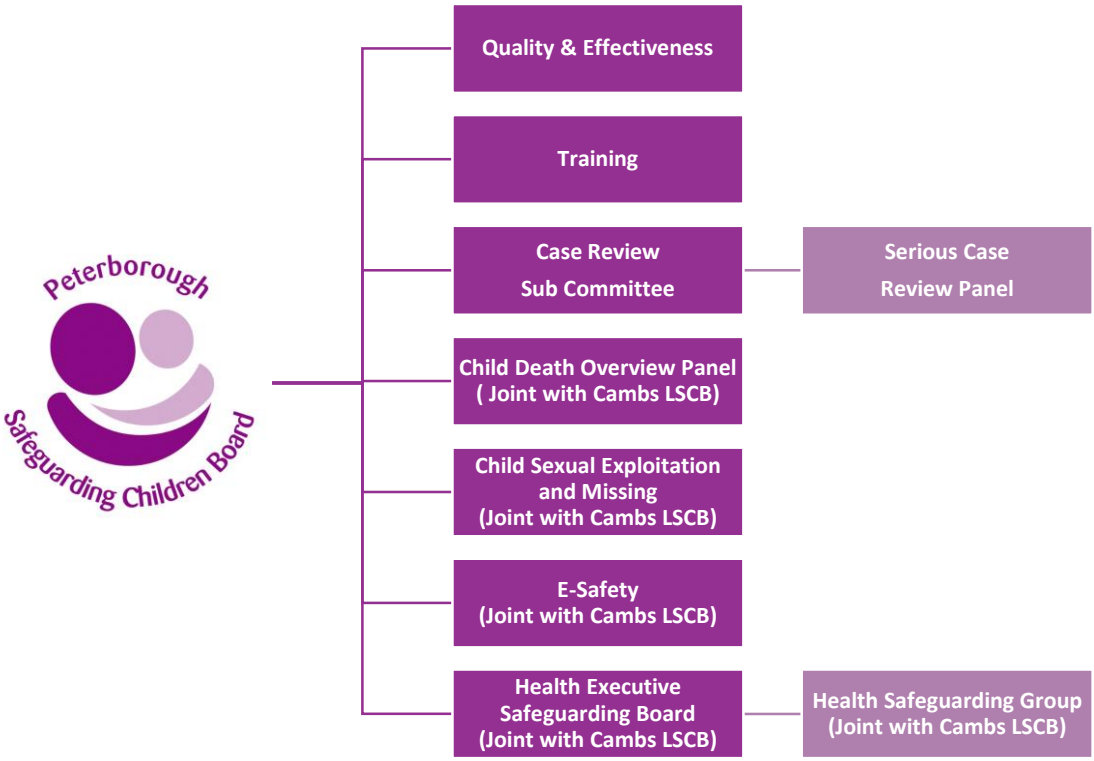
A decision was made that two of the Board's sub-groups (Training & Development and Quality and Effectiveness) should be combined so that the work of the groups could be looked at across children's and adults and provide a holistic view of practice. As a result of this shift, training on Domestic abuse, drugs and alcohol and FGM are now delivered to practitioners across both the children's and adults workforce. Delegates who attended the training sessions commented on the importance of attending training that provided a cradle to grave perspective. A city-wide dataset has also been developed (which will come into effect in autumn 2016). The dataset is based on public data and will be used to proactively highlight areas of the City that have safeguarding issues, be they adults or children's.

To support the joint working, the posts which support the Boards were restructured to form a combined Adult and Children's Safeguarding Board Business Unit.

To enable it to fulfil its responsibilities effectively, the Peterborough Safeguarding Children Board has the following sub-groups:-

- Case Review
- Strategic Learning and Development
- Quality & Effectiveness
- Education Child Protection Information Network (CPIN)
- E-Safety (joint with Cambridgeshire LSCB)
- Child Sexual Exploitation and Missing (joint with Cambridgeshire LSCB)
- Health Executive Safeguarding Board (joint with Cambridgeshire LSCB)
- Child Death Overview Panel (joint with Cambridgeshire LSCB)

Each sub-group has its own terms of reference and reporting expectations. They are chaired by an agency representative and supported by the Peterborough Safeguarding Children Board Business Unit. To ensure that the sub-groups are effective and progressing actions, an Executive Committee, which is a sub-group of the chairs, is held bi-monthly. This meeting is chaired by the Independent Chair of the Peterborough Safeguarding Children Board and the work of the sub-groups is challenged and scrutinised.



CHILD DEATH OVERVIEW PANEL (CDOP)

The process

The primary function of the Cambridgeshire and Peterborough Child Death Overview Panel (CDOP) is to review all child deaths in the area. It does this through two interrelated multi-agency processes; a paper based review of all deaths of children under the age of 18 years by the CDOP

and a rapid response service, led jointly by health and police personnel, which looks in greater detail at the deaths of all children who die unexpectedly.

This is a statutory process, the requirements of which are set out in chapter 5 of 'Working Together to Safeguard Children 2015'. The CDOP is chaired by the Independent Chair of the LSCB. The CDOP annual report can be found on the LSCB website. There are two versions of the annual report, one for professionals and one for general publication. This second version summarises some information in order to prevent individual children from being identified.

The information in this summary relates only to Peterborough children.

Numbers of child deaths reported and reviewed

During the period of this report, 19 children's deaths were reported in Peterborough, which is six deaths more than the previous year. Of those children who died, 62% were less than a year old, the majority of whom never left hospital.

Modifiable Factors & Safe Sleeping

It is the purpose of the Child Death Overview Panel to identify any 'modifiable' factors for each death, that is, any factor which, with hindsight, might have prevented that death and might prevent future deaths.

There were two cases in Peterborough where a modifiable factor was identified. In both cases the deaths were linked to unsafe sleeping arrangements combined with the excessive use of alcohol in the parents.

The CDOP's Safer Sleeping Campaign was launched in April 2014 with a programme of workshops across Peterborough and the County. It has been a success in terms of promoting awareness and the safeguarding messages to practitioners working with families about safer sleeping, combined with highlighting other impacting factors on infant death such as parental alcohol behaviours. The safer sleeping campaign was re-launched for 2015 and a further two workshops were held for early help workers, early years, locality teams and children's centres.

THE CASE REVIEW GROUP

The overall purpose of the group is to consider cases and determine whether a Serious Case Review should be undertaken and ensure that key learning is effectively disseminated.

The Case Review Sub-Group is held bimonthly. However, during the period of this report, only three meetings were held due to the number of additional Case Reviews Panels being held in order to progress work against the individual Case Reviews.

Serious Case Reviews are undertaken where:

a) abuse or neglect of a child is known or suspected; and
b) either –
   (i) the child has died; or
   (ii) the child has been seriously harmed and there is cause for concern to the way in which the authority, their Board partners or relevant persons have worked together to safeguard the child.

In line with Working Together (2015), all reviews of cases meeting the SCR criteria should result in a report which is published and readily accessible on the LSCB's website for a minimum of 12 months. Thereafter, the report should be made available on request. This is important to support national sharing of lessons learnt and good practice in writing and publishing SCRs. SCR reports

should be written in such a way that publication will not be likely to harm the welfare of any children or vulnerable adults involved in the case.

Summary of Published Serious Case Reviews in 2015/16

Within the time period covered by this report, the following Serious Case Review (SCR) was completed and published: Child J [6]

> **Child J** involved the abuse and neglect of a 5 month old child by his father. The child's parents were both known to a number of universal and specialist services throughout their lives. They were "*not below the radar of services*".
>
> The mother had 2 previous children removed due to her capacity to care for them and was also known to have a learning disability and a significant hearing impairment. The father had been the victim of physical abuse as a child and had some special needs, suffered from ADHD, depression and suicidal thoughts. He left home at 16 and spent time sleeping rough and in hostels and had a number of minor convictions for burglary and drunken disorder.
>
> Child J was born in 2013 and removed at birth and placed into foster care. Father put himself forward as a suitable carer for J and a number of assessments were undertaken. The court placed Child J with his father on a full-time basis which was supported by a package of visits and interventions.
>
> Within a month of Child J residing with his father — J had sustained a number of non-accidental injuries and was removed from his father's care and returned to his original foster carers.

At the conclusion of each SCR the Peterborough Safeguarding Children Board produces a PowerPoint presentation and practitioner leaflet detailing the lessons learnt from the SCR and the implications for practice. These are disseminated to all agencies for use within their own training and development programmes and Team Meetings. The Peterborough Safeguarding Children Board has received positive feedback from a number of agencies about the impact of this approach and the fact that the lessons learnt are presented in such a way that practitioners can identify how it effects their practice. These resources are also shared with Cambridgeshire LSCB to cascade through their agencies.

QUALITY AND EFFECTIVENESS GROUP

The aim of the Quality and Effectiveness Group (QEG) is to monitor the individual and collective effectiveness of the Peterborough Safeguarding Children Board members as they carry out their duties to safeguard and promote the welfare of children in Peterborough. The group also advises and supports the Peterborough Safeguarding Children Board in achieving the highest standards in safeguarding and promoting the welfare of children in Peterborough by evaluation and continuous improvement. Five meetings of the group were held in the timeframe covered by this report.

The Peterborough Safeguarding Children Board has developed and implemented an annual themed audit programme which includes both single and multi-agency audits. All multi-agency audits are linked to the Peterborough Safeguarding Children Board Business Priorities.

[6] The Overview report is available to download from the PSCB website http://www.safeguardingpeterborough.org.uk/children-board/serious-case-reviews/

During the 12 months covered by this report, the Peterborough Safeguarding Children Board has undertaken the following multi- agency audits:

Multi-Agency Audit of Neglect cases

This audit arose from a recommendation in a Serious Case Review that identified issues relating to neglect and partner agency participation. In addition, neglect is also a business priority for the Board in 2015-16 and the number of open cases which are categorised under neglect have continued to rise.

The audit focused on cases categorised under the heading of neglect at the level of children in need of protection (Section 17 of the Children Act) as a result of the hypothesis that the threshold for services was being inconsistently applied and some of the cases that were open as child in need cases may have been better dealt with through the early help route.

The audit report detailed a number of findings, including:

The audit found that all of the cases that were reviewed were correctly categorised under neglect and that appropriate threshold for intervention had been applied. It was also noted that in every case there was evidence of one or more of the following issues;

- Substance misuse
- Domestic Abuse
- Adult mental health

The voice of the child, including very young children had been captured in all cases and this was considered to be a significant improvement from previous audit findings.

Recommendations from the audit included:

1. When membership of the child in need Group is being decided the specific section of health should be identified (e.g., school nurse, health visiting, hospital)

2. Where agencies have not completed actions that are attributed to them they should be challenged and held to account by Group members. This challenge must be recorded in the minutes.

Work by the PSCB, which has continued into 2016-17, included the development of a Multi-agency Neglect Strategy and the findings of this audit were included within the development of this Strategy.

Multi-Agency Audit of the Multi-Agency Safeguarding Hub

This audit was commenced to assure the Peterborough Safeguarding Children Board (PSCB) and the Governance Board for the MASH that the Peterborough Hub of the MASH was robust in its functioning and all agencies were fulfilling their safeguarding responsibilities at the 'front door', i.e. upon receipt of concerns for children.

The intended outcome of this audit is to identify answers to the following questions:

1. Are the referrals that are received into the MASH appropriate and do they provide sufficient information to allow for a decision to be made?

2. Is all of the appropriate information gathered within the MASH to allow an informed decision to be made?

3. Are the MASH team making the correct decisions based on the information gained?

The following findings were included within the report:

1. 38% of the referrals were considered to contain all of the information required to make a decision.

2. In 64% of the sample cases, an informed decision was considered to have been made based on agency checks having been completed.

3. 74% of the cases were considered to have had an appropriate decision made concerning the progress of that referral.

The recommendations within the report included:

1. Consider how the link with Health might be developed to facilitate information sharing and increase the input from that agency into decision making.

2. The audit has shown a need for referring agencies to more clearly identify the level of need and improve the analysis of risk provided by them within referrals. Training or similar activity should be formulated to support this.

Contacts received by the Peterborough MASH Hub categorised under Child Sexual Exploitation (CSE)

In addition to these audits, three exercises, each covering a period of 4 months were completed which considered the detail of those concerns relating to CSE, including:

- Age
- Gender
- Referring agency
- Type of concern
- Outcome of referral.

The detail of these exercises are shared with partners via the Quality & Effectiveness Group. Some trends through 2015-16 were:

- For the period of May-Aug 2015, 42% of referrals were received from the Police. This increased to 62% for the period Sept-Dec 2015 and continued to be a similar proportion in early 2016.
- In all time periods, male subjects were under-represented. Making up between 19% and 23% of the total number
- The age group for whom the greatest number of referrals were received through each of the periods was 14 years.
- The number of referrals being received which concerned an incident or risk related to internet safety or online grooming was between 19% and 34%: again representing a significant proportion of the total concerns.

Audit of the use and quality of completion of the Joint CSE Risk Management Tool

Following the launch of the Joint CSE Risk Management Tool in August 2015, an audit exercise was planned for February 2016 to determine whether the tool was being used widely and appropriately. Unfortunately, too few had been completed within the time frame to allow for a representative exercise to have been completed. This activity has been carried forward and will be reported in the next annual report.

Single Agency Quality Assurance Activity

The Quality and Effectiveness Group also requires the sharing of learning from single agency audits to allow the PSCB to be better informed of frontline practice and enable scrutiny and challenge as appropriate. During the year, the QEG group scrutinised the following single agency quality assurance activity:

- Section 47 enquiries and strategy discussion (Children's Social Care)
- Local Authority Designated Officer (LADO) (Children's Social Care)
- Voice of the child (Children's Social Care)
- Compliance (Peterborough City Hospital)
- Compliance: Children Missing Education (Education)
- Supervision (Cambridgeshire and Peterborough Foundation Trust (CPFT)
- Her Majesty's Inspectorate of Constabularies (Cambridgeshire Constabulary).

Multi-Agency Dataset

An important development within the year has been the formulation of a multi-agency dataset provided by Public Health. A meeting took place with Public Health representatives in December 2015 to identify and agree what data could be used to form a dataset. It was agreed to provide drilled down information for self-harm, admissions, suicides, re-admissions, diabetes, childhood obesity, STIs, drug and alcohol and under 13 and under 16 pregnancies. This will be underpinned by quarterly reports provided by individual agencies and together these will provide the performance management framework for the Board. The first data set is due to be collated in September 2016. In the meantime, the current framework of quarterly reporting will continue.

The dataset as provided by Public Health will be shared across the county with Cambridgeshire to support the joint working between the two Boards. In respect of Peterborough data, the information will be drilled down by ward area to facilitate a proactive response to issues in specific areas and to direct agencies to focus on the hotspots.

Section 11

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

All statutory partner agencies were requested to complete a Section 11 self-assessment audit during 2015. The audit tool contained 46 statements across 7 standards:

1. Senior management commitment to the importance of safeguarding and promoting children's welfare.
2. A clear statement of the agency's responsibility towards children is available to all staff
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children.
4. Service development takes account of the need to safeguard and promote welfare and is informed by the views of children and families.
5. Staff training on safeguarding and promoting the welfare of children for all staff working with or in contact with children & families.
6. Recruitment, vetting procedures and allegations against staff.
7. Information sharing.

Agencies were asked to rate themselves against each statement with Not Met, Partly Met or Fully Met. Where agencies graded themselves as Partly Met or Fully Met, they were asked to provide evidence to support this. Where agencies graded themselves as Not Met or Partly Met, they were asked to provide details of actions being put into place for the agency to fully meet the standard.

These audits were quality assured by the Safeguarding Board Business Unit and challenge was made to agencies to provide evidence to show how they had met the criteria.

In March 2016, the Peterborough the Safeguarding Children Board hosted a Section 11 Challenge event. The purpose of this event was for agencies to have sight of each other's Section 11 reports

and to provide challenge as to how they had/had not met the criteria. This event was well attended by agencies and all agreed this was a positive and worthwhile exercise.

It was identified that most agencies had some inconsistences with embedding online safety into professional practice. The majority of agencies have an online safety policy in place. However, it was felt that they would benefit from some further guidance from the Peterborough Safeguarding Children Board. The Communications and E-Safety Officer for the Peterborough Safeguarding Children Board will be undertaking work with agencies to provide some support around this.

A monitoring document has been introduced for each agency which details the sections of the audit that were RAG rated 'red' and 'amber'. The purpose of this is to monitor progress on a quarterly basis where the lead officer for each agency will need to provide an update on what has been undertaken to meet this standard.

TRAINING SUB-GROUP

In summer 2015, the Peterborough Safeguarding Children Board Strategic Learning and Development and Safeguarding Adult Board Learning and Development Group amalgamated with the aim of forming an holistic view of practice across the children's and adult's workforce and the delivery of consistent messages to those who work in safeguarding. Its name was changed to Training Sub-Group. As a result of this shift, training on Domestic Abuse, Drugs and Alcohol and Female Genital Mutilation (FGM) are now delivered to practitioners across both the children's and adult's workforce. This approach has proved very successful to date.

The Strategic Learning and Development Group has continued to ensure that the Peterborough Safeguarding Children Board Training Strategy has been effectively implemented. The aim of the strategy is for all workers in Peterborough in contact with children/young people and/or their parents and carers to receive appropriate and relevant training in safeguarding children.

The group was also responsible for agreeing effective quality assurance processes in order to ensure that the safeguarding children training provided by all member agencies meets agreed standards. It made changes in the light of any identified gaps in training or resulting from national and local findings of serious case reviews/case reviews, research, new or revised legislation and guidance.

The work undertaken by the Training Group during 2015/16 included:

- Oversight of the Peterborough Safeguarding Children Board Multi-agency Workforce Development Programme of which 921 professionals from across the city attended.
- Updates to the CSE Resource Pack and FGM Resource Pack. The aim of these resources is to aid agencies in delivering single agency briefings to ensure basic awareness raising is delivered in as many agencies as possible.
- Organising and delivering a conference on Neglect, jointly with Cambridgeshire LSCB colleagues.
- Organising and delivering two conferences for the adult's workforce. The subjects of these were: Self-neglect and Messages from Safeguarding Adult Reviews.
- Considering the impact of training delivered by the Peterborough Safeguarding Children Board: details can also be found later in this report.
- Validation of single agency safeguarding training.

The work of the group continues to be informed by the Peterborough Safeguarding Children Board business priorities and in response to learning arising from serious case reviews and other national and local concerns.

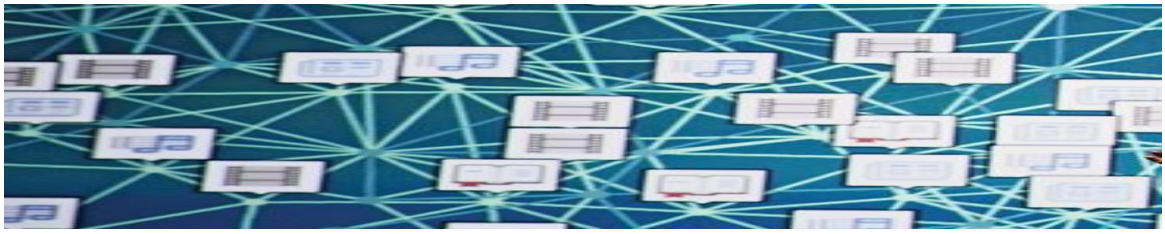
JOINT CAMBRIDGESHIRE AND PETERBOROUGH CHILD SEXUAL EXPLOITATION GROUP

Ensuring that children and young people are fully protected from CSE has, once again, remained a business priority for the Peterborough Safeguarding Children Board and activity and awareness raising has continued throughout this period.

During the period of this report, the Joint CSE and Missing Strategic Group completed the following:

- April 2015: the referral pathway for child sexual exploitation was streamlined with all child protection concerns and the CSE specific checklist was added to the Joint LSCBs Referral Form. This was considered to be a positive step following feedback from agencies who considered that a single pathway was both simpler and safer.
- August 2015: the Joint CSE Risk Management Tool was launched for all agencies across the county with guidance on the intended function of the tool.
- Communication strategy was designed with a view to being able to pull all of the strands of awareness raising and communication under CSE and Missing together into one place. Work under the strategy continues and is a continuing agenda item for discussion at each meeting of the group.
- Leaflets for business on their duties to safeguard children and young people from sexual exploitation were created and translated into 7 additional languages.
- An updated CSE Strategy which reconfigured the membership of the Strategic Group was approved by both Peterborough and Cambridgeshire Boards.
- Immediately following the sign off of the updated strategy, the Joint CSE and Missing Action Plan was updated.
- Guidance on the pathway for submitting intelligence information to the specialist Police CSE Team was created and promoted with all agencies.
- And finally, a trial of MASE (Missing and Sexual Exploitation) meetings began in December 2015 for a term lasting six months. These meetings were to feed directly into the Strategic Group and it would be that group that evaluated the effectiveness of the meeting and its format.

More information can be found under the Board's priority "*Children are fully protected from Child Sexual Exploitation*" on page 51.



E-SAFETY GROUP

This is a group shared with the Cambridgeshire Local Safeguarding Children Board and this area continues to be a focus for the Board. The group has a work plan which is structured under five priorities.

1. To support agencies in the safer use of Information Communication Technology.
2. Develop procedures for dealing with E-safety incidents which also identify trends.
3. Promote the awareness and understanding of E-safety issues.
4. Develop standards by which agencies can self-audit.
5. To support children and young people's participation in developing information for parents, carers and others.

The group changed its frequency of meetings from bi-monthly to quarterly but maintained reasonably good attendance. It aims to respond to ever-changing trends in the use of technologies. Over the last year, the group has learnt more about the work of the Internet Watch Foundation which is based within Cambridgeshire and updated its Organisation's E-Safety Self-audit tool and Guidance for Professionals, Parents/Carers and Children/Young People on the LSCB websites.

A new 'Sexting' page on the Peterborough Safeguarding Children Board website and leaflet was produced by the Peterborough Safeguarding Children Board to raise awareness of the dangers to children/young people.

The Peterborough Safeguarding Children Board also participated in the Safer Internet Day on 9 February 2016 by circulating lesson plans and resources for Primary and Secondary Schools from the UK Safer Internet Centre via the Education Safeguarding Lead. Guidance relating to 'Personal and Professional Boundaries in relation to your personal internet use and social networking online', Internet Safety, Safe Use of Skype and Safe Use of Emails leaflets were circulated to Board partners and professionals and shared via social media.

Future developments of the group

During 2016/17, the E-safety group will update its Strategy and Action plan to include new objectives and areas of focus, undertake a training needs analysis in order to develop an E-safety resource pack for agencies and participate in an awareness raising campaign with partners.

HEALTH EXECUTIVE BOARD AND HEALTH SAFEGUARDING GROUP

The aim of the Health Executive Board is to strengthen and provide direction for the health community as well as agree the work plan for the Health Safeguarding Group. This group was established in 2013 and, throughout 2015/16, provided two-way communication between the Safeguarding Children and Adults Boards in Cambridgeshire and Peterborough: sharing the key messages from the Boards to health partners and providing updates on relevant activity.

In addition, the group focused on the following:

- Child Protection Information System
- Domestic Violence Review of Providers
- Complex Case Management Process
- Learning from the Verita Report into Dr Miles Bradbury at Cambridge University Hospitals
- Safeguarding within Primary Care
- Monitoring of the Health Safeguarding Group work plan.

The Health Safeguarding Group (HSG) continues to provide a forum for nurses and doctors to discuss such issues as CQC inspections and CSE as well as challenging and complex individual issues. The benefits of these meetings for peer support has been noted by the group.

Meetings of the Health Safety Group in 2015/16 were used to focus on specific areas of the work plan, as well as encouraging the sharing and good practice and discussion concerning specific issues. Areas covered by the group in the last year included:

- Strengthening the reporting from the Health Economy to the LSCB around Safeguarding activity
- Strengthening the relationship between Primary Care and Community Providers
- How to support professionals in hearing the voice of the child
- How to promote professional curiosity and be aware of disguised compliance.

The work plan for 2016/17 has been agreed and will focus on the following areas:

- Neglect
- Transition
- CQC Action Plan.

It is believed to be good practice that these groups continue to operate as they provide the Peterborough Safeguarding Children Board with a clear communication pathway with the many sectors of Health. This pathway ensures that information is received by the Board regarding safeguarding matters within the health sector, as well as reassuring the Board that messages and information are passed down to practitioner level.

CHILD PROTECTION INFORMATION NETWORK (CPIN)

The sub-group has continued to meet each half term, offering an opportunity for Designated Safeguarding Leads from educational establishments to share good practice and access reliable information relating to national and local safeguarding activity. There is regular attendance from primary and secondary colleagues, from early years and from further education. Although not as effective as hearing information 'first hand', non-attending schools receive regular electronic communication.

2015 saw two further revisions of *Keeping Children Safe in Education*. Changes to this DfE guidance, along with the updated *Working Together* and *What to do if you are worried a child being abused* regularly featured in discussions to ensure compliance with statutory duties.

Frequent attendance by a member of the Peterborough Safeguarding Children Board has been extremely useful in terms of sharing information and building relationships. There were also presentations made by members of the Children's Social Care Team, which attendees found particularly beneficial both for 'putting a face to the name' and having an opportunity to raise questions and have frank discussions. The sessions have also seen continued, very welcome, support from Safer Schools Police.

To coincide with a Peterborough Safeguarding Children Board initiative, the focus of the session in September was cultural diversity. Schools were given the opportunity to discuss concerns and share good practice and resources in support of this ever challenging area.

Neglect has remained a hot topic of discussion. Several schools and settings were disappointed to miss the Peterborough Safeguarding Children Board conference, but information from this excellent day was shared as widely as possible.

A number of schools participated in the Peterborough Safeguarding Children Board Domestic Abuse survey, which highlighted the extent of the problem locally. The group was therefore, most appreciative of the presentation by Bryonie Swift from Specialist Abuse Services Peterborough (SASP) who shared the experiences of some of the children affected by domestic abuse and discussed how schools could further support these children in their care.

During the year, it became apparent that some schools were not entirely clear about the process for addressing allegations against staff. The LADO agreed to facilitate one of the sessions in order to clarify expectations and it was repeated for governors. Governor briefings, to mirror information shared at CPINs, are now held twice per year.

Challenges for the next year include dealing with further changes from the DfE and the anticipated increase in Early Help Assessments. Continued support from the Peterborough Safeguarding Children Board will be welcomed.

TASK AND FINISH GROUPS

In addition to the work undertaken by the Sub-Groups as outlined above, there has been specific activity undertaken by Task and Finish Groups as standalone pieces of work for the Board.

Thresholds Task and Finish Group

It was recognised that the Peterborough Safeguarding Children Board Threshold Document needed to be revised to ensure that it accurately reflected changes to the early help/prevention agenda and practice in Peterborough.

A multi-agency task and finish group was established to look at rewriting a draft document and ensuring it was fit for purpose. The outcomes of this group fall outside of the timescale of this report and will be included in the 2016/17 report.

BUSINESS PRIORITIES 2015/16

Partner agencies were in agreement that the business priorities from 2014/15 remained relevant and, as they were based upon the views of agencies and children and young people, it was decided that they remain the same for 2015/16.

The priorities for the Peterborough Safeguarding Children Board in 2015/16 were:

- Early help and preventative measures are effective.
- Children at risk of significant harm are effectively identified and protected.
- Everyone makes a significant and meaningful contribution to safeguarding children.
- Workforce has the right skills/knowledge and capacity to safeguard children.
- Understand the needs of all sectors of our community.
- Children are fully protected from the effects of domestic abuse (domestic violence) and neglect.
- Children are fully protected from child sexual exploitation.

It is the aim of the Peterborough Safeguarding Children Board that these priorities will primarily be achieved and monitored by undertaking the following:

- Monitoring and evaluating the effectiveness of safeguarding activities by partner agencies individually and collectively and advising and supporting them to make improvements.
- Undertaking reviews of serious cases and disseminating identified learning to partner agencies.
- Collecting and analysing information about all child deaths across Cambridgeshire and Peterborough to increase the learning opportunity.
- Developing and updating policies and procedures to ensure consistency and transparency between partner agencies.
- Communicating the need to safeguard and promote the welfare of children amongst professionals, parents and carers and children and young people, raising awareness of how this can best be done and encouraging it to happen.
- Publishing an Annual Report on the effectiveness of safeguarding arrangements for services for children in Peterborough.

EARLY HELP AND PREVENTATIVE MEASURES ARE EFFECTIVE

Some families need help – this may be help in relation to housing, how to parent, behaviour/ anger management, how to budget and attendance at school. By helping these families it is hoped that the situation will improve and the family/ children will not need to have intervention by children's social care.

Early Help Services

The focus on Early Help in Peterborough is about ensuring that children and families receive the support they need at the right time. We aim to provide help for children and families when problems start to emerge or when there is a strong likelihood that problems will emerge in the future. Early help services also play a key role in supporting the stepping down of families from specialist support services.

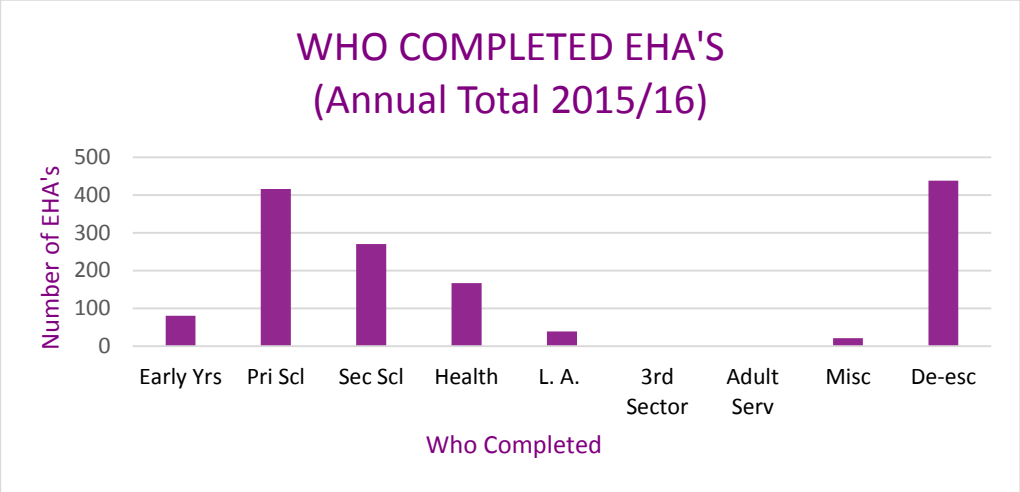
There has been significant investment in early help services by all partners, supported by a shared commitment to prevent difficulties escalating and resulting in the need for specialist services. In the last year, Peterborough has:

- Committed to driving phase 2 of the national Troubled Families agenda (known as Connecting Families in Peterborough) through early help.

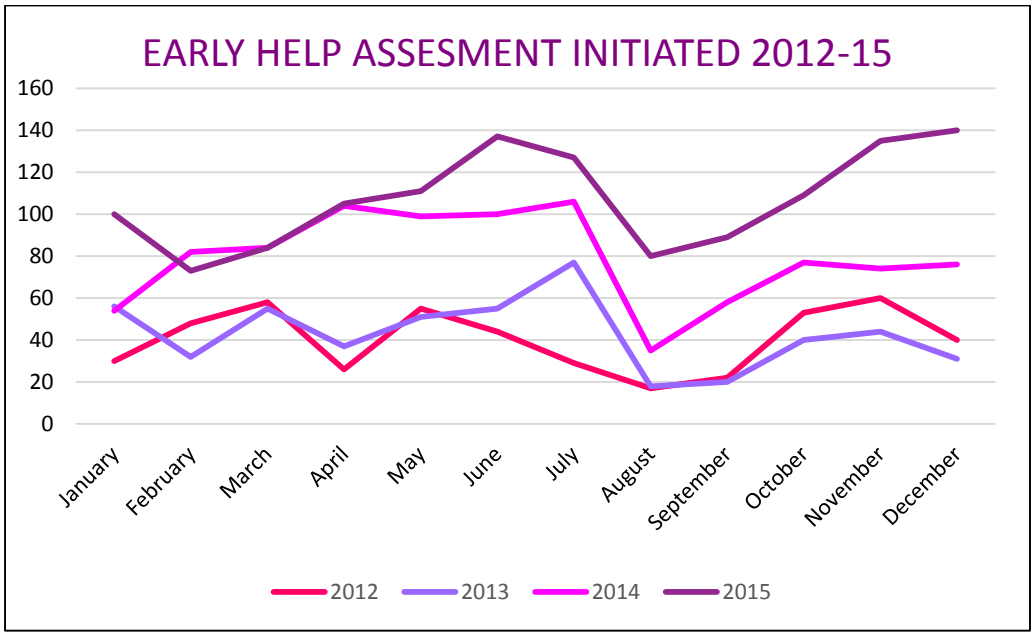
- Supported the transformation and re-design of the 0-19 emotional health and well-being pathway, as led by the Joint Commissioning Unit and Emotional Health and Wellbeing Board under an iTHRIVE model.
- Working with health partners, we are implementing a new pathway for ASD/ADHD referrals that emphasises a holistic support plan for the family.

The approach in Peterborough has been to enable and empower local partners to develop the confidence to support the holistic assessment of needs through the early help assessment and take on lead professional responsibilities. This model means that children and families are supported by key professionals who they know well (teachers, health visitors and so on) rather than being referred on to a separate service. This approach is supported by the Early Help Team, which offers support, training, coaching and mentoring to the workforce.

The greatest number of Early Help Assessments are completed by schools. However, it is encouraging that there has recently been a significant increase in the number of Early Help Assessments completed by Health Visitors.



We are currently exploring the use of a further simplified CAF/Early Help Assessment for GP's across Peterborough and Cambridgeshire which we hope will assist access to the benefits that this approach can bring to children and families who have sought support from their local doctor.



All Early Help Assessments, once finalised on the Liquid Logic system, come through the Early Help Gateway at which point every assessment is read by a member of the Early Help Team and checked primarily for any safeguarding concerns and also for quality assurance. This is the point at which a dialogue will automatically commence between the Early Help Team and the Lead Professional and the point at which suggestions for taking the case forward are made.

Some families have a level of need that means that they are likely to require support over and above that available to practitioners in universal and targeted services. To address this issue, we have established a number of panels including:

Multi-Agency Support Group (MASG) Panels - There are three locality-based MASG panels operating across the city in South Locality, Central & East Locality and North West & Rural Locality. Each panel meets every two weeks and consists of a multi-agency group of professionals that use their skills, knowledge and experience to consider multi-agency interventions that will best meet the assessed needs of a child/family. Cases heard at the MASG panels are kept open to the panel for a minimum period of 12 weeks.

Early Support is a national program established to improve the way that services for children with disabilities work with families and together. The service is a pre-school age service for families with a child who has significant disabilities. Professional referrals are received through an Early Help assessment to ensure a robust assessment of the child and family's needs.

Behaviour Panels - There are two Behaviour Panels; one for Primary aged children, and one for Secondary. Each panel meets every two weeks. They have been set up specifically to support children and young people at risk of permanent exclusion; children/young people who have received fixed term exclusions in school; and children and young people whose behaviour in school is not improving even though support mechanisms have been put in place.

Ofsted Findings 2015

The Early Help Services in Peterborough were inspected during 2015 as part of the Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and review of the effectiveness of the Local Safeguarding Children Board. Inspection date: 13 April 2015 – 8 May 2015. Report published: 18 September 2015[7]

'Early help services are well established and offer a range of evidence-based programmes for families. In early help, robust service planning arrangements, strong management oversight and a clear focus on outcomes, allied to effective monitoring and evaluation systems, mean that resources are used to best effect to support children and their families' (page 29).

'The local authority has commissioned a wide range of early help services which are effective in reducing the need for statutory intervention. Early help to families is well-coordinated and partners have worked well together to improve the quality and effectiveness of services' (page 12).

CHILDREN AT RISK OF SIGNIFICANT HARM ARE EFFECTIVELY IDENTIFIED AND PROTECTED

Significant harm within this priority means children who are the victims of child abuse. This could be emotional abuse, physical abuse, neglect or sexual abuse (including child sexual exploitation).

Actions undertaken against this priority have been as follows:

[7] https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/peterborough/053_Single%20inspection%20of%20LA%20children%27s%20services%20and%20review%20of%20the%20LSCB%20as%20pdf.pdf

Links with the Strategic MAPP Board (SMB) continue via the Independent Chair who is a member of the SMB and a local procedure has been developed. The aim is to ensure that safeguarding is fully integrated into managing offenders who pose a risk to children.

Attendance at Child Protection Conferences and parental feedback is presented by the Team Manager for the Conference and Review Service to the Board for scrutiny on a quarterly basis.

Specific child protection issues have also been the focus of awareness raising activity in the last year: training has been targeted at General Practitioners, Early Years practitioners, schools and other health professionals on the subject of female genital mutilation. Wider awareness raising activity has also continued on the subject of child sexual exploitation.

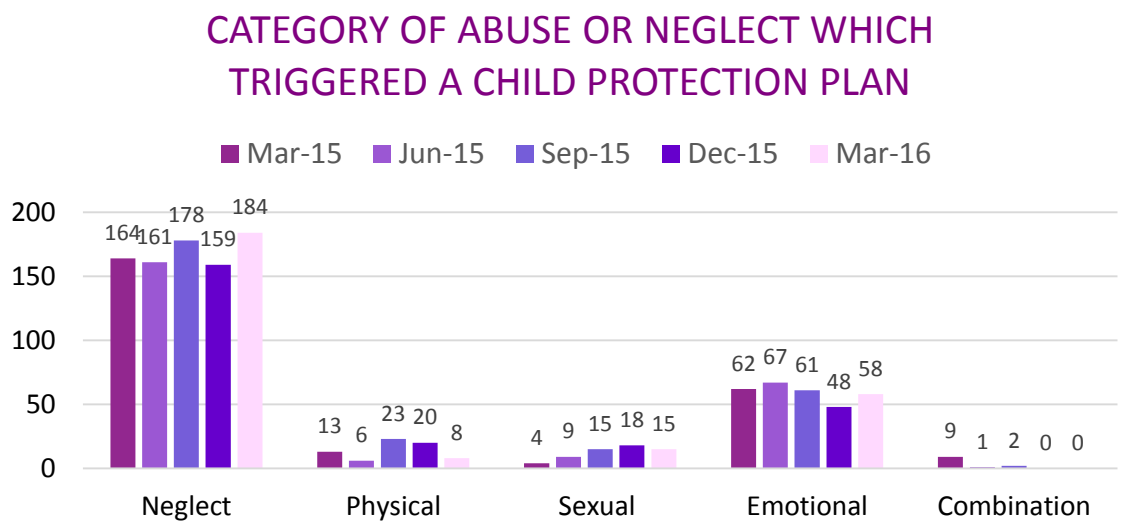
CHILD PROTECTION PLANS

All children at risk of significant harm or abuse will be the subject of a Child Protection Plan. A child protection plan is a working tool that should enable the family and professionals to understand what is expected of them and what they can expect of others. The aims of the plan are:

- To keep the child safe
- To promote their welfare
- To support their wider family to care for them, if it can be done safely.

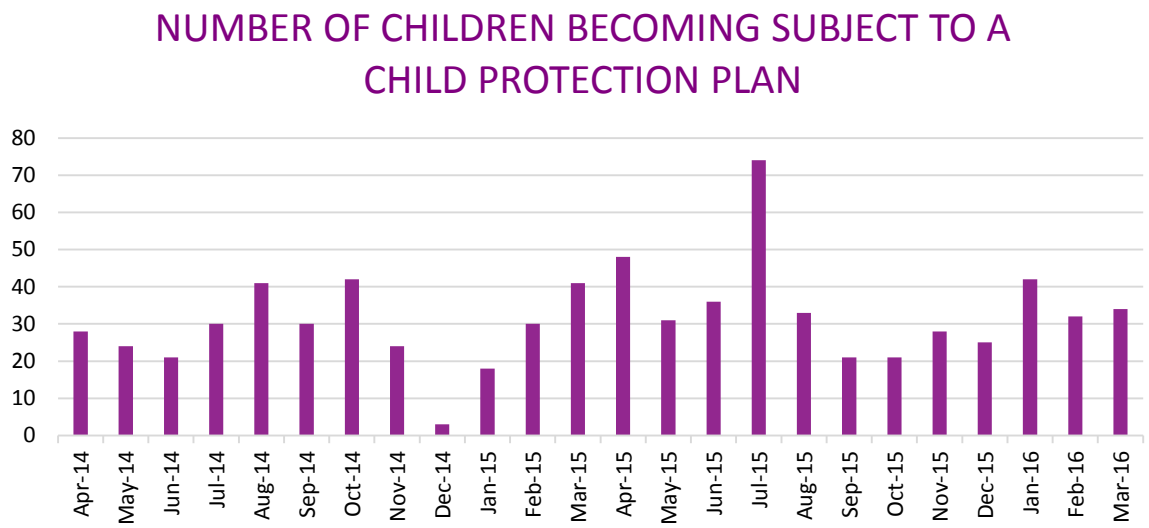
The table below and charts shows the number of Peterborough children on a Child Protection Plan.

	Mar 15	Jun 15	Sep 15	Dec 15	Mar 16
Child Protection	252	244	279	245	265



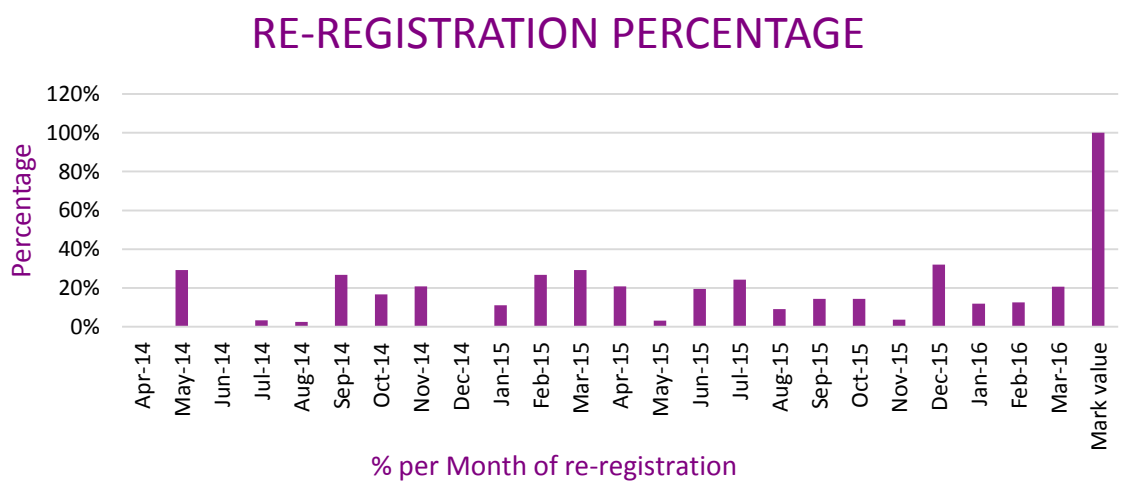
The majority of children and young people who are subject of Child Protection plans in Peterborough are registered under the category of Neglect. The Peterborough Safeguarding Children Board has recognised this and accordingly, Neglect will remain as a business priority for the Board in 2016/17 and further work around the issues of neglect will take place.

The number of children becoming the subject of a child protection plan per 10,000 of the local population (aged under 18):



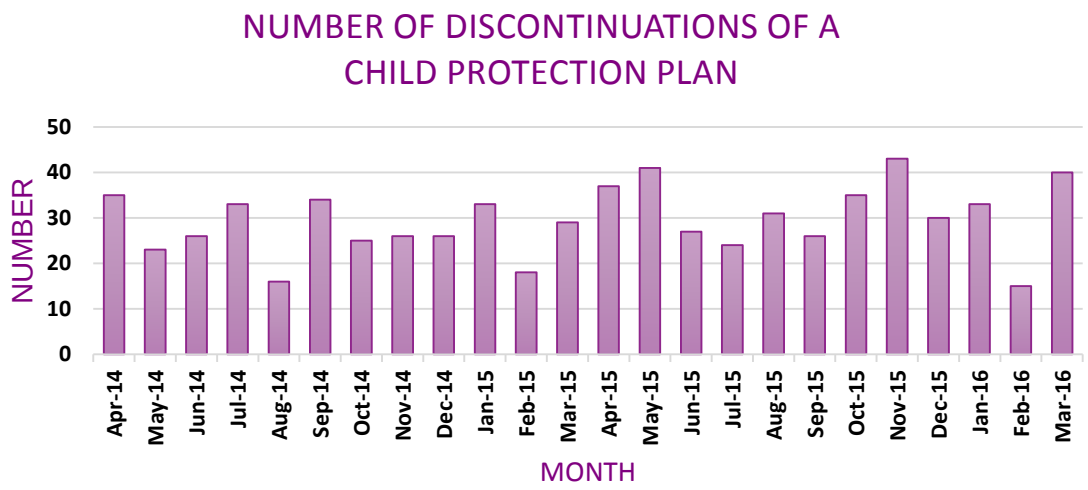
There were 425 children who became subject to a Child Protection Plan during 2015/16. This equates to a rate per 10,000 of 91.2 against the target rate of 53.4.

The number who became subject to a CP plan for second or subsequent time:

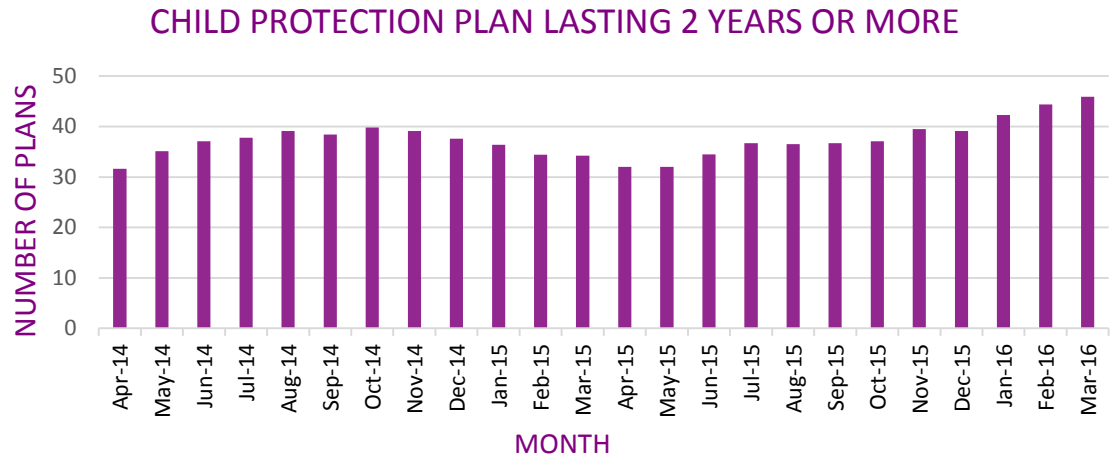


Of the 425 children who became subject to a Child Protection Plan during 2015/16, 70 (16.5%) of them had previously had a Child Protection Plan in Peterborough.

The number of discontinuations of a Child Protection (CP) Plan per 10,000 of the local population under 18



There were 382 children who ceased to be subject to a Child Protection Plan during 2015/16. This equates to a rate per 10,000 of 82.0 against the target rate of 44.2.

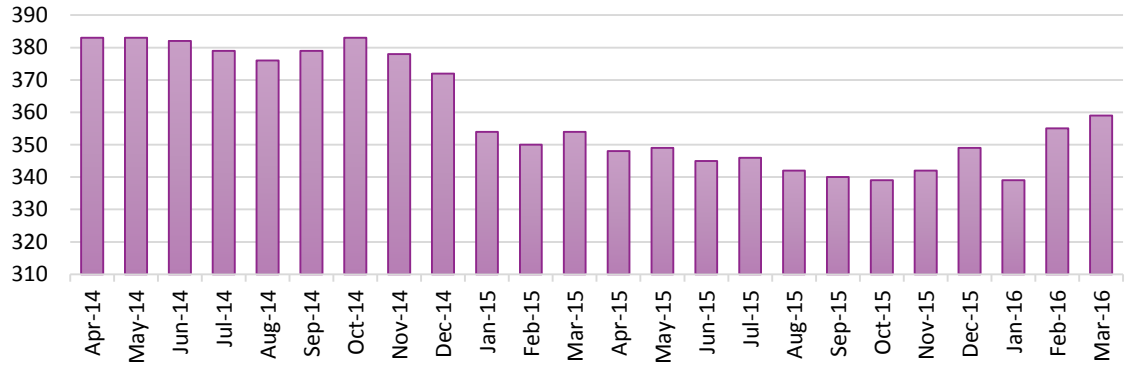


Of the 382 children who ceased to be subject to a Child Protection Plan during 2015/16, 7 (1.8%) of them had been subject to a child protection plan for more than two years. This is 1.8% against a target rate of 2.5%.

LOOKED AFTER CHILDREN

The looked after children population in Peterborough has remained steady over the last year. From March 2015 to March 2016 the number of children and young people in care increased by six, from 353 to 359. The biggest age band within this population is the 10-15 year olds, which represents over 40% of the total number of looked after children.

LOOKED AFTER CHILDREN



During the last year between April 2015 and March 2016, the following arrangements, amongst others, have continued to ensure the identification and protection of children at risk of significant harm:

1. The Peterborough Access to Support Panel (PASP) has continued to oversee the decisions for children to come into care, which are made at Assistant Director level or above. This Panel also reviews all care packages regularly, especially for those children placed out of area or in independent placements.
2. The Joint Access to Support Panel (JASP), chaired by the Director for Children's Services has continued to determine and review the needs and placements of children with additional needs.
3. Decisions to place children at a distance from the local authority are based on thorough assessments of need and require senior manager approval. They are only made in the most complex cases involving children who need significant additional support. The local authority applies rigorous quality assurance in the procurement and monitoring of independent sector placements.
4. Prior to considering a potential placement, the Access to Resources team secures local information from the host authority, requires a copy of the home's Local Area Assessment, liaises with the Head of the Virtual School to determine education provision and ensures that where appropriate, parents' views of the provision are taken into account.
5. Complaints are taken seriously and are investigated quickly and sensitively. Themes from complaints are reviewed at quarterly service improvement meetings chaired by the Assistant Director, to enable learning and inform any need for changes in practice or guidance.
6. Children and young people benefit from a high quality advocacy service commissioned through a voluntary organisation. They are actively supported to participate in child protection conferences and looked after children reviews, either in person or through an advocate, so that their voices are heard and can be acted upon.
7. Independent visiting services are provided by a voluntary organisation. Currently, 19 looked after children have access to an independent visitor (IV). There are no children waiting to be matched with an IV.

Developments in 2015-16

1. Arrangements are now in place to ensure that should any child placed outside the City go missing from care, they have independent return interviews, which are commissioned through the National Youth Advocacy Service (NYAS).
2. The Designated Nurse for Looked after Children commenced post in January 2016, and the Designated Doctor for Looked after Children on the 1st March.
3. Performance in relation to initial health assessments has improved significantly over the course of 2015/16 and it is usually the case that 80-90% of initial health assessments are completed

within the 20 day timescale. Those completed late are often related to children who have moved far from the area.

4. The Strengths and Difficulties Questionnaire has been re-instated and, in order to address the earlier feedback from carers and children in care, summary information from these is reported into the Children in Care Board, chaired by the Assistant Director. This information will, in turn, inform commissioning decisions in respect of emotional and mental health.
5. All health assessments received back in the Local Authority are quality checked and returned for further information where necessary. The Designated Professionals are developing a quality checklist tool to assist in this process which is planned to be implemented from May 2016.
6. The right of children to be consulted about the decisions that affect them is taken very seriously by social workers and Independent Reviewing Officers. In the last year, the vast majority (98.6%) of looked after children aged four or over contributed to their reviews, either in person or through an advocate or trusted adult. Recently, a small number of young people have chaired their own reviews, enabling them to make a meaningful contribution to the planning process.
7. The Children in Care and Leaving Care Service seek to identify and put in place a range of support mechanisms to create a helpful network for young people, particularly as they are nearing the end of their time in care. Links have recently been made with the local mosque who are providing 'community champions' for unaccompanied asylum seeking children from the Muslim faith.

Developments for 2016-17

It is recognised by the Local Authority that there remains areas for improvement in certain areas and the following are plans for development in the coming year:

1. Promotion of the Children in Care Council to ensure greater consultation with children looker after and much wider involvement of care leavers in the development of services for them.
2. Although looked after children attend good schools, their achievements are not consistently strong. Additional resources will be identified to support the work of the virtual school and to enable better links to develop between it and other teams within the Local Authority, including the NEET team.

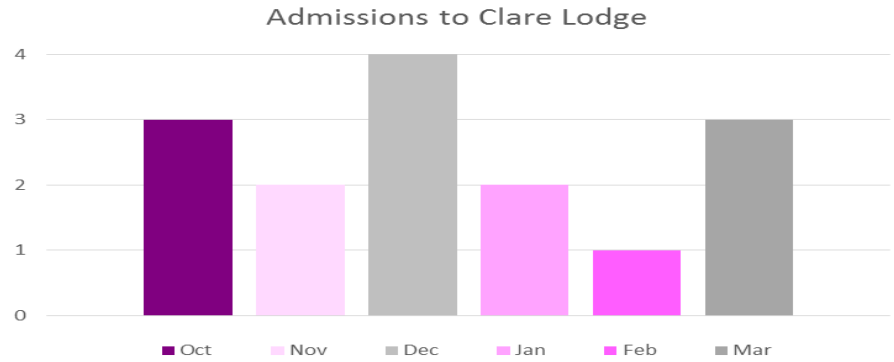
LOOKED AFTER CHILDREN AND THE PETERBOROUGH SAFEGUARDING CHILDREN BOARD

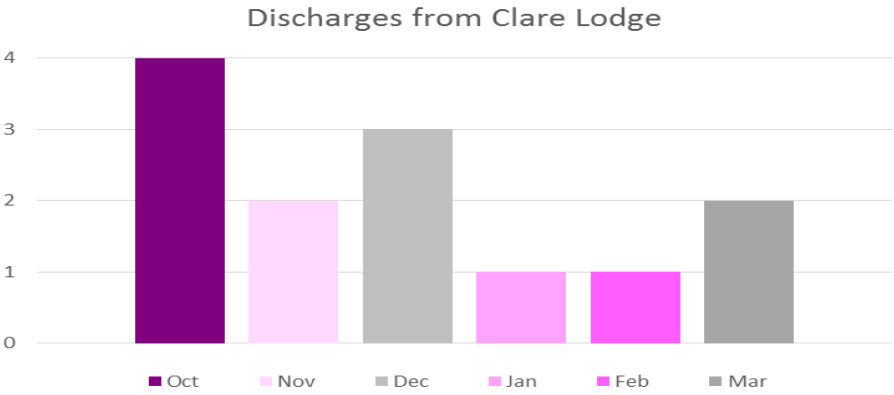
The Peterborough Safeguarding Children Board have retained a focus on Looked After Children in the last year by creating and maintaining links to the Corporate Parenting Panel and Independent Review Service, and Looked After Children placed out of the Local Authority. A reporting cycle is in place and the necessary information included within the dataset to ensure the Peterborough Safeguarding Children Board remains informed of the quality of care and services for this group of children. The Chair and Business Manager also present annual updates to the Corporate Parenting Panel to ensure the flow of information between the Board and this group.

THE USE OF RESTRAINT IN SECURE SETTINGS

Clare Lodge is a 16 bed all female, all welfare unit based in Peterborough. Since 1st October 2015, there have been 15 admissions and 13 discharges. These young people were all from different local authorities. One was a readmission. Three of the discharges were to tier 4 mental health beds, one was to a secure training centre and the other young people transferred to open children's homes.

The unit has recently asked for a variation on its licence to increase capacity to 17 young people.

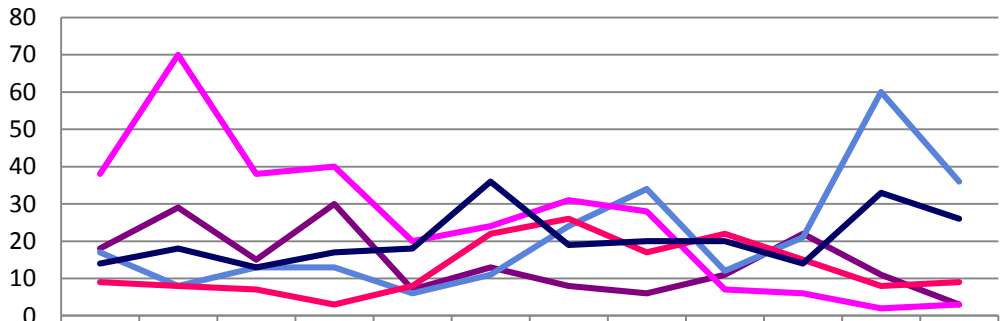




Of those discharged, the average length of stay was 159 days.

Links with the local Children's Safeguarding Board have been strengthened. Quarterly meetings now take place with the Head of Service, Children's and Adults Safeguarding Boards visiting the unit to discuss issues in relation to safeguarding. Part of the Children's Safeguarding Board role is to challenge how the secure unit have addressed issues raised within their Regulation 44 visits.

PHYSICAL INTERVENTIONS



	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2011 - 2012	18	29	15	30	7	13	8	6	11	22	11	3
2012 - 2013	17	8	13	13	6	11	24	34	12	21	60	36
2013 - 2014	38	70	38	40	20	24	31	28	7	6	2	3
2014 - 2015	9	8	7	3	8	22	26	17	22	15	8	9
2015 - 2016	14	18	13	17	18	36	19	20	20	14	33	26
2016 - 2017												

A meeting is being arranged to identify a protocol for independent viewing of the CCTV and physical interventions (where necessary and if appropriate). The Safeguarding Lead has overview of the incidents.

There were no missing young people in the period Oct 2015 – March 2016.

Examples of Regulation 44 issues and resulting actions

Month	Issues	Actions
October	Feedback / consultation with young people prior to leaving and where possible after.	Feedback forms have been developed to gain young people's views.
November	Locality risk assessment.	Reviewed.
December	Supervision timetabling	Now in diary put on the rota so it is given priority.
February	Views expressed by young people. Recording and First Aid refresher training. Complaints system.	Heard and responded to. Booked. Brought up to date.

Consultation with young people

The Registered manager and the Head teacher hold Student Council meetings every term. The views of the young people are gathered in this formal way and recorded. The young people are consulted informally through a number of other ways including discussion with the Registered Manager, Team Managers, care staff, kitchen and maintenance and business support staff. They are consulted on a number of areas including food, environment, mobility and clothing. We are happy to consult on anything and if it is reasonable we will attempt to undertake the request.

A young person's consultation log is maintained and these are recorded and followed through where necessary. A monthly newsletter goes out to the young people this informs them of any relevant information i.e., plans for the future, up and coming events, new staff etc.

EVERYONE MAKES A SIGNIFICANT AND MEANINGFUL CONTRIBUTION TO SAFEGUARDING CHILDREN

Legislation states that everyone has a role to play in safeguarding children. Part of the role of the Peterborough Safeguarding Children Board is to ensure that all agencies (including Police, Children's Social Care, Education, Probation, Youth Offending Service, Health and the Voluntary Sector) are properly completing their role in safeguarding. We do this through case reviews, audits, training and listening to children, young people, carers and professionals. Where we consider that an agency could improve their safeguarding activities the Peterborough Safeguarding Children Board *holds the agency to account.*

This priority is primarily measured via the indicators within the dataset, which is ongoing development. As detailed in the section in this report concerning Section 11 Audits, returns are undertaken by all agencies. The last Section 11 audit was completed in 2015/16.

All statutory partner agencies were requested to complete a Section 11 self-assessment audit during 2015.

It was identified that most agencies had some inconsistences with embedding online safety into professional practice. The majority of agencies have an online safety policy in place. However, it

was felt that they would benefit from some further guidance from the Peterborough Safeguarding Children Board. The Communications and E-Safety Officer for the Peterborough Safeguarding Children Board will be undertaking work with agencies to provide some support around this.

A monitoring document has been introduced for each agency which details the sections of the audit that were RAG rated 'red' and 'amber'. The purpose of this is to monitor progress on a quarterly basis where the lead officer for each agency will need to provide an update on what has been undertaken to meet this standard.

As previously mentioned, attendance at meetings of Peterborough Safeguarding Children Board by all of the wide range of agencies is good and all members have made contributions towards the campaigns run in the last year. In addition, those agencies who support the Learning and Development Programme by delivering multi-agency training include:

- Police
- Children's Social Care
- Health
- The voluntary sector

WORKFORCE HAS THE RIGHT SKILLS / KNOWLEDGE AND CAPACITY TO SAFEGUARD CHILDREN

'Local Safeguarding Children Boards (LSCBs) should use data and, as a minimum monitor and evaluate the effectiveness of training, including multi-agency training to safeguard and promote the welfare of children". *Working Together to Safeguard Children 2015*

Peterborough Safeguarding Children Board Multi-Agency Training

This report reviews the 12 month multi-agency training programme that ran from April 2015 - March 2016. It provides an overview of both the quality and impact of Peterborough Safeguarding Children Board multi-agency training that was delivered over this period and seeks to address attendance, partnership engagement, course feedback and the impact that the training has had on practice.

Context

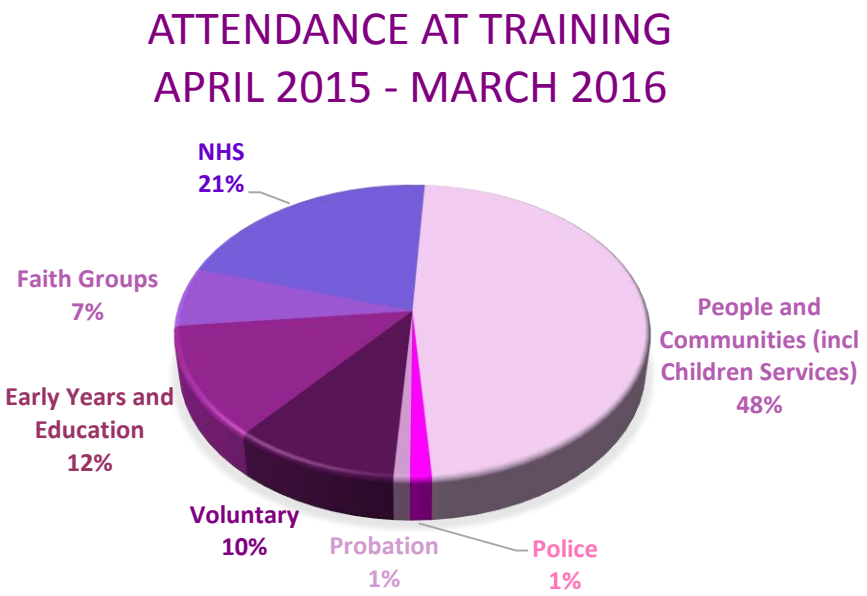
During the period 1 April 2015 - 31 March 2016, the Peterborough Safeguarding Children Board delivered a total of 25 different safeguarding courses (13 of which form the core programme) with 34 individual training sessions offered. (This does not include training that has been undertaken by the CSE co–coordinator to groups of young people and foster carers, the training undertaken with local hotels on CSE or the training undertaken with Mosques and Madrassas on safeguarding.) These varied in both subject area and course level but all of them were delivered to a multi-agency audience. The subjects discussed during the 12 months included:-

- Female Genital Mutilation
- Child sexual Exploitation
- Neglect
- Domestic Abuse
- Honour Based Violence
- Children displaying sexually harmful behaviour
- Fabricated and induced illness
- Safeguarding for Managers
- Messages from child death overview panel and serious case reviews.

Attendance

In 2015/16, 965 places were allocated and 921 people attended the training. This equates to a non-attendance rate of 4%. This is the same non-attendance rate as 2014/15 and remains significantly lower than in previous years (pre 2013/14). The Business Unit has continued to follow up reasons for non-attendance and the majority were due to illness, bereavement and court attendances.

The following diagram shows the breakdown of agency attendance at Peterborough Safeguarding Children Board Training.



As evidenced in the graph above, nearly 1000 people attended Peterborough Safeguarding Children Board training in 2015/16. This is an increase of nearly 100 people since 2014/15. We have continued to see a good representation of agencies from across the partnership.

For the first time colleagues from People and Communities (including Children's Social Care) have attended the majority of training and make up nearly half (48%) of the attendees at training. This is a significant success as last year the take up of training by this agency was substantially lower (15%).

Health colleagues from across the health environment accounted for 21% of the attendance figures. Peterborough Safeguarding Children Board worked in partnership with Cambridgeshire Local Safeguarding Children Board and the Designated Doctor for Safeguarding Children and delivered three safeguarding sessions specifically aimed at General Practitioners. 84 General Practitioners from Peterborough attended the sessions.

Colleagues from education accounted for 12% of the attendance figures. This was an increase of 4% from the previous year.

The voluntary sector made up 10% of the delegates, this is an increase of 2% from previous year.

Faith communities accounted for 7% of the attendance figures. The Peterborough Safeguarding Children Board has continued to work closely with local faith communities and build on the relationships established in 2014/2015. In October 2015, the Head of Service for the Children's and Adults Safeguarding Board, the Local Area Designated Officer and the Head of Prevention and Early Help Services delivered specific safeguarding training to representatives from all of the Mosques in Peterborough and several Madrassas. In excess of 25 people attended the session. This formed part of the rolling programme of training for Mosques and Madrassas that was established by the Peterborough Safeguarding Children Board last year.

The take up of training by Probation and Police staff continues to be low. This can be partly explained by both being a countywide service and often it is more convenient for staff to access training through the Cambridgeshire Local Safeguarding Children Board.

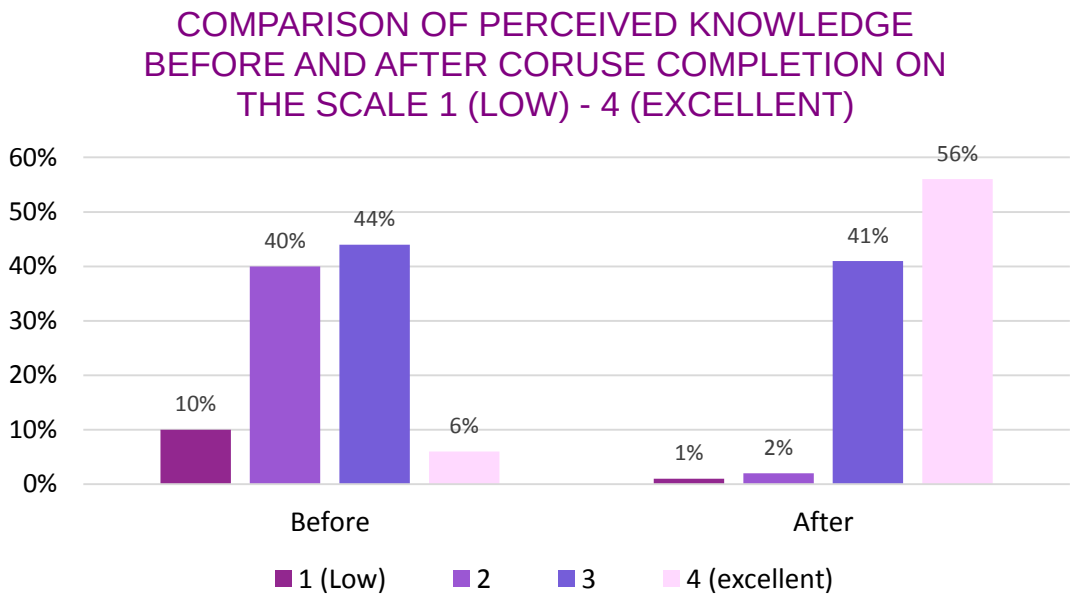
Impact of training

In the 12 month period covered by this report the impact of training was measured by way of an evaluation form that was distributed to all delegates at the completion of the training. It should be noted that from the 921 people who attended training, we received 815 evaluation forms at the conclusion of training. This equates to an 88% return rate.

The following information is based on the information contained within these evaluation forms.

Perceived knowledge

The first question focused on whether delegates considered that their knowledge had increased as a result of attending the training. The table below evidences that delegates considered that their knowledge had increased as a result of attending the training course. It clearly evidences that the training had a positive impact on the delegates who attended.

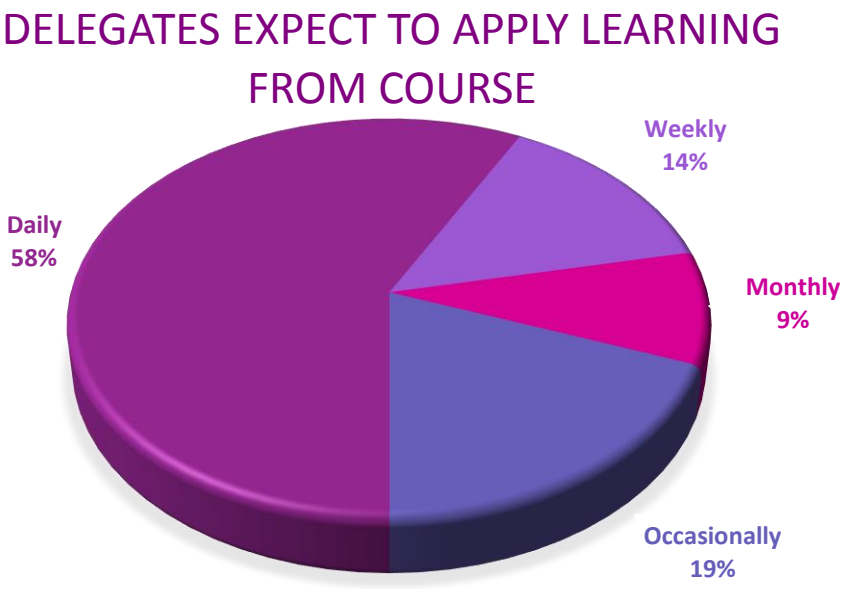


Relevance of training to job role

The Peterborough Safeguarding Children Board recognises that training should be relevant and contribute to practitioners working practices. The evaluation form asks a specific question about whether the training was relevant to their job role. The graph below demonstrates that the vast majority of practitioners (76%) considered that the training was completely relevant to their job role. No delegates felt that the training was not relevant to their job role. Where delegates said the training was only partially relevant they did not supply any information as to why it was partly or what could have changed to make the training more relevant.

Application of knowledge on practice

It is important that the knowledge that people gain from attending Peterborough Safeguarding Children Board courses is relevant to their work and something that they can use in their day to day practice. The evaluation form requires delegates to estimate how often they will use the knowledge that they have gained. The graph below demonstrates how regularly delegates considered that they would use the information that they had learnt as a result of attending the training.

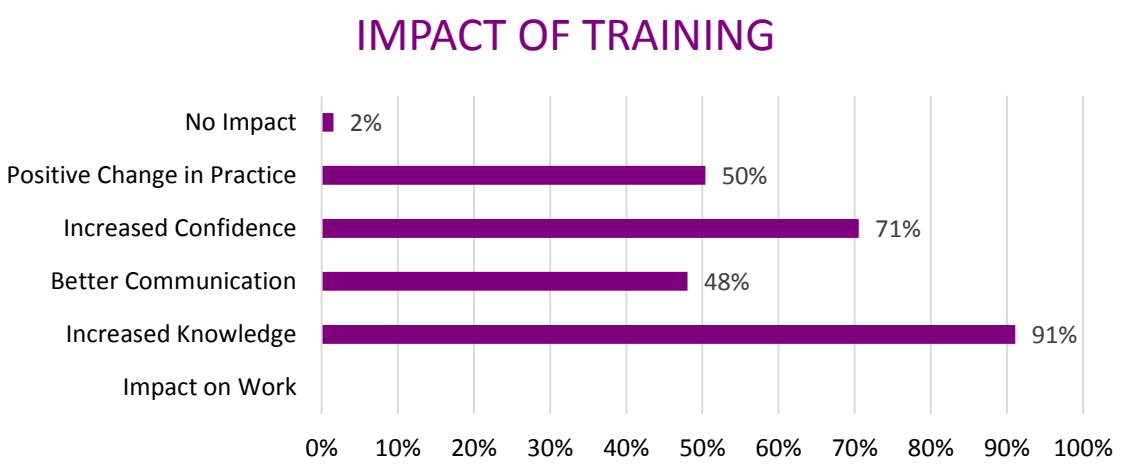


As can be seen above, the vast majority of delegates (72%) considered that the information that they had learnt was important enough to use on a daily or weekly basis. Unfortunately, the evaluation form did not ask delegates to expand on the reasons why they would only use the knowledge occasionally. Consequently, it is impossible to determine whether they would not use the knowledge because it was not helpful or because their job role was such that it did not warrant it.

Impact of training on practice

Three months after attending training delegates are asked to complete an impact of training form. The purpose of the form is to establish how delegates have actually used the training to improve their practice. Of the 921 people who attended the training in 2015/16, we received impact forms from 553 delegates, this equates to a 60% return rate.

The table below demonstrates what impact the training had on their practice.



As can be seen above, only 2% of the delegates who responded said that the training had no impact on their practice. It is encouraging to see that the training that is being delivered is having a positive effect on delegates and they are changing their practice as a result of it.

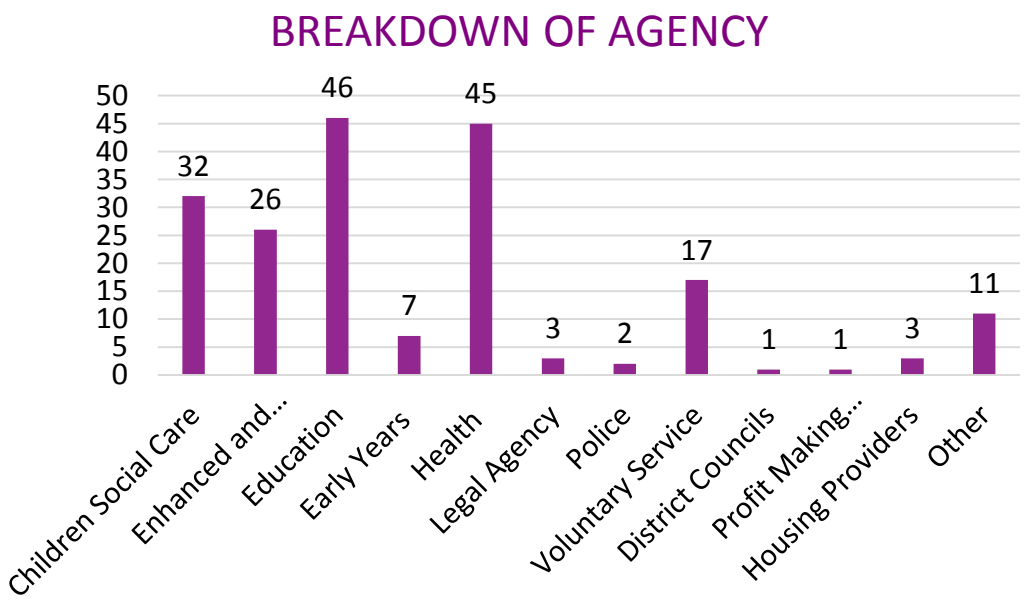
The following are a selection of some of the comments that delegates made regarding the impact of the training:-

Peterborough Safeguarding Children Board Annual Conference

This year the Peterborough Safeguarding Children Board hosted an annual conference jointly with Cambridgeshire Local Safeguarding Children Board. The conference "Neglect – So Much More Than a Grubby Child" focussed on neglect and included presentations from both national and local speakers.

The conference was open to agencies from across Cambridgeshire and there was good attendance from partners (194 attendees), including representation from Cambridgeshire and Peterborough Local Authorities, Health, Education, Police and the voluntary sector.

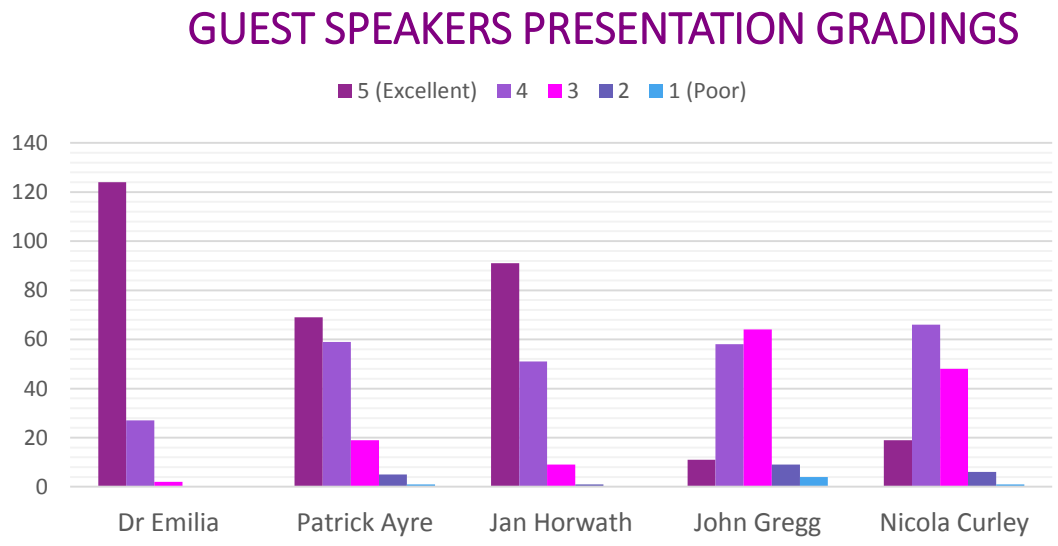
The table below demonstrates a breakdown of attendance at the conference.



The aim of the conference was to highlight the impact of neglect and provide an opportunity to learn from leaders in the field on identifying, understanding and responding to Neglect.

Following the conference, delegates were asked to complete an event evaluation form. Detailed below are some of the statistics and feedback that we have received. The evaluation form was based on the one used by Cambridgeshire Local Safeguarding Children Board and did not ask the same questions as the one used by the Peterborough Safeguarding Children Board. For this reason, the evaluation below does not address relevance to job role or increase in knowledge.

Evaluation of Presentations



A number of delegates found Dr Emilia's opening presentation 'More than just a grubby child' was thought provoking and gave excellent examples of good practice. There were many who commented on how this opening presentation was engaging and inspiring. One delegate stated that the presentation from Dr Emilia has prompted a review of current practice within their agency.

There was a large amount of feedback on how powerful the presentations were from Patrick Ayre (Four Aspects of Neglect) and Jan Howarth (Neglect today, shaping tomorrow). Many found the comments coming directly from children hard hitting and brought home the importance of recognising the signs of neglect.

John Gregg and Nicola Curley provided a local picture of neglect across Cambridgeshire. A number of delegates commented on how useful this session was as it provided clarity on how neglect was being addressed locally.

Evaluation of Workshops

Delegates found the workshops to be very useful. It was acknowledged that the acoustics in some of the workshop (in particular adult mental health) was an issue, this was due to the lay out of the venue and was unavoidable.

One delegate noted that it would be a good idea to share information from all workshops as delegates were only able to attend two sessions. This suggestion was taken forward with the content from the conference being cascaded to all attendees.

Delegates were asked how they will use the materials/information/skills acquired.

Many delegates informed us that they would like to have the opportunity share the information received at the conference with their team and service colleagues.

Other comments from delegates included:-

They were also asked "What was the most useful part of the conference for you and how will this impact on your practice?

The comments below are an example of how the conference will impact on delegates practice:-

Delegates were asked how the Conference could have been improved:-

Overall Conclusion

The Peterborough Safeguarding Children Board has delivered another successful training programme in 2015/16 which has had a positive impact on delegate's knowledge and confidence in dealing with safeguarding matters. There has been good engagement with the majority of partners. In excess of 900 delegates have attended multi-agency training and the number of non-attending delegates remains low (4%). This is in part due to a stringent non-attendance charge which is enforced where appropriate.

The conference was also a success and had good attendance from a range of agencies across the county. The evaluation of the conference evidences that it had a positive impact on delegates' knowledge and understanding of neglect.

UNDERSTAND THE NEEDS OF ALL SECTORS OF OUR COMMUNITY

Peterborough is a multi-cultural City with lots of different communities. It is very important that the Peterborough Safeguarding Children Board understands the cultural and religious beliefs of all sectors of its communities and how they may impact on safeguarding issues.

In December 2015, the Board appointed a new Lay Member who is a high profile member of the eastern European community within Peterborough. Given the hugely diverse cultural make-up of the city, it is hoped that this post will enable the Board to continue to engage with these communities.

The Safeguarding Board Business Unit has engaged with the Youth MP and Youth Council to seek their views on projects such as the Domestic Abuse and Healthy Relationships survey (further information on this is detailed in the Voice of the Child section of the report). The Youth Council had been given the opportunity to contribute to the survey to ensure it was more relevant and engaging for children and young people. The Youth Council also supported the distribution of the survey amongst the schools that they attend.

Members of the Peterborough Safeguarding Children Board Business Unit visited HMP Peterborough to improve links with staff and the Board. Since then, HMP Peterborough has been involved in events hosted by the Peterborough Safeguarding Children Board. The prison also

engaged with the Peterborough Safeguarding Children Board training programme and undertook some joint working around CSE with the Board.

In the summer of 2015, the Peterborough Safeguarding Children Board undertook a survey with service users of the GLADCA Centre in Peterborough. It is an educational establishment that focuses on adult learners who, in particular, are from those hard to reach groups such as new arrivals into the UK who are experiencing cultural barriers to learning. The users were asked what services they felt they required further information about in relation to accessing these services. The survey indicated that service users required further information on the following services:-

- Housing and Benefits
- Access to NHS Services such as Doctors and Hospital appointments
- School Admissions
- Access to Early Years places
- Information on Drug and Alcohol Services.

A workshop session was held at GLADCA with guest speakers who spoke about the areas people were concerned about.

There has been a large amount of work undertaken in engaging with schools. Members of the Business Unit attend the Child Protection Information Network to engage with Safeguarding Leads and Headteachers from across Peterborough. These events are well attended and are hosted by the Local Authority Education Safeguarding Lead once a term. The Board also had a presence at parent/carer events in schools with the aim of highlighting the importance of online safety and to distribute information and guidance relating to this. The Board are hoping to host an online safety event for parents/carers at a local telecoms store within the city centre in the next academic year.

Working with Norfolk and Cambridgeshire LSCB's – Innovations Project Working with Eastern European Families

Peterborough, Cambridgeshire and Norfolk Local Safeguarding Children Boards recognised that they needed to further understand safeguarding issues within their eastern European communities. The three areas developed a joint bid and were successful in securing funding from the Department for Education (DfE) to undertake an innovation project to improve the effectiveness of safeguarding practice with eastern European migrant families.

Engagement with Service Users

Engagement with Eastern European service users was carried out using three methods; a printed questionnaire (which received 246 responses), one to one discussions and focus groups.

As a result of these various engagement streams, the following messages materialised:-

- There is limited awareness about UK law and legislation.
- There is a mistrust of services allied with a common perception that Social Services will take away their children.
- There is limited awareness about services, what support they can provide and why they are involved. The involvement of services often causes anxiety.
- There was a lack of willingness to engage with services because they do not believe that this will result in positive changes and there is a belief that "family problems need to be resolved in the family".
- It is important to keep strong and close relationship between family members and to support each other.
- At the age of seven a child would usually start school and, at this age, there is an expected level of maturity and being responsible for his or her actions.
- Depending on age and length of time it is OK for older siblings to look after younger ones.

- Parents have strategies to stop a child's behaviour when it is seen to be unsatisfactory but not to encourage positive behaviour.
- Education is seen as very important.

Amongst the eastern European community there was limited knowledge about the requirements of UK law regarding the safety and well-being of children. Knowledge was mainly gained through word of mouth from fellow nationals. The majority of those consulted felt that they had limited knowledge about services. Despite this nearly all were registered with a GP and the percentage using children's centres were within the range of the UK national average. There is a high level of anxiety and low levels of trust and confidence within eastern European communities about the services that are provided locally. Migrant families are not receiving all the information that they need in order to make informed choices about using services

Engagement with Service Providers

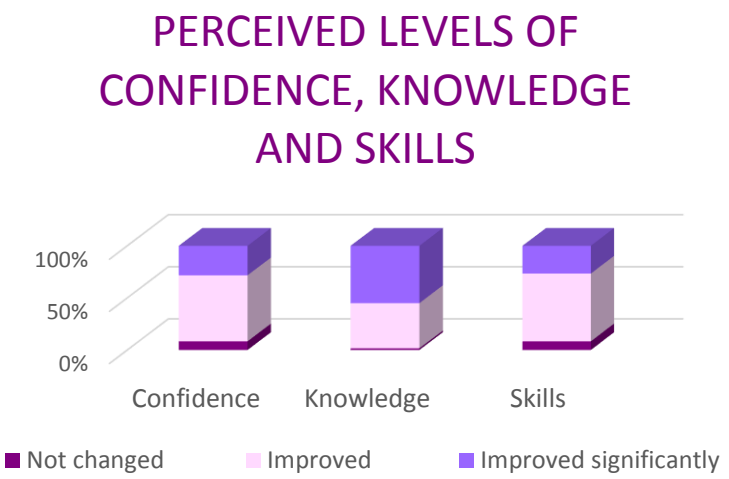
Engagement with service providers was carried out using an electronic survey, single agency discussion and multi-agency focus groups. There appears to be a lack of confidence amongst some members of staff around engaging with eastern European migrant families. During the consultation there were several individuals and groups who identified that the treatment of eastern Europeans by some service providers was unacceptable ranging from intolerance through to racist comments and behaviours. The range of quality of interpretation and translation services requires greater monitoring and quality assurance.

Analysis of Data

- Of the Eastern European countries being allocated National Insurance numbers, Lithuania, Romania, Poland and Bulgaria have the largest numbers.
- The number of different nationalities is becoming less varied in each of the three authorities with but those that remain are less dominated by only one or two nationalities.
- There are no real differences between the three authorities' general pattern of contacts and referrals when compared with those for the eastern European community.
- Social Care contacts across the three authorities are more likely to have a source of the schools and health visitors.
- Referrals to Social Care in Cambridgeshire and Norfolk are more likely to come from housing or individual acquaintances. In Peterborough referrals are more likely to come from Local Authority services or health visitors.
- There are more vulnerable children from Lithuania, Latvia and Poland than from other nationalities. In Peterborough there are a large number from Slovakia as well.

Training Programme - Frontline Staff

Based on the findings from the consultations with eastern European communities and the consultation with professionals, a bespoke cultural competency training course was designed. Including pilot sessions, a total of 189 staff were trained. Participants were asked to give an overall rating of the course and 89% rated the course as either Excellent or Very Good.



Evaluation Feedback on the impact of the Training to frontline staff

Conferences for Managers

In addition to the frontline practitioner training, two events were run aimed at managers and team leaders. They were attended by a total of 120 staff. Alongside the findings from the project, there were presentations of good practice from local voluntary sector providers, video presentations from service users and presentations from teams who had attended the training and made positive changes to their practice as a direct result of this.

Practice Guidance

Practice guidance across all three Local Authorities was reviewed and issued. All three authorities are using the same key competencies within their safeguarding procedures and the project and LSCBs have promoted this Guidance.

Outcomes

Governance and accountability

Through the process of this project, Peterborough, Cambridgeshire and Norfolk LSCBs are better informed of the issues and the arrangements in place to meet the needs of this potentially vulnerable cohort. LSCB partners have a greater understanding of the need to incorporate cultural proficiency into all functions and activity from commissioning through to monitoring and evaluation

The Boards have greater knowledge and capacity to challenge and hold agencies to account and Section 11 self-assessments will be a means to both monitor and evidence cultural appreciation and competence within organisations. Training impact assessment as well as ongoing monitoring of access to cultural competence training will also provide evidence of improved cultural competence of agencies. Activity undertaken by LSCB agencies needs to be culturally proficient and business plans and annual reports will provide future evidence to reflect and acknowledge this. All three participating LSCBs are incorporating cultural competence into all their training courses to ensure that this does not appear as a stand-alone subject but acts as a thread throughout all LSCB issues.

Cross boundary working

Collaboration across the three Local Authority areas has been seen to be beneficial for all parties. This project has been a successful opportunity for the three Boards to work together on a specific shared issue and close cooperation in the future will mean that the Boards can look for further opportunities for collaboration and synergy in the future. Physical geography has proved a complicated issue for the project but this has not prevented the work form taking place. Communication across all agencies in the three Boards has also provided complication which has

been exacerbated by the limited time in which the project was required to deliver. Whilst this has proved to be a complication, it has not been an impediment to completing the project. Plans to continue the close relationship have been agreed and the three LSCB Business Managers will be holding regular meetings to monitor the progress of the legacy of the project and to look for further opportunities for collaboration.

Competent workforce and improved services to families

The work done within this project has addressed the cultural competence of individuals, teams, organisations and the multi-agency practices of the LSCBs. This has addressed institutional competence as well as the competence of individuals. All three participating LSCBs are incorporating cultural competence into all their training courses to ensure that this does not appear as a stand-alone subject but acts as a thread throughout all LSCB issues.

The evaluation of the training and the training impact assessment provides evidence of an improvement in the knowledge, confidence and skills of the workforce. A multi-agency audit planned for autumn 2016 will provide further evidence from which to assess the impact of the project.

CHILDREN ARE FULLY PROTECTED FROM THE EFFECTS OF DOMESTIC ABUSE (DOMESTIC VIOLENCE) AND NEGLECT

Peterborough has a high number of cases that involve domestic abuse and neglect. It is vital that professionals work together to ensure that children are fully protected from the effects. For this reason ensuring children are fully protected from the effects of Domestic Abuse is a business priority for the board. Peterborough agencies are engaged with working in a multi-agency capacity to offer services to those families effected by Domestic Abuse.

DOMESTIC ABUSE

Between April 2015 and March 2016, the Children and Young People's Service at Specialist Abuse Services Peterborough (SASP), delivered by Peterborough Women's Aid (PWA), has continued to grow and develop. From June 2015 through to March 2016, PWA was able to secure funding for an additional 18 hour post to further resource the service.

Peterborough City Council funded a part-time post to run from January through to March 2016. PWA was able to arrange for a support worker, a domestic abuse champion, to be on secondment from Barnardo's Children Centre. The support worker had already worked closely with the service so was able to integrate easily and quickly adapted to the service and office location.

In addition, from November 2015 the service was able to offer a social work student placement for 70 days, offering a unique placement experience for this student.

Over the year, the service gathered and developed additional resources to use in the direct work sessions with children and young people.

Impact

After last year's successful promotion of the Children and Young People's Service, a significant number of referrals were received which led to a high demand for the service.

The increased level of demand for the service resulted in the implementation of a waiting list which the service manager regularly reviewed to ensure any child or young person with a high level of need is prioritised. The criteria for the service remains as "any young person who has been affected by domestic abuse or sexual violence, between the ages of 0 and 19".

Having the support worker from Barnardos enabled our Children and Young Person's Co-ordinator to attend regular MASG panels which, once again, enabled further promotion of the service and strengthened partnership working across the city.

The referral pathway was evaluated and, in working alongside the Early Help Team, the E-CAF system has been implemented to ensure children and young people are identified by others and the service is not offered in isolation. Team members all received training on the E-CAF system.

There is now an Information Sharing Agreement with Connecting Families Project – Early Help (Peterborough City Council) to ensure data is captured regarding children and families from across the city who access our services and outcome data can be provided.

The service has implemented the use of the "Outcome Star" to monitor outcomes and capture progression. The "Outcome Star" is a valuable tool which allows staff to explore areas with children and young people such as being safe, feelings, relationships, confidence and self-esteem.

In addition, feedback forms gather information from parents/carers and the referring agencies. Feedback received showed that the majority of parents/carers heard about the service from the Police, education settings, social workers and from within our service.

When asked "Do you think your child has benefitted from the service?", the following comments were received:

- *Greatly – couldn't have managed without Zelda*
- *My child has learnt to deal with feelings better*
- *Both children have gained in confidence and feelings understood more*
- *We couldn't have got through this without you, you have been a great help and support to myself and my kids*
- *I would recommend this service so caring and positive.*

PWA believe it has made a real difference to many young people's lives. This is demonstrated through improved school attendance, positive behavioural changes, happier home lives, healthier relationships and empowered young people. The work has strengthened the safeguarding risk assessment plans made within MARAC meetings, Children Protection Conferences, CIN meetings and Team Around the Child plans.

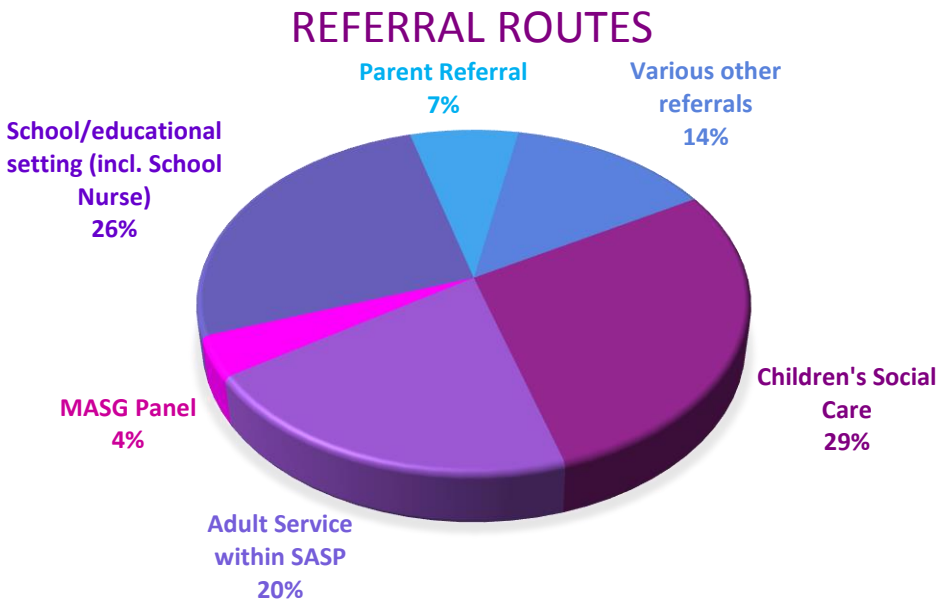
From December 2014, the service was greatly complimented by the Children and Young People's Sexual Violence Advocate (CHISVA) who joined the team in December 2014, through funding received from the Police Crimes Commissioner.

The specialist expertise of the CHISVA enabled the service to work with highly complex cases of children and young people who had been victims of sexual abuse/violence. Due to demand for the service across the county, the CHISVA also took on cases in the Fenland area, Sawtry and surrounding villages which helped to reduce the caseload of the Cambridgeshire County Council CHISVA. This post has now transferred to Rape Crisis however, PWA envisage the continuation of strong partnership links.

Statistics

Between April 2015 and March 2016, the children and young people's service received 234 referrals (our target is 200 per year). 109 referrals were for females and 125 were for males. All of the referrals made to the CHISVA service were for females.

The following referral routes were recorded:



Throughout the year the service worked with a total of 57 schools from across the city. The team worked directly with children in many of the education settings.

Proposals for the future

PWA successfully agreed funding for the Children and Young People's Support Worker from Barnardo's Children Centre to continue for a further year.

CHILDREN ARE FULLY PROTECTED FROM CHILD SEXUAL EXPLOITATION

The Board has continued its proactive response to CSE throughout 2015-16 with the expansion of the CSE, Trafficking and Missing Co-ordinator post to full time, to include work around adult sexual exploitation and the transition of children into adulthood who have been affected by CSE. This took effect from 20th April 2015.

Since April 2015, Peterborough Safeguarding Boards has delivered a significant amount of multi-agency and single agency training, including four half-day sessions on child sexual exploitation to multi-agency professionals, two half-day sessions specifically for foster carers and five bespoke sessions for staff and students in education settings. These will have included resource sharing sessions with secondary schools across the city to ensure they are as well-equipped as possible to pass on important messages to their students about how to keep themselves safe from the harm caused by grooming and sexual exploitation.

As well as the above, the Board delivered eight single agency workshops for various teams and agencies such as Social Work teams in the council, the Citizen's Advice Bureau and HMP Peterborough. These workshops were tailored to the audience to ensure relevant materials and messages were shared and as many professionals as possible are kept up to date on the issue.

The Board recognised that boys are under reported as potential victims of CSE nationally and so offered specific workshops to raise awareness of the warning signs for boys and young men. These were over-subscribed and well received so the Business Unit is planning further workshops to continue delivering these messages to ensure boys are recognised as being vulnerable to CSE, as well as girls.

In terms of community awareness raising, three members of the Business Unit worked with colleagues from the Safer Peterborough Partnership in November 2015 to deliver leaflets along the Lincoln Road area: an area densely populated with takeaways and off licences. The aim of this work was to ensure local business owners are aware of the warning signs of CSE and the steps that they could take to report any activity they felt was of concern. A leaflet for businesses on the topic of CSE was put together prior to this work and translated into eight additional languages, electronic copies of which are freely available on the Peterborough Safeguarding Children Board website alongside leaflets for parents and carers and children and young people, also available in multiple languages.

In addition, posters were designed with the aim of raising awareness amongst parents/carers and adults of the warning signs of CSE and what to do if you are concerned. This design was circulated for display on screens in GP surgeries across the county. Within a similar vein, the links to the Parents Against Child Exploitation (PACE) website and e-learning tool have been shared with multi-agency partners for dissemination and, most notably with schools for display on their own websites.

The CSE Co-ordinator has been working in partnership with the Operation Pheasant team to formulate an awareness raising package for hotels across the city on the signs of both child and adult sexual exploitation. From preliminary visits undertaken in this sector, this offer of support and information has been well-received and dates are currently being arranged for delivery. It is the aim that training activity will be followed up with integrity testing or 'test purchasing' to try and gain an understanding of whether or not the training has been widely disseminated and had an impact upon practice.

The Guidance for Professionals Working with Sexually Active Under 18's was updated in November 2015 to include references to CSE and reporting of concerns, and the Sexual Exploitation Co-ordinator also contributed to the Domestic Violence and Sexual Violence Strategic Needs Assessment to ensure reference to CSE was made. These activities demonstrate a move by all agencies to consider CSE within other strands of safeguarding.

Lastly, the audit activity concerning CSE has this year been limited to three reports into CSE contacts into the Peterborough MASH hub covering the periods: Jan –Apr 15, May- Aug 15 and Sept –Dec 15. These exercises were completed to identify trends which are then fed into the Quality and Effectiveness Group. An audit into the use of the Risk Management Tool launched in August 2015 was planned for February 2016 but this was delayed for a further three months due to a low number of tools having been completed at the time.

ADDITIONAL GROUPS OF CHILDREN

CHILDREN MISSING FROM HOME AND CARE

Around 140,000 children go missing each year[8]. When a child goes missing, it is a clear sign of problems in their life. The reasons children go missing include domestic abuse, neglect, exploitation, mental health issues and substance misuse. Once away from home they are vulnerable to many risks including child sexual exploitation, gang exploitation, becoming involved in crime or becoming a victim of crime.[9] Failing to recognise missing as a serious safeguarding issue can lead to significant gaps in agencies awareness and the effectiveness of their responses. In contrast, early intervention with a missing child can reduce the harm they experience and help them change behaviour before it gets embedded: a sexually exploited 15 year old who frequently goes missing is likely to need significantly more safeguarding interventions and support than a child

[8] Report of the Missing Persons Taskforce, 2010, the Home Office

[9] Missing Children and Adults, A cross government strategy, 2011, the Home Office; Still Running 3, 2011, The Children's Society

who goes missing once. The Peterborough Safeguarding Children Board needs to assure itself that agencies are working together to identify and help those children and young people who go missing.

Children's services are alerted to missing incidents in the following ways:

- for children living in Peterborough who go missing (either from home or from a care placement), the contact centre receive a missing alert from the police
- for Peterborough children in care who are placed outside of the LA boundary, the social worker and contact centre are alerted by the care provider.

This has been in operation since November 2014 and was made more robust following the appointment of a Missing Case Worker located in MASH Hub since March 2015. In both of these cases, the incidents are recorded on Liquid Logic, the children's social care case management system.

In July 2015, the police ended their use of the category "absent" for any child or young person under the age of 18. This has led to a slight increase in missing figures during 2015/16.

The table below shows the number of incidents each month from April 2015 to March 2016. The number of incidents have increased (466) compared with 2014/15 when 294 incidents were reported, this may in part be due to better reporting of missing, the improvement in recording created by streamlining front door processes and placing responsibility back with Children's Social Care and the removal of the absent category.

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Total
22	26	41	62	47	48	44	41	36	40	25	34	466

An individual child or young person can have more than one missing incident over a month, quarter or year. The next table shows the number of individuals in each month with missing incidents. The total box is the number of individuals across the whole year, who may have incidents in more than one month.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
2015 -16	13	21	27	25	20	36	32	24	19	19	18	32	286

During 2015/16, 286 children have gone missing on 466 separate occasions. This is a considerable increase from 294 incidents involving 228 children in the previous year. This means that there were 172 more episodes of missing involving 58 more children than the previous financial year.

There are obviously individuals who have had several missing incidents across several months. The next table shows how many incidents the 286 children and young people had during the year.

	1 incident	2 incidents	3 incidents	4+ incidents	Individuals
2015-16	205	42	1	13	286
2014-15	100	25	13	17	155

202 children had one incident in the year, 50 young people had two incidents in the year, 14 had three incidents and 20 young people had more than four incidents during the year. The most noticeable change since the previous year is in the number of children who had one or two missing episodes. There is no clear analysis as to why this is the case other than the previous reasons provided.

The next set of tables look at the characteristics of the 286 individuals. We can see that 119 of the young people were male (42%) and 167 female (58%). Previous year's data suggests that missing incidents are higher amongst females. Data indicates that this has been the trend for several years.

	Male	Female	Individuals
2015-16	119	167	286
2014-15	68	87	155

The age split of the individuals below shows the majority of incidents occurring among those aged 14 and 17 with the most substantive increase happening in the 14 and 15 year old bracket.

	0-4	5-9	10	11	12	13	14	15	16	17	18
2015-16	5	9	9	6	9	13	54	67	62	43	9

In terms of ethnicity, it is clear to see that the majority of children going missing are from a white British background 205 (72%), 42 are white European (15%), 13 Asian (5%) and one Mixed (1%). 25 young people missing during the year did not have an ethnicity recorded on the database. There has been a substantial increase in the number of White British children going missing from 93 in previous year to 205 this current year.

	White British	White Euro	Mixed	Asian	Black	Unknown	Individuals
2015-16	205	42	1	13	0	25	286

Involvement with children's social care

Prior analysis has shown that children with missing incidents are likely to have links with children's social care. The following analysis looks at whether the child was known to social care at the time of their missing incident, prior to or subsequent to the incident. Where an individual has more than one missing incident over the year, the most recent one has been used in the analysis.

The first table looks at whether the child or young person had an open referral within social care at the time of the incident. For those that were not open to social care at the time, analysis shows whether they had either a prior or subsequent referral. The data shows that 155 individuals were open cases within social care at the time of the missing incident. 32 young people had a prior referral to the incident which had since been closed and 59 had a referral opened after the incident. 40 children did not have any children's social care involvement at the time of their missing episode.

	2015-16	2015-16	2014-15	2014-15
Current	155	54%	77	50%
Prior	32	11%	23	15%
Subsequent	59	32%	13	8%
Never	40	14%	42	27%
Total	**286**	**100%**	**155**	**100%**

This year there has been a more robust response to missing episodes as demonstrated by the increase in subsequent intervention following a missing episode being reported.

The 155 cases that were open to Social Care at the time of the missing episode can be broken down as follows.

	2015-16	2015-16	2014-15	2014-15
Current CLA	75	48%	26	34%
Current CP	28	18%	7	9%
Current CIN	52	34%	44	57%
Total	**155**	**100%**	**77**	**100%**

There are clear links between Child Sexual Exploitation and children who go missing. Barnardo's has documented that more than half of the children they worked with in 2010 following sexual exploitation had previously been missing from home or care on a regular basis. More than 100,000 young people under the age of 16 run away from home, their care placement or school each year. Within Peterborough there is a clear system in place that monitors those young people who are at risk of Child Sexual Exploitation and who go missing. There is a clear hazard system in place that flags up the risk and this is reviewed in light of each missing episode through the normal safeguarding procedure.

Following discussion with the police and Cambridgeshire Childrens Services in February 2015, each Local Authority has agreed to run monthly Multi-agency Operational Meetings to monitor their cohort of missing children, those at risk of Child Sexual Exploitation, those children missing from education and those who are vulnerable to gang related activity and radicalisation. Information from these meetings will be provided to the Strategic CSE group which meets every 3 months to ensure that there is a comprehensive understanding of how we are addressing and reducing identified risks.

HOW IS THE PETERBOROUGH SAFEGUARDING CHILDREN BOARD ADDRESSING THIS ISSUE?

The Multi-agency Missing Action Plan developed in 2014-15 continues to be monitored and scrutinised by the Board via a six-monthly update. Narrative information is also presented which covers themes from Return Interviews undertaken. The last update was presented to the Board in November 2015 and covered an update on the post of the Missing Case Worker seconded from Barnardos and missing data for the six month period between April and November 2015.

The Missing Sub-group established last year has continued to meet bi-monthly. This meeting is led by the Head of Service within Children's Social Care who is the lead for Missing. The group pulls together information from missing from home, care and education to analyse trends and examine any increases or changes. The Peterborough Safeguarding Children Board Sexual Exploitation Co-ordinator is a member of this group and ensures that agencies are held to account around missing children and young people, as well as drawing information together concerning the link between children going missing from home or care and child sexual exploitation. This information is also drawn together at the Missing and Sexual Exploitation (MASE) meetings chaired by Cambridgeshire Constabulary. This allows for oversight by the CSE and Missing Strategic group.

PRIVATE FOSTERING

A private fostering arrangement is one that is made privately (without the involvement of a local authority) for the care of a child under the age of 16 years (under 18 if disabled) by someone other than a parent or close relative of the child, in their own home, with the intention that it should last for 28 days or more. It should not be confused with fostering placements provided by Independent Fostering Agencies run by private companies.

A private foster carer may be a friend of the family or the child's friend's parents. However, a private foster carer is sometimes someone who is not previously known to the family, but who is willing to foster the child privately.

Examples of private fostering arrangements are:

- Children sent from abroad to stay with another family, usually to improve their English or for educational opportunities.
- Asylum seeking and refugee children.
- Teenagers who, having broken ties with their parents, are staying in short-term arrangements with friends or other non-relatives.
- Children living with host families, arranged by language schools or other organisations.
- Children living with members of the extended family, e.g. Great aunt.

The Children Act 1989 requires parents and private foster carers to give the Local Authority advance notice of a private fostering arrangement. It also places specific duties on local authorities with responsibilities for children's services. The legislation made what was considered a private arrangement into a public matter by giving Local Authorities a role in ensuring that children are safeguarded.

The Board's role in Private Fostering is to have an overview of the numbers of cases being notified and that those cases are being dealt with within the guidance.

To ensure that the Board is fully aware of Private Fostering arrangements within the city, the Board receives regular updates reports from Children's Social Care as to numbers etc. In addition, the Board has played a role in ensuring that agencies are aware of Private Fostering and the implications for practice.

There were eight private fostering notifications received during the period of this report.

The low numbers of notified cases could be a concern and therefore, the Peterborough Safeguarding Children Board takes the role of ensuring that all partners are aware of what Private Fostering is and their responsibility to notify the Local Authority when they become aware of this sort of arrangement.

ALLEGATIONS MANAGEMENT

"Working Together To Safeguard Children – a guide to inter agency working to safeguard and promote the welfare of children 2006" introduced the concept of the Local Authority Designated Officer (LADO) who has the responsibility to have oversight of all allegations against a professional working with children from beginning to end (subsequently updated by Working Together in 2015).

Working Together 2015 stipulates that Local Authorities must now have in place a 'Designated Officer' to handle all allegations against adults who work with children and young people. Although this practice must continue, the guidance no longer refers to them as LADOs only 'Designated Officers' or teams. People undertaking this role must now be qualified Social Workers (apart from people currently in post or moving between authorities).

The role of the LADO remains essentially the same as under previous guidance although much of the detail in relation to how to manage allegations has been removed from statutory guidance.

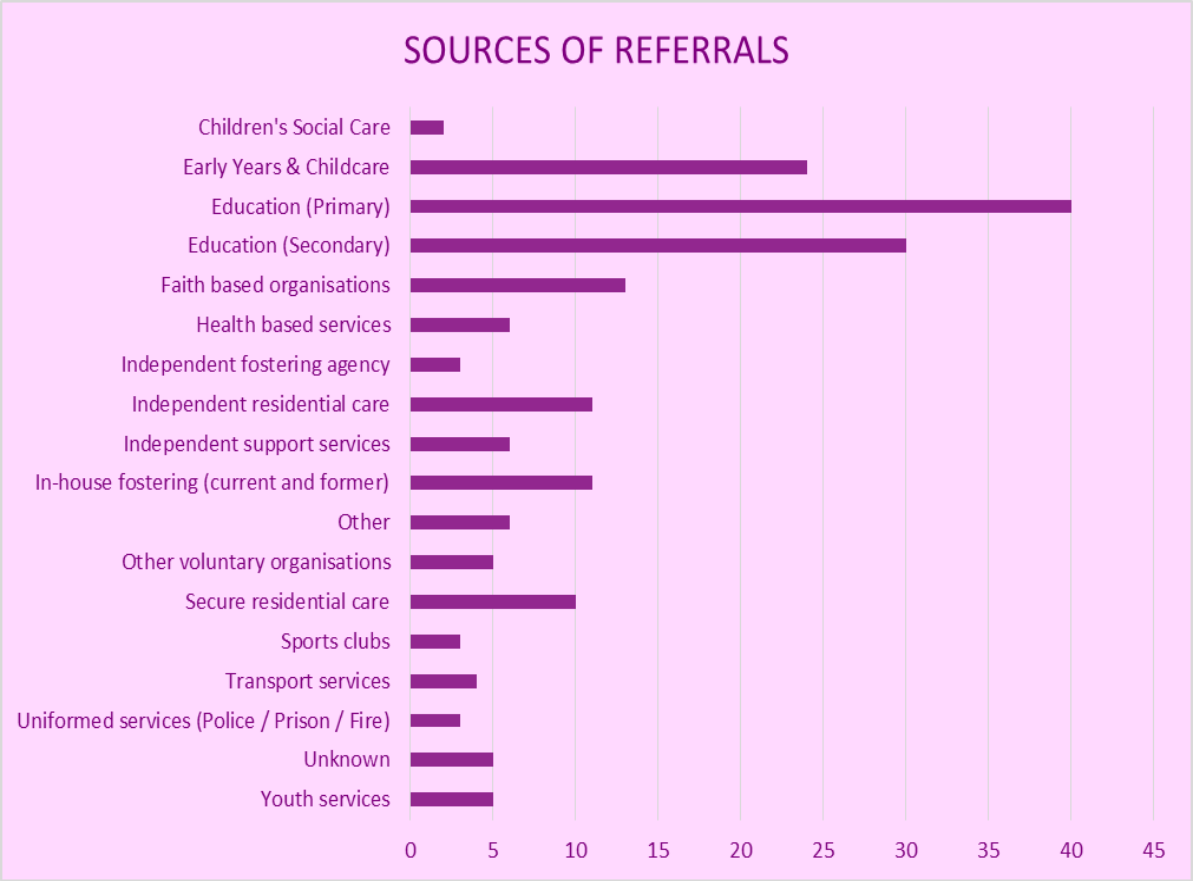
Through participation at the regional and national LADO meetings, it has become clear that nationally there has been some confusion with the new term 'Designated Officer and therefore, most authorities continue to refer to the role as the LADO.

As most local agencies working with children are familiar and continue to use the term 'LADO' it is proposed that this term is kept within Peterborough.

The LADO is responsible for:-

- Providing information, advice and guidance to employers and voluntary organisations regarding allegations management and concerns relating to paid and unpaid workers.
- Managing and overseeing individual cases from all partner agencies.
- Ensuring the child's view is heard and they/other children are safeguarded.
- Ensuring there is a consistent and thorough process for all adults working with children against whom an allegation is made.
- Monitoring the progress of cases to ensure they are dealt with as quickly as possible.
- Recommending when full referrals are needed and arranging and chairing complex strategy meetings where the allegation requires investigation by police and/or social care.

The LADO role within Peterborough continues to be undertaken by an experienced Independent Chair.



A total of 187 consultation referrals were received in the period of this report.

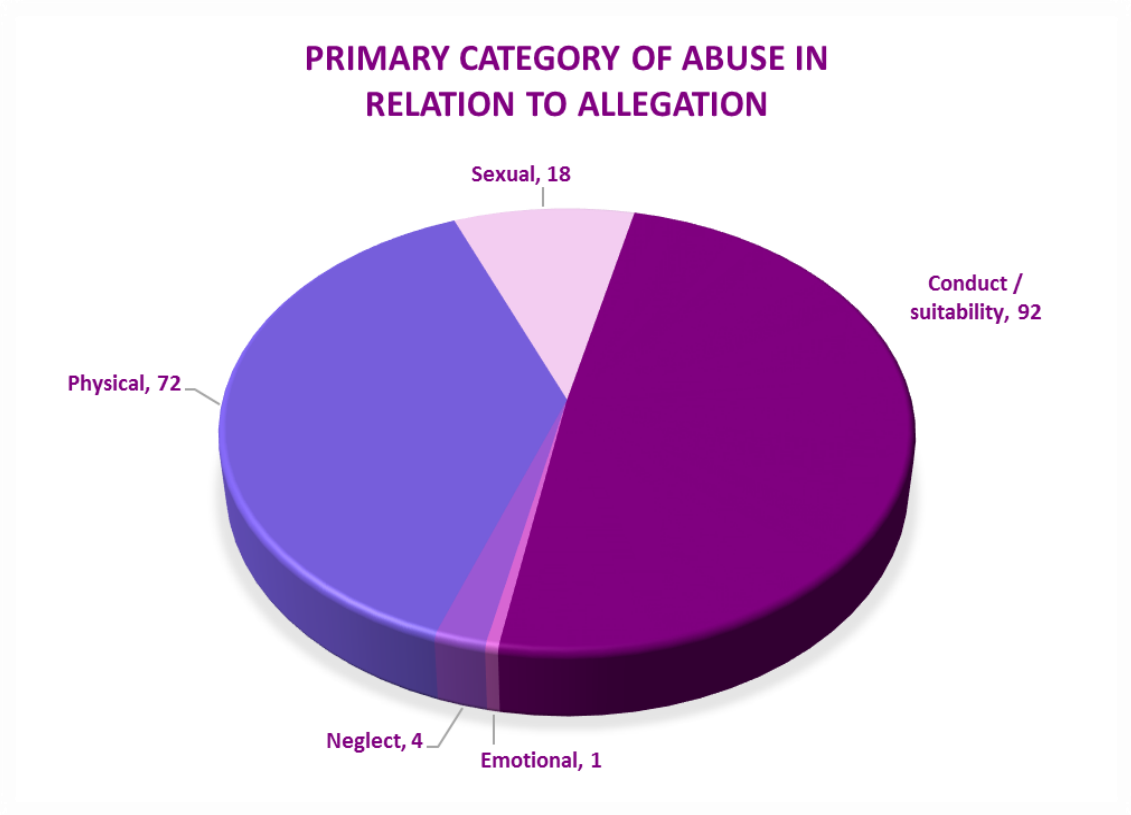
The increase in consultations with the LADO requiring advice and guidance to managers reflects informal feedback that the LADO is a valued service which enables professionals to discuss workplace concerns and issues and be assured that they are taking the correct steps.

The unknown category covers consultations made to the LADO where a referrer is expressing concerns about a person whom they think might work with children but does not know where they work. Such cases cannot be progressed.

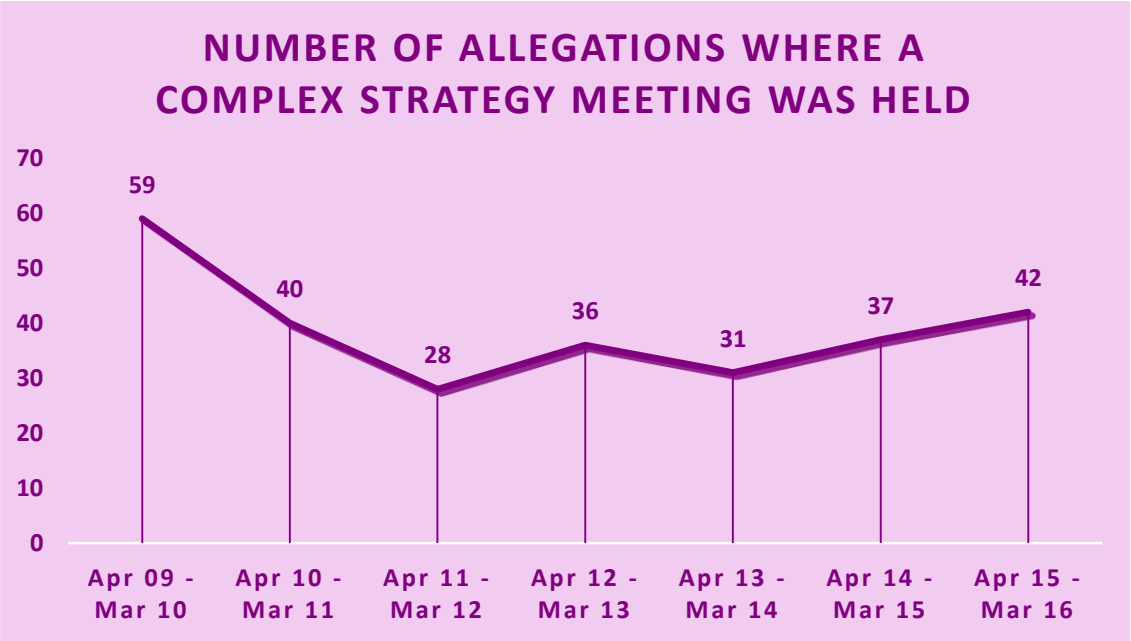
Some of the allegations from secure residential homes relate to complaints about restraints. There is a piece of work planned in late May 2016 between the Managers, LADO and Safeguarding Board to ensure that there is a clearer robust process in place to ensure timely and correct referral of any allegations and robust recording of the process of and outcomes of any internal investigations needed.

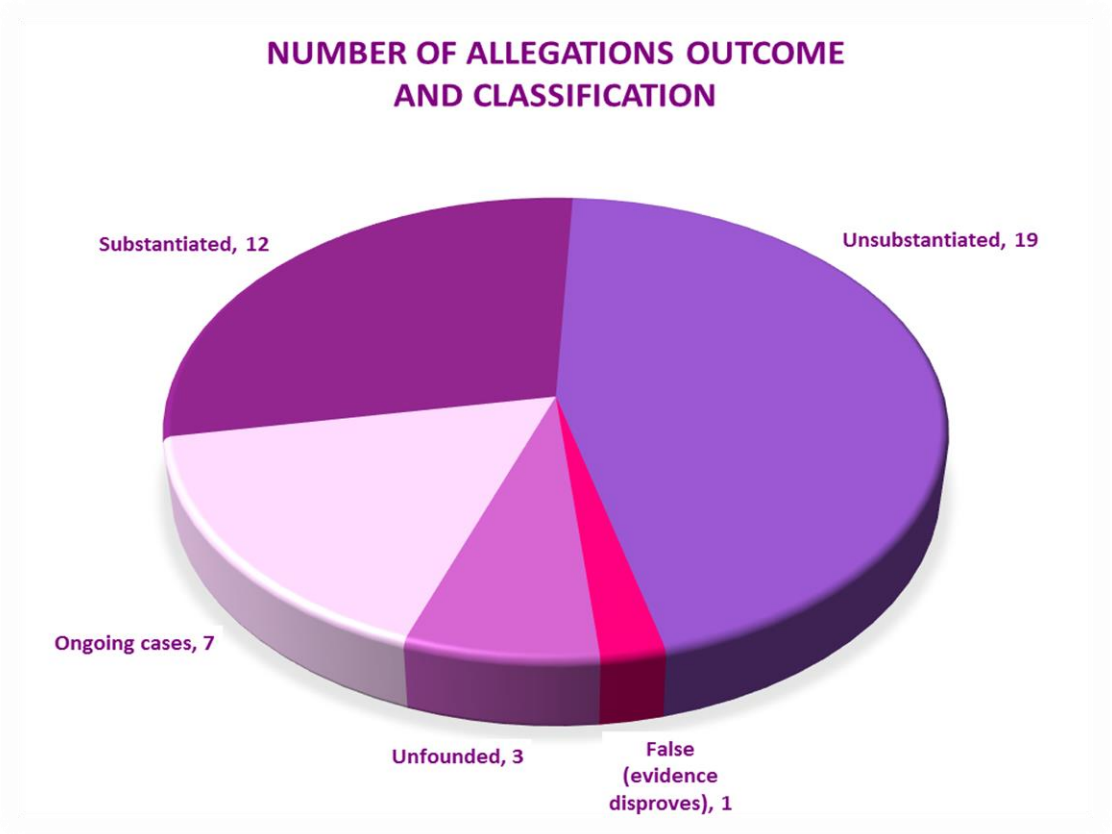
A majority of allegations from independent residential care relates to two specific independent children homes with a number of allegations being reported during and after Ofsted inspections. The LADO maintained close contact with Ofsted throughout their inspections and investigations.

The chart below shows the Primary Category of Abuse in relation to allegations received in the period of this report.



Of the total referrals received, 42 resulted in Complex Strategy Meetings (CSM) being held, representing an increase of five as compared to the 37 in the preceding 12 months.





Training and Awareness work

The LADO delivered a number of training and awareness raising sessions in the period of this report, including to Early Years providers, Schools, Mosques via the Muslim Council and through PCSB training. Evening sessions have been delivered where needed and specific workshops have been delivered to two school senior leadership teams on request

Further training is planned for the Police and private madrassa's in conjunction with the Community Cohesion Manager.

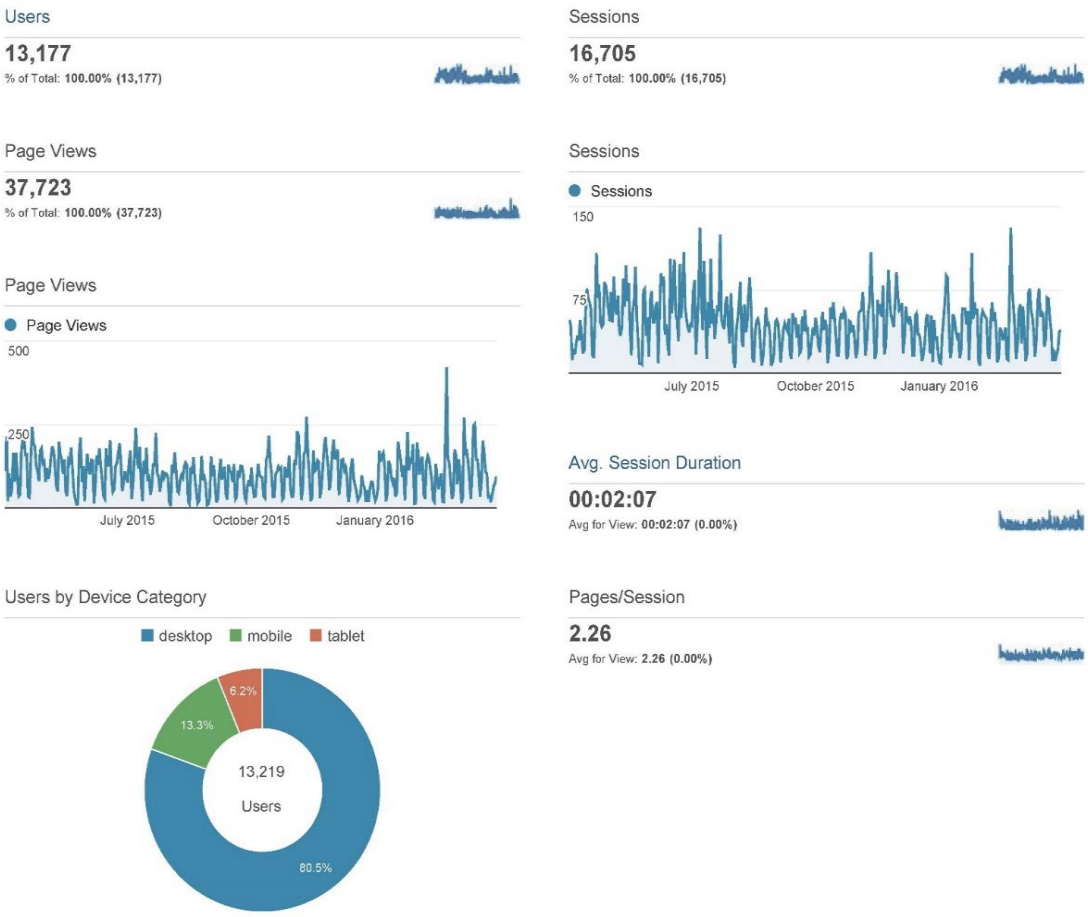
COMMUNICATION

PETERBOROUGH SAFEGUARDING CHILDREN BOARD WEBSITE

The Peterborough Safeguarding Children Board website was redesigned during October 2014 to make the site more engaging and user friendly whilst allowing for instant access to update information to reflect changing guidance.

During the year, from April 2015 to March 2016 there were 16,705 sessions where the website was viewed by 13,177 users. The charts below also show that during the year, the website pages were viewed 37,723 times which equates to approximately two pages per browsing session.

What has been identified is the increasing number of visitors to the site using mobile or tablet devices. Almost one fifth of visitors used a mobile or tablet device to access the website. This is a 1% increase from the previous year (April 2014 – March 2015) but in terms of figures this is an increase of 1595 users. In light of this, the website was designed to be responsive so that the website can be viewed with a minimum of resizing and scrolling.



The Ofsted inspection of services for children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the Local Safeguarding Children Board undertaken between April and May 2015 commented that the "*The LSCB website has been redesigned and is accessible, informative and engaging."*

A survey was undertaken to find the views of visitors and found over 80% felt that the site was easy to navigate and engaging.

LSCB NEWSLETTERS

The Peterborough Safeguarding Children Board newsletter is produced quarterly and is sent out via email to partners, added to the Peterborough Safeguarding Children Board website and shared via social media. It is primarily aimed at everyone who works with children, young people and families and includes updates on local and national policies and developments in Safeguarding Children, learning from Serious Case Reviews and upcoming multi-agency training events. Contributions to the newsletter are received from various partner agencies and some information is sourced from national publications and organisations (Gov.uk, NSPCC, Ofsted etc).

AWARENESS CAMPAIGNS

During the year, the Peterborough Safeguarding Children Board took part in a number of awareness campaigns including the Lullaby Trust's Safer Sleep Week, National CSE Awareness Day, Anti-Bullying and Safer Internet Day.

Other awareness campaigns held during the year included teaming up with Safer Peterborough Partnership during a week of action on Operation Can-do where members of the Business Unit

accompanied Police Officers during their licensing inspections to speak with shop-keepers to highlight the issue of Child Sexual Exploitation.

Sergeant Rowe commented “Previously, licensing was very much the sole preserve of the Police and Council and focused on particular matters. These joint visits conducted during the OpCando ‘Week of Action’ with the Children’s Safeguarding Board really emphasised how the safeguarding of children affect all different aspects of work and organisations and are a great example of how different partners and agencies are now working together to increase safety for children in our communities.”

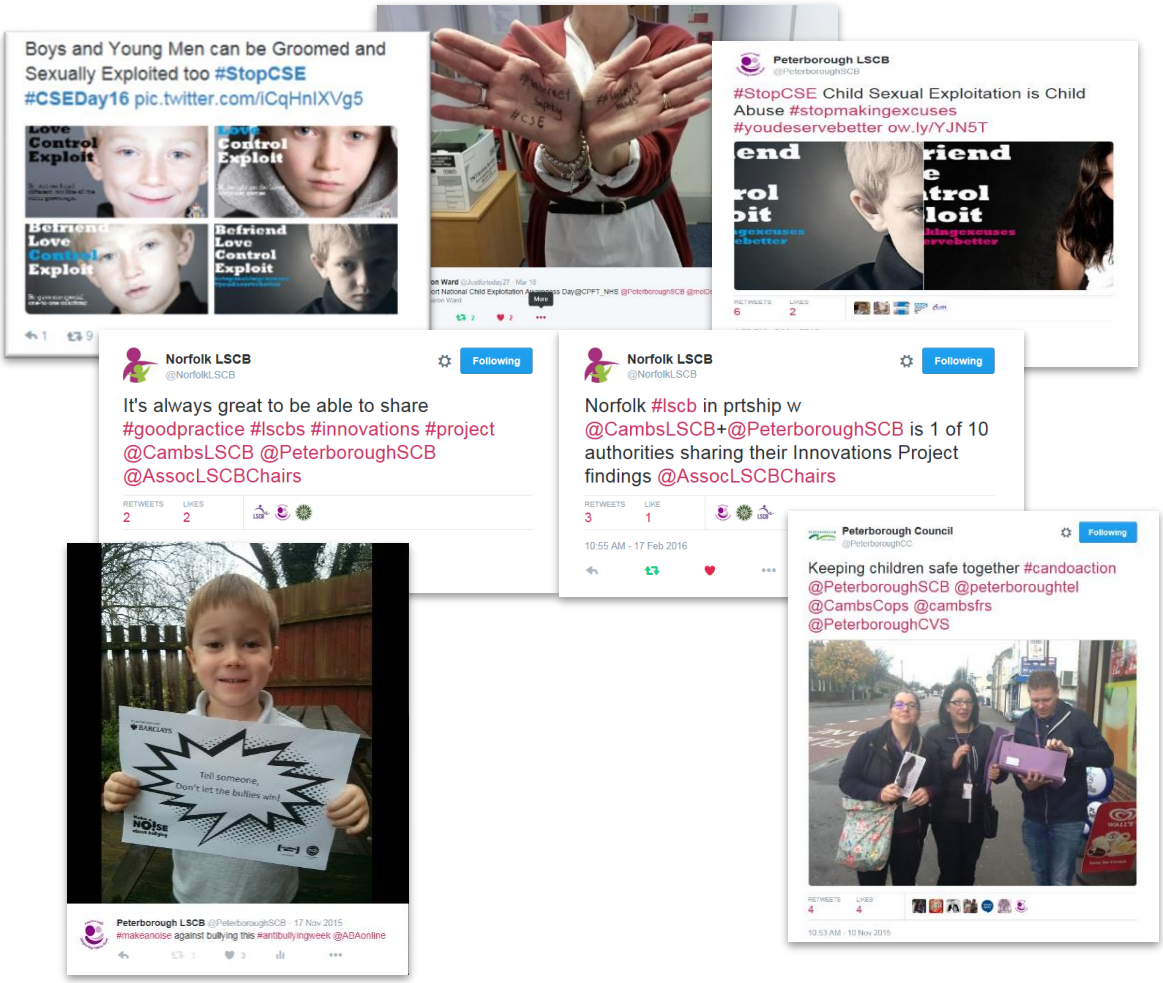
SOCIAL MEDIA

Peterborough LSCB has been tweeting as *@peterboroughscb* since September 2012. During the year, our Twitter account gained 214 new followers and posted 78 times.

A number of our followers include other LSCBs, schools and teachers, partner organisations and members, professionals and voluntary sector agencies.

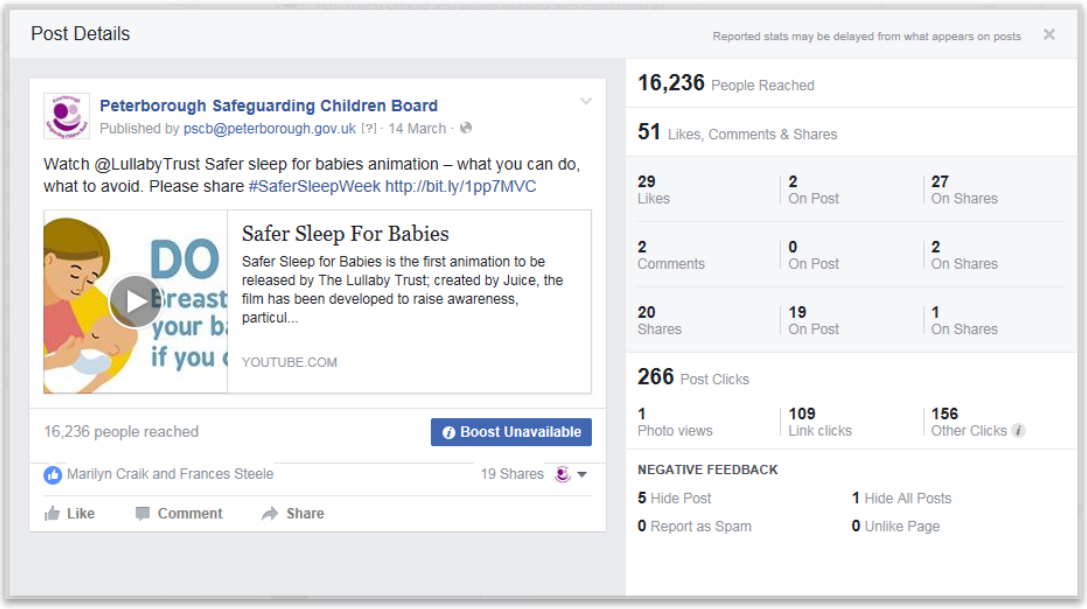
During the year, our tweets were seen 35,337 times by users on Twitter. This was from both our followers and followers who retweeted. This is considered as positive because it is helping to raise the profile of the Board’s work and may encourage others to ‘follow’.

Below is a selection of some of the tweets posted by or mentioning the Peterborough Safeguarding Children Board.



The Peterborough Safeguarding Children Board's presence on Facebook is currently in its infancy with an account being created during October 2015. By the end of March 2016, we had gained 121 followers.

Our largest reach from a Facebook post was the posting of the Lullaby Trust's Safer Sleep video as part of their Safer Sleep Week campaign. This single post had reached 16,236 people which was almost half of our Twitter reach for the whole reporting period and was shared, liked and commented more than 50 times. This was excellent news for the Lullaby Trust as this has helped to raise awareness of safer sleeping for babies which can significantly lower the chances of babies dying from Sudden Infant Death Syndrome (SIDS).



To further develop the website and social media engagement and helping to raise the profile of the Board with members of the public, it has been suggested to include regular blog posts from the Independent Chair, Head of Service for the Safeguarding Board, Lay Members, Board and sub-group representatives and frontline professionals around the work they are undertaking to safeguard and promote the welfare of children across Peterborough. This will be developed in 2016-2017.

THE VOICE OF CHILDREN, YOUNG PEOPLE AND FAMILIES

The Board and their partners are very aware of the need to engage with families, children and young people in a meaningful way to understand and act on their views and concerns.

In November 2015, a survey was issued to all schools across the city to ascertain the views and experiences of children and young people with regards to Domestic Abuse and Healthy Relationships. Two surveys were developed, one aimed at 8-11 year olds and the other aimed at 12-16 year olds. We received over 2,000 responses from 22 different schools. This represented 15 Primary and five Secondary schools, with two schools remaining anonymous. The results of the survey were analysed and the report was published in March 2016 after being presented to Board members. From the results of the survey an action plan has been created and features the following themes:-

Help young people support each other

A common theme particularly in the year's 8–11 survey was that young people rely on their friends to discuss and seek advice on relationships. Child friendly posters and leaflets are to be created

to give advice to children and young people as to how they are able to support their friends with these issues. Posters featuring quick response bar codes (QE codes) with a link to guidance websites will be issued to schools, colleges, youth clubs etc.

Supporting Professional Practice

It was clear from both surveys that children have a close bond with staff in the school setting. It is imperative that the Board continues to build strong links with schools through the Child Protection Information Network and to increase the attendance of the Managing Disclosure training course that is delivered as part of the core Peterborough Safeguarding Children Board training package.

Increase promotion of Sexting Awareness

The Communications Lead for the Peterborough Safeguarding Children Board has created and issued leaflets around sexting. There is further work to be undertaken by the Board to refresh these documents for circulation.

Promotion of Safeguarding Children Board and increase engagement with Young People

Further work needs to be undertaken so that children and young people are aware of the Safeguarding Board. This will be by raising the profile of the Peterborough Safeguarding Children Board website and utilising social media platforms. This will enable children and young people to access messages given out by the Board.

Quality of PSHE

Throughout the survey it was clear that children and young people are receiving PSHE lessons. However, survey raised a question over the quality of the information being cascaded during these lessons. The Board aims to link with the Local Authority Education Safeguarding Lead to ascertain ways on how this can be monitored. As there is no statutory obligation to deliver PSHE within a school, it may be difficult getting schools to engage in this. The Section 175 return that is completed by the schools at the end of the academic year may be amended to include a section on how to evidence the impact of PSHE.

The Board is about to commence work in two Primary Schools in Peterborough to pilot the Digital Safety Ambassador scheme. The project will include a series of sessions which will educate the pupils on how to stay safe online. At the conclusion of the project, the Digital Safety Ambassadors will then be utilised throughout the schools to help inform and educate others on how to stay safe online. The two pilot schools have a completely different cohort of children which will be useful to compare the progress of the children. Should the pilot be successful, a request will be put to Board members to agree for this to be rolled out across the city.

The Children's Film Awards

Peterborough City Council runs an annual children's film awards. For the first time this year, the Peterborough Safeguarding Children Board sponsored a new category – The Bullying Awareness Award. This category gave both pupils and teachers the opportunity to create and star in a movie about the effects of bullying and what action can be taken to overcome or recover from this. This activity provided children from primary schools across the city the chance to create a film that would help to educate professionals and others about the effects of bullying and to showcase their skills in drama and filmmaking.

All of the entries in this category will be used by the Board in future training around bullying. This innovative project has provided the Peterborough Safeguarding Children Board with a comprehensive view of children's perceptions around both online and face to face bullying and some high quality training materials.

Other activity that has involved input from children and young people in the city has included:

- Feedback from working groups of young people on the leaflets produced by the Board.
- Developing a relationship with the Youth MP to ensure key safeguarding messages are communicated to young people via Safeguarding Ambassadors in the secondary schools, and back to the Board via the same route. The aim of this relationship was to ensure that the voice of young people reaches the highest level of the workforce.

SCRUTINY AND CHALLENGE

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
b) to ensure the effectiveness of what is done by each such person or body for those purposes.

SCRUTINY

In the period covered by this report, the Board has provided scrutiny to agencies through reports and discussion at the bi-monthly Board meetings on the following issues:

Children's Social Care

- LADO Annual Report
- Parental Consultation around the Child Protection Conference Process Feedback Report
- Private Fostering Action Plan
- Analysis of Multi-agency Attendance at Child Protection Conferences Report
- Peterborough Pathway for Children and Young People with Behavioural, Emotional and Mental Health Needs Report
- Information Sharing Consent in Social Care Report
- Missing and Absent Update and Action Plan
- Peterborough Children in the Justice System Trends Report
- Private Fostering Report
- Ofsted Action Plan
- Children in Need Update
- Looked After Children – Placements Out of Area
- Recruitment and Retention

Health

- Looked After Children Health Team Update and Audit of Health Needs Report
- Peterborough Family Nurse Partnership Report
- Lampard Review and Health Engagement Update
- Safeguarding Children Quarterly Reports
- Audit of Initial Health Assessments Completed April 2014 – March 2015
- Compliance Review of NHS Safeguarding Framework

- Guidance for professionals working with Sexually Active Young People under the age of 18
- Initial Health Assessments for Children In Care Update
- Report on GP Out of Hours Service

Police

- Police Problem Profile – Child Abuse in Cambridgeshire and Peterborough
- Protective Barriers Approach Report
- The Future of Missing and Absent Categories Report
- Recorded Sex Offences Against Children
- Use of Technology in the Context of Safeguarding Presentation
- HMIC Inspection Feedback / Missing and Absent – Overview of Inspections
- HMIC Police Effectiveness (Vulnerability) Report
- Juveniles remanded in Police Custody
- Domestic Abuse

Education

- Overview on Peterborough Pupil Referral Service Presentation
- Elective Home Education – background, monitoring and QA procedures Report
- Bullying in Schools Report
- Children Missing Education

Multi-agency

- How Safe are our Children – Overview and Key Messages (NSPCC)
- Annual Report 2014-15 (CDOP)
- Child Sexual Exploitation Joint Strategy 2015-19 (Peterborough Safeguarding Children Board)
- Safeguarding and Community Inclusion Innovations Project Report (Norfolk SCB)
- Whistleblowing Helpline Overview Report (NSPCC)
- Learning from Serious Case Reviews (Peterborough Safeguarding Children Board)

In addition to the above, the Peterborough Safeguarding Children Board Independent Chair and Board Manager offer scrutiny of policies and practice via the Boards linked to the Peterborough Safeguarding Children Board, for example ensuring Ofsted recommendations are addressed.

CHALLENGE

As well as evaluating and analysing operational issue within Board meetings, the Peterborough Safeguarding Children Board has also been active in the last year, challenging practice through individual case escalation. This can result in the Peterborough Safeguarding Children Board facilitating meetings around practice or speaking directly to senior managers about the issue. The Peterborough Safeguarding Children Board does not keep a record of every concern or challenge that it has participated in but it does keep a 'Challenge Log' of examples of concerns or challenges it has been involved in.

The log evidences that, within the 12 months of this report, the Peterborough Safeguarding Children Board (through either the Chair or Board Manager) has facilitated inter-agency meetings involving

challenges to practice. In addition there has also been cases where the Peterborough Safeguarding Children Board Manager has raised escalation concerns directly with the appropriate Board Member regarding frontline practice.

Below is an extract from the log for illustration purposes:

Date	Source	Challenge	Outcome and Impact
Priority 1 - Ensure that that early help and preventative measures are effective			
October 2015	PSCB Meeting	Challenge was made to a number of partner agencies during the review of the 2015 Section 11 audits. The Peterborough Safeguarding Children Board Officer reviewed each submission and requested the author of the document provide clarification over a number of sections.	Clarification provided by authors of audit on statements that required further detail on how the agency met the criteria.
November 2015	PSCB Meeting	Head of Peterborough Safeguarding Boards challenged around the status of the Missing & Absent action plan. A number of the dates for completion had passed but actions still appeared to be outstanding. Peterborough City Council's Head of First Response confirmed that the progress fields had been updated but other parts of the plan had not.	Head of First Response agreed to update the action plan and resubmit to the Board.
March 2016	Quality & Effectiveness Sub Group Meeting	Group advised that not everyone had submitted completed audit planners, as requested previously.	PSCB Business Manager escalated to the March 2016 Board to hold agencies to account. All planners were received by beginning of May.
Priority 2 - Ensure that children at risk of significant harm are being effectively identified and protected			
April 2015	Children's Social Care (CSC)	CSC raised a concern about Health Visitor practice.	Resulted in a facilitated meeting between CSC and Health which was Chaired by the PSCB Business Manager. Agreed way forward.
March 2016	Phone call from Education	Reporting of case escalation information had not been passed to the MASH regarding a child and the child had not been seen to commence assessment.	Team Manager for MASH led on ensuring the correct information was shared and action was taken to progress the case.
Priority 3 - Ensure that everyone is making a significant and meaningful contribution to safeguarding children			
April 2015	PSCB Meeting	Transport raised concerns about issues involving drivers and handover procedures at contact.	PSCB facilitated a meeting between the Contact Centre and Transport. Agreed a way forward and monitoring process.

Priority 7 - Ensure that all children are fully protected from the effects of CSE			
November 2015	Email	Challenge to Police following strategy meeting regarding activity surrounding a missing young person.	Clarity provided to other partners involved concerning activity undertaken by Police which had not been disclosed during the strategy meeting.
January 2016	Emails	Challenge to Children's Social Care and other partners regarding a young person (anonymised) and strategy meeting not being held.	Strategy meeting held, chaired by other Local Authority.
February 2016	Email	Challenge to Children's Social Care, NSPCC and City College Peterborough regarding response to request for information under Joint Targeted Area Inspections guidance for benchmarking exercise.	Information received.

The challenge log demonstrates that the Board has a good oversight of practice across agencies.

CONCLUSION

The Peterborough Safeguarding Children Board continues to be a strong partnership which has worked well together to coordinate activity and hold partner agencies to account for their activity to provide the best outcomes for children and young people in the city. The good work the Board has completed in the last year can be seen in the strengthening of its engagement with young people. The aim has been to gain knowledge of their wishes, feelings and opinions, ensuring that the work of the Board is relevant and informed by the voices of local children. This work has been greatly supported by better relationships with the schools, secondary and primary, via the Education Safeguarding Lead who has contributed directly to ensuring the profile of the Board has been raised amongst children and young people in the city.

Effective in promoting awareness of child sexual exploitation (Ofsted)

The Board offered a very good, proactive response to child sexual exploitation, including some excellent community engagement work. This work is ongoing and it is the aim that community engagement work with a range of safeguarding activities and awareness raising more generally, will benefit from the lessons learnt and good practice demonstrated in the Board's response to CSE.

Is successful in engaging with communities and faiths within the city (Ofsted)

Work with the faith communities in Peterborough has been a particular area of good practice in the last year. The Muslim Council of Peterborough, via the Communities and Cohesion Manager for Peterborough City Council and again the Education Safeguarding Lead have supported some excellent awareness raising and engagement work.

Partner agencies are well represented on the Board and attendance is good (Ofsted)

Lastly, there has been some excellent partnership work across the county of Cambridgeshire this year through joint work with Cambridgeshire Local Safeguarding Board and it is the aim that this work will not only continue but develop further to strengthen this partnership through 2016/17.

THE BOARDS'S BUSINESS PRIORITIES 2016-17 AND FUTURE DEVELOPMENTS

It was agreed by the group to retain the priorities in place in 2015/16 for an additional year. These are:

- Early help and preventative measures are effective.
- Children at risk of significant harm are effectively identified and protected.
- Everyone makes a significant and meaningful contribution to safeguarding children.
- Workforce has the right skills/knowledge and capacity to safeguard children.
- Understand the needs of all sectors of our community.
- Children are fully protected from the effects of domestic abuse (domestic violence) and neglect.
- Children are fully protected from Child Sexual Exploitation.

FUTURE DEVELOPMENTS FOR PETERBOROUGH SAFEGUARDING CHILDREN BOARD

- Strengthening the multi-agency dataset to reflect safeguarding activity across the city and to provide the Peterborough Safeguarding Children Board with a clear picture of agencies' performance,
- Development of audit activity across the county, as well as across the children's and adult's safeguarding workforce.
- Implementation and evaluation of the new Learning and Engagement Sub-group structure.
- Continued activity to ensure child sexual exploitation continues to be a priority for safeguarding agencies.
- Increased engagement with children, young people, parents and carers.
- Monitor the local authority's response to the findings of its inspection in relation to the quality of social work assessments, chronologies and plans and provide appropriate feedback and challenge to support it in making the necessary improvements.

APPENDIX 1 – GLOSSARY OF ACRONYMS AND TERMS USED

Initials Used	Name	Description
ASD / ADHD	Autistic Spectrum Disorder / Attention Deficit Hyperactivity Disorder	A condition that affects social interaction communication, interests and behaviour. A group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness
CAFCASS	Children & Family Court Advisory & Support Service	Represents children in family court cases and ensures their voices are heard and decisions are taken in their best interest
CAMHS	Children & Adolescent Mental Health Service	Secondary services covering child mental health
CCG	Clinical Commissioning Group	Responsible for organising the provision of health services in the area
CHISVA	Children and Young People's Sexual Violence Advocate	Provide support to children and young people who have made a disclosure of a sexual offence
CDOP	Child Death Overview Panel	To identify the avoidable causes of child death and reduce or prevent future deaths
CP	Child Protection	The formal multi-agency process for safeguarding children at immediate risk of serious harm
CPFT	Cambridgeshire and Peterborough Foundation Trust	Local provider of health services
CPIN	Child Protection Information Network	Sub-group of the Board – see page 27 of this report.
CQC	Care Quality Commission	Inspector of Health Services
CSE	Child Sexual Exploitation	Child sexual exploitation (CSE) is a type of sexual abuse in which children are sexually exploited for money, power or status
CSM	Complex Strategy Meeting	Professionals meeting to discuss cases
DfE	Department for Education	A department of the Government
eCAF	Electronic Common Assessment Framework	Tool for assessing the needs of children and their families
GP	General Practitioner	Self-explanatory
HMP	Her Majesty's Prison	Self-explanatory
HWB	Health and Wellbeing Board	Statutory partnership responsible for integrating Health and Social Care provision
JASP	Joint Access to Support panel	Reviews needs and placements of children with additional needs
LADO	Local Authority Designated Officer	See explanation on Page 58
LSCB	Local Safeguarding Children Board	Statutory partnership responsible for monitoring and supporting effective safeguarding of children
LAC	Looked After Child	See page 35
MAPP	Multi-Agency Public Protection Board	Board that helps manage the risks presented by serious violent and sexual offenders
MARAC	Multi-agency Risk Assessment Conference	A meeting that discusses risk assessments in domestic abuse cases

MASG	Multi-Agency Support Group	Panels for agreeing support for children and their family under Early Support
MASH	Multi-Agency Safeguarding Hub	Screens al referrals for children and vulnerable adults (the 'front door' for services)
NHS	National Health Service	Self-explanatory
NSPCC	National Society for the Protection Cruelty to Children	See https://www.nspcc.org.uk/
PACE	Parents Against Child Exploitation	See http://paceuk.info/
PASP	Peterborough Access to Support Panel	Oversees decisions about children moving into care
PWA	Peterborough Women's Aid	Service providing support to victims of domestic abuse
PSCB	Peterborough Safeguarding Children Board	http://www.peterboroughlscb.org.uk/
QEG	Quality and Effectiveness Group	LSCB monitoring and audit committee
RAG	Red, Amber & Green Rating	Use in action plans to determine priority level and progress achieved
SAB	Safeguarding Adults Board	Statutory partnership responsible for the safeguarding of adults with care and support needs
SASP	Specialist Abuse Services Peterborough	Supports victims of domestic abuse and sexual violence
SCR	Serious Case Review	A Statutory case review held when a child dies or is seriously harmed where neglect and/or abuse is a factor.
TAC	Team Around the Child	A group of people who support a child/family at the Early Help level

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Annual Report 2015/16

Safety, Enablement, Empowerment and Prevention, at the centre of everything we do

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CONTENTS

FOREWORD

By Dr Russell Wate QPM, Independent Chair Peterborough Safeguarding Adults Board

It is my pleasure to introduce the Peterborough Safeguarding Adults Board's Annual report. The aim of the report is to capture the difference we made in 2015/16, set against the priorities we had identified in our business plan.

The biggest challenge the board has had to face is dealing with the requirements, from the 1st of April 2015, of the Care Act 2014. The guidance that the Government sent out has been tested during this time and as a result updated guidance was also issued, which has involved further changes to working practices in safeguarding.

As well as this, once again, our work over the year took place in an environment of organisational change and resource constraint across the whole partnership, in particular with the continuing reconfiguring of the health system and probation system.

Nevertheless, I think that we have made some considerable progress again this year, particularly around our monitoring and oversight of the quality of care within Peterborough. This is something that we have spent a lot of the board's and sub-groups time on. It included the completion of three Safeguarding Adult Reviews, one of which involved a number of person's needing care and protection. To supplement this and help to learn lessons the board ran a "Learning from Safeguarding Adult's Reviews" conference, which over 70 delegates attended and there was good feedback from those that attended. One of the other concerns we have is self-neglect and we held another very successful conference on how to tackle this, including how to deal with hoarding.

I realise there is much more to be done, and we must strive to work with all of the organisations and providers of adult care in Peterborough to make this a safe City to be a resident of, in particular when you are vulnerable and in need of care and protection.

We have maintained close links with both the Peterborough Safeguarding Children Board and the Cambridgeshire Safeguarding Adults Board in recognition of those organisations that deliver services to both children and adults and across the local authority boundaries. We have also kept close links with the Health and Wellbeing Board in Peterborough.

In the forthcoming year we will need to ensure we as a Board have fulfilled the expectations of the Care Act 2014.

I should also like to thank all of those colleagues who have worked so hard to promote and improve our approach to safeguarding over the last year. This includes the Board staff led by Jo Procter with Angela Harbour and the rest of team working to promote adult safeguarding in Peterborough. There are many challenges to do this and the board are striving hard to work on improving how we do this, through writing policies, guidance and improving frontline practice.

The frontline staff and their managers from local agencies need particular mention for their commitment to safeguarding adults in Peterborough.

Dr Russell Wate QPM

BACKGROUND

Adult safeguarding has been a priority for local authorities for many years, but this work was not supported by a single law; instead there was a complex legal framework which, at times, led to an unclear picture with regard to the roles and responsibilities of those working to prevent abuse and neglect. The implementation of the 2014 Care Act has changed this by setting out a statutory framework for safeguarding (using the 2011 Law Commission Adult Safeguarding report as its backdrop). It is considered good practice that Peterborough already had an Adult's Board in place before it became a statutory requirement.

The key elements of the Care Act 2014 are:

- Placing Safeguarding Adults Boards (SABs) on a statutory basis
- Core membership must consist of the Local Authority, NHS and Police
- Partners have a duty to co-operate
- The Safeguarding Adult Board must have a Strategic Plan, written after consultation with the local Healthwatch and the local community, and it must be published
- The Safeguarding Adult Board must publish an annual report, which must include -
  - what the Safeguarding Adult Board and its members, have done to carry out and deliver its objectives
  - information about any Safeguarding Adult Reviews (SAR's) that are ongoing or have been reported in the year. This must include what the Safeguarding Adult Board has done to act on the findings of any completed SARs, or where it has decided not to act on a finding, why not
  - how the Safeguarding Adult Board is monitoring progress against its policies and intentions to deliver its strategic plan

The role of The Board is to work as a multi-agency group:

1. To ensure the safeguarding of adults at risk of abuse in Peterborough and to prevent abuse and neglect happening within the community and in service settings by providing effective strategic governance at senior management level across partner organisations.
2. To provide independent governance and audit of safeguarding practices and to promote the safeguarding interests of adults at risk to enable their wellbeing and safety.
3. To promote, inform and support the work to safeguard adults in Peterborough, across all the partnership agencies, and to inform and support cross boundary safeguarding arrangements.
4. To develop Peterborough's strategic safeguarding policies, and ensure the inclusion of these polices in all agencies strategy documents and plans.
5. To address poor practice and robustly act to ensure the principles are maintained.
6. To seek independent legal advice as appropriate.

STRATEGIC PLAN

OUR VISION

Our vision is clear: **Safety, Enablement, Empowerment and Prevention will be at the centre of everything we do**. We implement this vision using the firm foundation the Board has developed, where our shared values and beliefs are manifest through very close partnership working, commitment and our mutual accountability.

We have agreed that our vision includes:

- Enabling and empowering our communities to live a life free from harm
- Working together to promote the early detection of harm, abuse and neglect, and before it happens, make proportionate, preventive intervention.
- That if abuse has taken place, to provide an effective multi-agency response where professionals are competent and communities know how to respond
- Making sure that service users and their carers are empowered and well represented
- Working closely with the voluntary and private sector to build and develop choices
- Continuously improving our skills and practices to effectively safeguard adults at risk

and the **six principles** for adult safeguarding:

Empowerment – People being supported to and encouraged to make their own decisions and informed consent

Prevention – It is better to take action before harm occurs

Proportionality – The least intrusive response appropriate to the risk presented

Protection – support and representation for those in greatest need

Partnership – Local solutions through services working with their communities

Accountability – Accountability and transparency in delivering safeguarding

KEY ACHIEVEMENTS

Details of what has been achieved throughout the year can be found in the report, but listed below are some of the key achievements of the Peterborough Safeguarding Adult Board.

PETERBOROUGH SAFEGUARDING ADULT BOARD ACHIEVEMENTS:

- *Partnership working.*
- *Implementation of the 2014 Care Act.*
- *Self-neglect conference – and the subsequent work to produce a self-neglect policy and procedure due to be published in September 2016.*
- *Learning from Safeguarding Adult Reviews (SARs) – Conference and learning resources, including the development and publication of treatment guidelines for Hyperglycaemia and Hypoglycaemia for any staff working with adult service users. (Refer page 15 for further information relating to SARs).*
- *Development of a safeguarding toolkit; a self-assessment tool for providers to assess what arrangements they have in place for safeguarding adults feedback for the toolkit has been very positive.*
- *Development of a multi-agency adult safeguarding training programme.*
- *Strengthened the SAR process.*
- *Carried out consultation work with our new arrivals communities.*

BUSINESS PRIORTIES

Each Safeguarding Adult Board is required to produce and publish a strategic plan. Outlined below are the priorities and aims against which the Board monitored progress for 2015/16

Priority Area 1– Partnership and Culture	
Aims:	**Examples of progress made within the multi-agency partnership**
Ensure lawful compliance, ownership, return on investment & a range of representation at Peterborough Safeguarding Adult Board (PSAB). (Key principle – Accountability)	PSAB Membership was reviewed and revised in order to ensure compliance with the Care Act.
Ensure PSAB strategy & governance framework is well informed by the wider safeguarding remit. (Key Principle – Accountability)	The PSAB strategy, and the work of the sub-groups, was developed and strengthened to align with the key principles.

Ensure communication planning is in place to share feedback from LSIs; SIs; DHRs & reports back from criminal justice system. (Key principle – Prevention)	Key learning for example from DHR's, SI's, LSI's and SAR's, is discussed and shared at SAB and sub-group meetings. Learning from SAR's was the subject of a PSAB conference in March 2016. Communication is planned with the relevant agency press offices when necessary and reports and learning documents are published on the website.
Work more closely with Cambridgeshire. (Key principle – Partnership)	Wherever possible work has been done jointly with Cambridgeshire Safeguarding Adults Board: • Reviewing the Multi-Agency procedures, • Self-Neglect Task and Finish group • Hoarding group • Safeguarding Adults Health sub-group
Develop a forum for service providers to enable learning, promote quality and to receive feedback. (Key principle – Prevention)	Although the PSAB has not developed its own forum, it has attended and presented at the Peterborough Independent Provider Forum. Members from the Peterborough Provider Forum have now joined the Safeguarding Adult Board to represent this sector. The Provider Forum member attendance also includes the Domiciliary Care and the Residential and Nursing Care Representatives attendance.
Priority Area 2 – Practice, Delivery and Outcomes	
Aims:	**Examples of progress made**
Ensure the voice of adults at risk and their carers is heard and acted upon. (Key principle – Empowerment)	As part of the SAR process families of the subject of SAR's have been met with and their views included in the SAR reports where possible. Monitoring of Making Safeguarding Personal (MSP) through the audit process is ongoing.
Review and update PSAB Multi agency Policy and procedures, working closely with Cambridgeshire SAB Members and countywide MASH Board. (Key principle – Protection)	Work is on-going, with Cambridgeshire to review the multi-agency policy and procedures to ensure Care Act compliance.
Effectively deploy NHS funding for DoLS & MCA learning across Health staff. (Key principle – Accountability)	Peterborough and Cambridge Safeguarding Adults Board used the NHS England funding together to deliver DoLS and MCA training to Primary Care staff.
Aims:	**Examples of progress made**
Continue to ensure 'lessons learned' are effective. (Key principle – Prevention)	Recommendations from SAR's are monitored by the SAR sub-group. The Quality and Effectiveness sub-group also perform this task through audits. The SAR process has been strengthened to include lessons learnt PowerPoint presentation and a practitioners leaflet.

Continue to deliver the training strategy to support partners with skills & knowledge. (Key principle – Accountability)	The PCC Workforce Development Team (Adults) oversaw the provision and commissioning of Safeguarding Adults multi-agency training to 595 people on behalf of the PSAB. The Workforce Development Team is endorsed by Skills for Care as a Recognised provider of training. The responsibility for delivering safeguarding adults training has moved to the Safeguarding Adult Board business unit from 1st April 2016
Continue to work closely with children's services to support transition of young people at risk. (Key principle – Partnership)	The Peterborough City Council's 0-25 Disability Service provides social care support for children with a range of disabilities and who meet the thresholds for these services. Committed to person centred approaches in assessing and safeguarding to ensure children and young people's views are heard and aspirations are met and children and young people remain safe and well. The joining of a children and adult social care team offers families and their children a smooth transition from childhood to young adulthood enabling a less stressful journey and offering a consistent approach within a multi skilled workforce. The service works closely with partner agencies in health, education and the private sector and the work of this team is monitored and scrutinised through the Safeguarding Adult Board.
Establish ways of working to connect with 'Hard to Reach' groups. (Key principle – Proportionality)	A Safeguarding and Community Inclusion group was set up to engage with Eastern European communities across Cambridgeshire, Norfolk and Peterborough safeguarding Boards and the Head of Peterborough Safeguarding Boards was Vice-Chair of the steering group which led this work. The group has received funding from the Government Innovation Fund. The group has been looking at ways to work with people from an Eastern European background. As a result of this work, cultural competence training has been developed and is part of the Safeguarding Adult Board's core training programme. In the summer of 2015, the Peterborough Safeguarding Board undertook a survey with service users of the GLADCA Centre in Peterborough. It is an educational establishment that focuses on adult learners who, in particular, are from those hard to reach groups such as new arrivals into the UK who are experiencing cultural barriers to learning. The users were asked what services they felt they required further information about in relation to accessing these services. The survey indicated that service users required further information on the following services:- • Housing and Benefits • Access to NHS Services such as Doctors and Hospital appointments • School Admissions • Access to Early Years places • Information on Drug and Alcohol Services. A workshop session was held at GLADCA with guest speakers who spoke about the areas people were concerned about.

Work to prevent sexual exploitation in relation to adults at risk & those with chaotic, different & diverse lifestyles. (Key principle – Empowerment)	Activity undertaken by the PSAB Sexual Exploitation Co-ordinator has included: • Scrutiny of the arrangements into the risk assessment and case management of street sex workers in the city via the monthly Case Management meetings, where known and suspected sex workers are discussed and risk assessed. • Collaboration with the Safer Peterborough Partnership to examine the area of adult sexual exploitation and human trafficking via the Operation Pheasant Team. • Adaptation of training materials designed for businesses with the night time economy, particularly hotels to raise awareness of the signs of both adult and child sexual exploitation, and the commencement of the delivery of these materials.
Upskill our partners and their teams in relation to the Deprivation of Liberty Safeguards and relevant case law. (Key principle – Proportionality)	The PCC Workforce Development Team delivered training (refresher and awareness) on Deprivation of Liberties (DoLS) / MCA to 273 people. NHS England funding was used to train Primary Care Providers.

Progress against these priorities is monitored by the relevant sub-groups.

PROGRESS OF ACTIONS OUTSTANDING FROM THE PREVIOUS ANNUAL REPORT

PRIORITY - EFFECTIVE SAFEGUARDING POLICIES, PROCEDURES AND GOVERNANCE

Action: Review Safeguarding Procedures and develop a framework for Serious Case and other Multi-Agency Reviews in light of the Care Act, in partnership with Cambridgeshire and the regional ADASS safeguarding network.

Progress: The Safeguarding Adults Review policy and procedures were revised in light of the Care Act and have been in place since April 2015.

Adult Social Care introduced an effective interim Safeguarding Adults Procedure for Concerns and Enquiries from 1 April 2015. Its purpose is to provide guidance to social work practitioners and will be revised once the multi-agency policy and procedures are finalised. This procedure was developed in partnership with Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust, it provides guidance on the process to follow and the principles and business rules that should be applied for the following processes;

- Identifying and Raising a concern
- Initial triage and response to a concern
- carrying out an enquiry

The Multi-Agency Safeguarding Adults policy and procedures are still in development, it is expected that they will be in place for September 2016 and that it will be used countywide.

Action: Undergo an LGA Peer review of Adult Safeguarding arrangement in Peterborough

Progress: Originally postponed until February 2016, this was further delayed due to the restructure of the Quality Assurance and Quality Improvements functions within the ASC department. It is now expected to take place in September 2016.

PRIORITY - IMPROVE RESPONSE TO SAFEGUARDING CONCERNS – PRIORITY FOR 2014/15

Action: Enhance monitoring of quality around MCA and DOLs

Progress: A full team of 4 Best Interest Assessors and a Team Manager are now in post.

Action: Establish a quality improvement team to support providers within the City

Progress: The new Quality Improvement Service offers a new approach, and has been designed to assist the authority to help providers of care and support to improve practice standards in respect of those vulnerable people from whom they provide care.

PRIORITY - INCREASED ACCESS AND INVOLVEMENT

Action: Implement a quality improvement team with health and social care specialist inputs

Progress: The Quality Improvement Service has been established.

THE LOCAL PICTURE

Peterborough's estimated population is 198,300[1], projected to grow by 16% by 2021. Population growth to 2021 is expected to be particularly high for males in the 85+, 70-74 and 5-9 age groups with increases of 90.9%, 56.7% and 44.8% respectively. For females, the highest growth predictions are for the 70-74, 85+ and 5-9 age groups, with predicted rises of 56.7%, 56.0% and 44.6% respectively.

Births are increasing with a slightly higher, albeit decreasing, infant mortality rate. Teenage pregnancy rate is higher than national average and highest in the region. 28% of the population live in areas of deprivation and there are significant health inequalities in life expectancy: average life expectancy is 78.6 years (men) and 82.4 (women).

In 2014, economic migration was most common from Poland (1,100 migrant national insurance registrations), Republic of Lithuania (974), Portugal (504), Romania (427) and Latvia (397). There is a high number of under 15s and a large proportion of 25-34 year old population at 39%[2], suggesting there are a high number of young families. According to the 2011 Census, 29.1% of residents did not self-identify as White English/Welsh/Scottish/Northern Irish/British. The next most common ethnicities declared were Asian/Asian British: Pakistani or British Pakistani (6.6%), White Polish (3.1%) and Asian/Asian British: Indian or British Indian (2.5%).

There are lifestyle and health behaviour issues with longer term implications for public health – adult smoking rates are similar to the national average at 18.6%, however smoking attributable hospital admissions and smoking attributable mortality rates are both higher than the national average, emergency hospital admissions for Chronic Obstructive Pulmonary Disorder (COPD) are

[1] Cambridgeshire County Council Research Group 2013 based projections

[2] https://www.nomisweb.co.uk/census/2011/DC2103EW/view/1946157202?rows=c_cob&cols=c_age

higher than the national average, hospital admissions specific to alcohol use are higher than average, and about two thirds of adults are overweight or obese (similar to the national average).

Coronary heart disease (CHD), cancer, respiratory disease and diabetes are the top four causes of death, although CHD in men has declined. Suicide rates in Peterborough are currently similar to the national average, but admissions to hospital for mental health causes are higher than average. The prevalence of people with dementia[3] (including early onset) living in Peterborough, is predicted to increase from 2,011 in 2015 to 2,274 in 2020 and 2,655 in 2025 – an increase of 32% over the next ten years. Common mental health disorders are significant in communities with deprivation and amongst some ethnic minority communities, with mental health problems more prevalent in the prison population.

Demand for adult social care continues to increase as older people, people with learning disabilities and younger people with physical disabilities are all generally living longer. A growing number of vulnerable people are independently funding their own care but turning to social services to enable funding when their own funds expire. Peterborough has comparatively low numbers of Council funded admissions for older people in residential care beds at 473.2 per 100,000 compared to 691.4 per 100,000 for similar Local Authorities[4]. In 2015-16 the Council supported 2125 Older People (aged 65 plus) and 1018 adults aged 18-64 with long term packages of care and support.

WHO IS REPRESENTED ON THE PETERBOROUGH SAFEGUARDING ADULTS BOARD?

The Board is made up of a range of agencies, as well as the statutory members, who represent the services delivering care and support to adults at risk in Peterborough. Members adhere to an agreement outlining their responsibilities.

Agency	Name
Age UK Peterborough (Voluntary Sector Rep)	David Bache/Gloria Culyer - CEO
Axiom Housing (Housing Sector Rep)	Stuart Fort - Operations Director
Cambridgeshire Constabulary (Statutory Member)	Chris Mead - Detective Superintendent
BeNCH	Sophie Talbot - Team Leader
Cambridgeshire Fire & Rescue Service	Wendy Coleman - Community Safety Advisor and Safeguarding Manager-
Cambs & Peterborough NHS Foundation Trust	Melanie Coombes - Director of Nursing
Cambs & Peterborough Clinical Commissioning Group (Statutory Member)	Karen Handscomb - Deputy Director Of Patient Quality and Safety
City College Peterborough	Tanya Meadows - Vice Principle
Healthwatch	Angela Burrows - CEO
HMP Peterborough	Nick Leader - Director
Independent Chair	Russell Wate
National Probation	Matthew Ryder - Assistant Director,
Peterborough City Council (Statutory Member)	Wendi Ogle-Welbourne - Director for People & Communities

[3] http://www.poppi.org.uk/index.php?pageNo=334&areaID=8318&loc=8318
http://www.pansi.org.uk/index.php?pageNo=408&areaID=8640&loc=8640

[4] http://ascof.hscic.gov.uk/Outcome/624/2A(2)

Peterborough City Council	Adrian Chapman - Service Director Adult Services and Communities
Peterborough City Council	Debbie McQuade - Assistant Director, Adult Operations,
Peterborough City Council	Tina Hornsby – Assistant Director, Quality Information & Performance (Member to July 2015)
Peterborough City Council	Helen Carr - Acting Head of Social Care Commissioning
Peterborough City Council	Alison Bennett – Safeguarding and Quality Assurance Manager (Member from November 2015)
Peterborough City Council	Wayne Fitzgerald (Cllr) Cabinet member
Peterborough & Fenland Mind (Voluntary Sector Rep)	Barbara Conlon - Quality & Improvements Manager, Safeguarding Lead
Peterborough & Stamford Hospitals NHS Foundation Trust	Lesley Crosby - Deputy Chief Nurse
Peterborough Regional College	Joanne Hather-Dennis - Executive Director (students)
Provider Forum Representative	Carol Smit (Member January - March 2016)
Provider Forum Representative	Dara Ní Ghadra (Member from January 2016)
Safer Peterborough Partnership Board	Karl Bowden - Deputy Manager (Member from January 2016)
Cambs & Peterborough Clinical Commissioning Group (Statutory Member)	Carol Davies, Designated Safeguarding Nurse

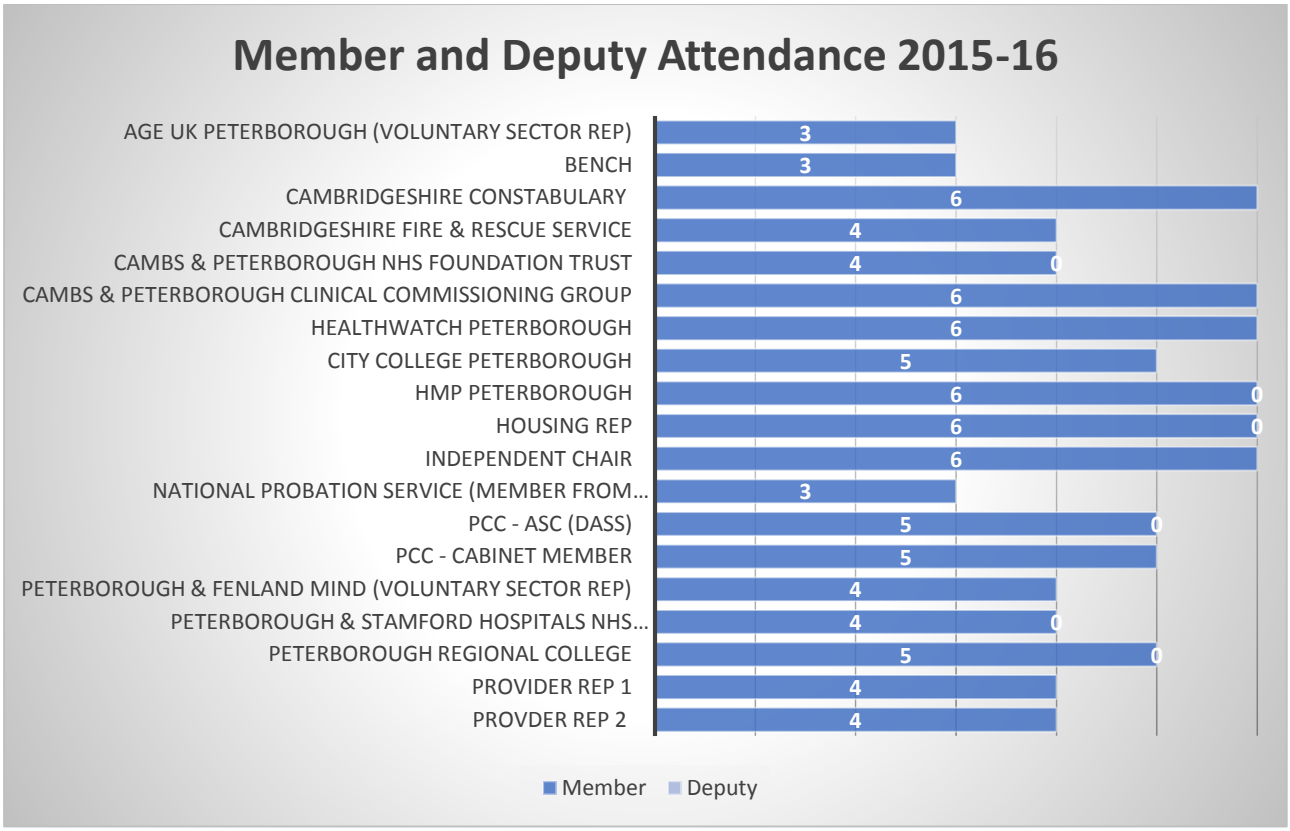
Partner agency representatives should be of sufficient seniority to make decisions on behalf of their agency.

Each representative is responsible for disseminating information between the Peterborough Safeguarding Adult Board and their agency and for identifying any necessary actions.

The Cabinet Member for Adults Services attends as a participating observer, and can challenge the Board and its members as necessary.

MEMBERS ATTENDANCE AT BOARD MEETINGS

The Board met 6 times during the year. Members are expected to attend each meeting, or send an appropriate deputy if they are unable to attend. The following chart shows attendance at the meeting and whether or not the member or their deputy attended.



It should be noted that National Probation Service have only been members of the Board since November 2015 – during which there have been three Safeguarding Adult's Board held and they have attended every one.

The Provider Forum member attendance also includes the Domiciliary Care and the Residential and Nursing Care Representatives attendance.

HOW THE BOARD OPERATES

The Board has an Independent Chair, Dr Russell Wate, who has been in post since June 2014. Russell also chairs the Peterborough Safeguarding Children Board (a statutory requirement for a number of years) and this has provided a level of shared understanding across the two boards. A number of the statutory functions of the two Boards are similar and, to ensure consistency of practice and policies, and efficient service delivery, a decision was made in summer 2015 that some of the work of the Boards should be combined or mirrored across the two Boards.

To support the joint working the posts which support the Boards were restructured to form a combined Adult and Children's Safeguarding Board Business Unit, managed by Jo Procter as Head of Service, the unit includes:

- Business support
- Communications
- Child Sexual Exploitation (This area has been a new area of exploration for the Safeguarding Boards team when the post of CSE, Missing and Trafficking Co-ordinator was extended into the world of adult safeguarding, and became the Sexual Exploitation Co-ordinator this year).
- Board Officers

The Board has to ensure it delivers on its statutory requirements and hold agencies in Peterborough to account for their adult safeguarding responsibilities. This includes the establishment of a multi-agency training programme, policies and procedures and the implementation of a quality assurance programme.

PETERBOROUGH SAFEGUARDING ADULT BOARD
SUB-GROUP STRUCTURE

A decision was made in 2015 that two of the Board's sub-groups (Training & Development and Quality and Performance) should be combined so that the work of the groups could be looked at across children and adults and provide a holistic view of practice. As a result of this shift, training on Domestic Abuse, drugs and alcohol and FGM are now delivered to practitioners across both the children's and adults' workforce. Delegates who attended the training sessions commented on the importance of attending training that provided a "cradle to grave" perspective. A city wide dataset has also been developed (which will come into effect in autumn 2016). The dataset is based on public data and will be used to proactively highlight areas of the city that have safeguarding issues, be they adults or children.

To enable it to fulfil its responsibilities effectively, the following sub-groups support the work of the PSAB:

- Safeguarding Adults Review
- Strategic Learning and Development
- Quality & Effectiveness
- Health Executive Safeguarding Board (joint with Cambridgeshire Local Safeguarding Children's Board)

Each sub-group has its own terms of reference and reporting expectations. They are chaired by an agency representative and supported by the PSCB Business Unit.

In addition to the sub-groups, task and finish groups are set up to consider specific issues and progress particular pieces of work. In the last year a task and finish group was set up to look at self-neglect.

QUALITY AND PERFORMANCE SUB GROUP

The Quality and Performance Sub Group draws membership from organisations who are represented on the Peterborough Safeguarding Adults Board. The purpose of The Quality and Performance Sub-group can be categorised as:

- To assure adult safeguarding processes in Peterborough are safe, effective and provide a positive customer experience.

- To commission specific quality and performance analysis work and to report findings and make recommendations to the SAB

TRAINING SUB GROUP

The purpose of the Training Sub Group is to oversee and commission training which further strengthens the awareness of safeguarding and to ensure that those who respond to and investigate safeguarding concerns have the necessary skills to do so effectively.

The multi-agency training programme delivered training to 595 people.

During 2015/16, the revised Adults training sub group was borne with the intention to:-

- Respond to the adult and children's boards learning and development outcomes around local, regional and national issues
- Provide a comprehensive multi-agency workforce development programme
- Validation of single agency safeguarding training.
- Monitoring and evaluation of single agency safeguarding training to ensure it is robust, effective and is being appropriately accessed by the workforce.

Highlights include:-

- Safeguarding training has been extended to cover FGM, Domestic Abuse and mental health training
- Co-producing the first combined workforce development training programme for PSAB and PCC Workforce Development.
- The introduction of Prevent Training across agencies.
- Successful Neglect conference and increased knowledge of “learning around SARs”.
- The increased take up in training around the Mental Capacity Act and Deprivation of Liberty Safeguards.

As there is much closer working with Cambridgeshire County Council, the current sub-group structure will align the adult groups county wide and separate out the Children’s from the Adult groups. Therefore, moving forward the training sub group will be cross county meeting once per quarter.

HEALTH EXECUTIVE SAFEGUARDING BOARD AND HEALTH SAFEGUARDING ADULTS GROUP

The Health Executive Safeguarding Board (HESB) is a subgroup of the Safeguarding Adults Board (SAB) and is chaired by the CAPCCG Director of Quality, Safety and Patient Experience. HESB takes a strategic view of health issues around safeguarding adults across the health economy. The membership of HESB works collaboratively with Cambridgeshire and Peterborough local authorities and both Peterborough and Cambridgeshire SABs.

The Safeguarding Adults Health Subgroup (HSG) reports to the HESG and has membership of Health Providers and across Peterborough and Cambridgeshire reviewing operational issues. For 2015-16 a collective work plan was developed to address issues such as Compliance with the Care Act 2014, Learning Lessons from Safeguarding Adult Reviews, and the quality monitoring of care homes.

Activity has taken place across the year to address the work plan.

SAFEGUARDING ADULTS REVIEW (SAR) SUB-GROUP

The Care Act 2014 statutory guidance says that a Safeguarding Adult Board must arrange a Safeguarding Adults Review when the following criteria is met:

1) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
2) if an adult in its area has not died, but the Safeguarding Adults Board knows or suspects that the adult has experienced serious abuse or neglect.

The PSAB delegates this function to the SAR sub-group.

The purpose of a SAR is not to reinvestigate or to apportion blame, it is:

- to establish whether there are lessons to be learnt from the circumstances of the case and the way in which local professionals and agencies work together to safeguard vulnerable adults;
- to review the effectiveness of procedures;
- to inform and improve local inter-agency practice and
- to improve practice by acting on learning (developing best practice)

The SAR sub-group has a core membership of:

- Chair of PSAB Representative of Adult Social Care Peterborough

- Representative of Cambridgeshire & Peterborough Foundation Trust
- Representative of Peterborough and Stamford Hospitals NHS Foundation Trust
- Representative of Cambridgeshire Constabulary
- Representative of Clinical Commissioning Group

The sub-group is supported and advised by:

- Head of Service Adults & Children's Safeguarding Boards
- Safeguarding Adults Board Officer
- Peterborough City Council Legal services – as required

Other members may be co-opted as required and independent advice may be sought if required.

Anyone can make a referrals to the sub-group if they believe the criteria has been met for a review, the sub-group decides if a review should go ahead. The sub-group regularly reports to the PSAB, and all final Safeguarding Adults Review reports are shared with the PSAB before final approval.

In 2015/16 the sub-group met four times. Six referrals were made during this period, of these referrals, four did not meet the criteria for a safeguarding adult review and two did. These two cases were referred in Quarter 3 and Quarter 4 so although work on these reviews has started they have not been completed within the timeframe covered in this report.

Two reviews, MX and Care Home A from the previous year, were completed and published within the timeframe covered by this report. Both these reviews concerned residents who had been in care homes and shared some similar themes.

A total of 61 recommendations were made, covering:

- **End of life care**, including sensitive discussions with residents and their families about DNAR's, hospital admissions and pain relief.
- **Best interests decision-making** using the MCA to address refusal of medication and other matters
- **Secure Record Keeping**, and systems for retention of records, duty to retain all files for at least three years, ensure that records are up to date, comprehensively completed and stored securely.
- **Improved clinical care and planning** in relation to pressure areas, diabetes, and other co-morbid conditions. Nutrition and dehydration- management of medication
- **More skilled supervision**, appraisal and management of disciplinary procedures
- **Safeguarding training** that focuses on neglect as well as overt abuse, on complex cases, proper recording, clinical decision-making, appropriate sanctions and support for both whistle-blowers and first line managers.
- **Improving accessibility and coordination** between homes and emergency services and coordination between homes and hospital admissions and discharge teams; clarification of information that should accompany a person when they go into hospital and better discharge information when they return home.
- **Safer recruitment** in the residential and nursing home sector.

The PSAB accepted the findings and recommendations, and tasked the SAR sub-group to make the recommendations into robust actions.

Due to a number of the recommendations being similar in the two reports the sub-group combined some of the recommendations and reduced the number from 61 to 41.

An action plan has been developed from the recommendations and this will be monitored by the sub-group.

At the end of each review the Executive Summary was published on the PSAB website, along with a professionals leaflet outlining the key messages and implications for practice. For one of the reviews (MX), two flowcharts were also published outlining the treatment guidelines for Hyperglycaemia and Hypoglycaemia. These were produced to address a learning need that identified that some workers did not recognise when a person with Diabetes was deteriorating and medical help was needed.

In March a "Learning from SAR's" event was held. This was attended by 70 care home managers, senior care home staff and safeguarding practitioners. Speakers included Professor Hilary Brown, the author of the two published reviews. Feedback was very positive with 85% saying they would apply what they learnt every day in their work. 74% said it was completely relevant to their work.

"I learnt how to improve my supervision"

"I will do more to implement understanding of duty of candour"

"I need to put more in our care plans, including what to do if…"

COMMUNICATION

PETERBOROUGH SAFEGUARDING ADULTS BOARD WEBSITE

The Peterborough Safeguarding Adults Board website was redesigned during October 2014 to make the site more engaging and user friendly whilst allowing for more instant updating to reflect changing guidance. The website also links with the Local Safeguarding Children's website, making it more accessible for those working in both adult and children's services and for the general public. The website can be found at: www.safeguardingpeterborough.org.uk.

PETERBOROUGH SAFEGUARDING ADULTS BOARD NEWSLETTERS

The Peterborough Safeguarding Adults Board newsletter is produced quarterly and is sent out via email to partners and is added to the Peterborough Safeguarding Adults Board website. It is primarily aimed at everyone who has an interest in safeguarding adults at risk, to enable them to

live their lives free from abuse and neglect, and to access and receive appropriate care. The newsletter aims to be an important means to keep practitioners and professionals up to date, and to share good practice and important information, it includes updates on local and national policies and developments in Safeguarding, learning from Safeguarding Adult Reviews and upcoming multi-agency training events. Contributions to the newsletter are received from various partner agencies and some information is sourced from national publications and organisations (ADASS, LGA etc.).

LEAFLETS

The Peterborough Safeguarding Adults Board leaflets and poster "What is abuse "and "Safeguarding Adults and Your Role as A Carer" were updated in line with the Care Act 2014, and are available from the safeguarding Adults Board website. A new leaflet "Safeguarding Adult Reviews – information for families" was introduced in March 2016, to answer some of the most frequently asked questions families have about Safeguarding Adult Reviews. These leaflets and the poster are available on the website.

LINKS WITH OTHER BOARDS

For the Board to be influential in coordinating and ensuring the effectiveness of safeguarding arrangements, it is important that it has strong links with other groups and boards who impact on child services. The Board also has an integral role in being part of the planning and commissioning of services delivered to adults at risk of abuse and neglect in Peterborough.

The Independent Chair of the Peterborough Safeguarding Adults Board is also the Chair of the Peterborough Safeguarding Children Board, which provides consistency of services for adults and children across Peterborough. He is also a member of other strategic and statutory partnerships within Peterborough which are the Health and Wellbeing Board, the Safer Peterborough Partnership and the Strategic MAPP Board. This ensures that adult safeguarding is represented and is a priority of the work of these groups. Key members of the Peterborough Safeguarding Adults Board also sit on the Safer Peterborough Partnership and Domestic Abuse Governance Board. In addition, the Head of Service for the Safeguarding Boards is a member of the Domestic Abuse Governance Board and the Children and Families Joint Commissioning Board.

These links mean that adult safeguarding remains on the agenda of these groups and is a continuing consideration for all members, widening the influence of the Peterborough Safeguarding Adults Board across all services and activities in Peterborough.

PETERBOROUGH HEALTH AND WELLBEING BOARD

The Health and Wellbeing Board comprises of representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council's Childrens and Adult Social Care Services and the Director of Public Health and Link/Local Health Watch representatives.

Priority 1	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.
Priority 2	Narrow the gap between those neighbourhoods and communities with the best and worst health outcomes.
Priority 3	Enable older people to stay independent and safe and to enjoy the best possible quality of life.
Priority 4	Enable good child and adult mental health through effective, accessible health promotion and early intervention services.

Priority 5	Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs.

SAFER PETERBOROUGH PARTNERSHIP (SPP)

A number of statutory and voluntary organisations work together to deliver the priorities of the Safer Peterborough Partnership.

The responsible organisations, by law, for the work of the partnership are:

- Peterborough City Council
- Cambridgeshire & Peterborough Clinical Commissioning Group
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- BeNCH CRC

They work in partnership with a wide range of other services across the public and voluntary sector and community groups that contribute significantly to community safety. These other services are known as co-operating authorities. The Crime and Disorder Act 1998 makes co-operating bodies key partners in the setting and delivery of objectives.

Co-operating authorities provide data and information to improve the understanding of local crime and disorder problems, thereby benefitting the community and contributing to the core functions of their respective organisations. Those organisations are listed on the Safer Partnership website at: http://www2.peterborough.gov.uk/safer_peterborough/about.aspx.

A strategic assessment of threat, risk and harm was developed in 2014, which formed the basis for the Safer Peterborough Partnership Plan. The designated priorities are:-

Priority 1	Addressing victim based crime by reducing re-offending and protecting our residents and visitors from harm.
Priority 2	Tackling anti-social behaviour.
Priority 3	Building stronger and more supportive communities.

A further priority was added in 2016:

Priority 4	Supporting high risk and vulnerable victims.

These priorities are delivered through specific areas of work managed through the Safer Peterborough Partnership's performance framework supported by the Safer Peterborough Partnership Delivery Group.

IMPLEMENTING THE CARE ACT 2014

The Peterborough Safeguarding Adults Board is well established in line with the Care Act 2014 and provides the strategic leadership for safeguarding work.

The Peterborough Safeguarding Adults Board has asked each member agency to outline how they have implemented the Care Act within their organisations and how they can evidence this. The responses from the 3 statutory members are listed below. The Quality and Effectiveness group will monitor ongoing progress against these responses.

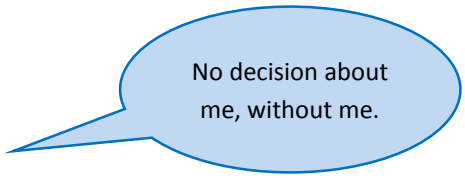
Clinical Commissioning Group	
Key Areas of Work:	**How can this be measured/evidenced?**
Safeguarding Adults Policy updated to include principles of MSP (and revised to include updated Care Act guidance 2016) Safeguarding Adults training pack updated (to be updated in light of revised Care Act guidance 2016)	Sight of Policy Policy discussed and ratified by Patient Safety and Quality Committee (exec membership) Sight of Training pack All staff required to receive training including Board members. Training compliance monitored
Barriers:	**How were these overcome?**
Unhelpful descriptions of training levels for staff.	Pragmatic decisions made to dovetail to CCGs interpretation of suitable training for staff according to their NHS role. (Draft NHS Intercollegiate Roles and Competencies for Safeguarding Adults guidance to be taken into account in future work around training levels).
Work/Action/Process – and why you have been unable to complete	**What are you doing about this and likely date for completion**
Safeguarding Adults training pack updated (to be updated in light of revised Care Act guidance 2016) Draft NHS Intercollegiate Roles and Competencies for Safeguarding Adults guidance to be taken into account in future work around training levels for NHS staff.	On CCG Safeguarding Adults Team forward work plan 16-17. On Health Safeguarding sub-group forward work plan for 16-17. Each Provider may make their own interpretation however a shared understanding and implementation plan will be sought.

Cambridgeshire Constabulary	
Key Areas of Work:	**How can this be measured/evidenced?**
The MASH governance group instigated workshops to create and embed new Care Act complaint principles which encompassed the MSP principles. These processes were implemented upon the inception of the Care Act. AAISU staffing was subject to constant review following the implementation of the Care Act. The AAISU staffing is currently reflective of the demand and recent staffing gaps have been covered.	This is evidenced through minutes and records of the MASH governance group. These workshops were attended and supported by senior members of Police, Adult Social Care and CPFT. Recorded via AAISU establishment and internal Public Protection Department senior management team meetings The staffing of the AAISU is reflective of increased workload and complexity of recent partnership investigations in particular those larger investigations.
Barriers:	**How were these overcome?**
The initial implementation of the procedures implemented through the MASH Governance Group workshops did highlight initial concerns about consistency of thresholds and referrals.	Through open and honest conversation and dialogue at practitioner and manager levels these issues dissipated and have ceased to be an issue or barrier.
Work/Action/Process – and why you have been unable to complete	**What are you doing about this and likely date for completion**
Nothing reported	Nothing reported
Peterborough City Council	
Barriers:	**How were these overcome?**
Late publication of final guidance Differing pace of change and differing priority focus with County and Health partners	A number of interim amendments were made in 1 April 2015 in order to deliver compliance – a 1 year programme has since been in place to better embed the spirit of the Care Act and cultural change, including co-production work with carers. Other cultural change aspects are also embedded into the Council's wider Customer Experience transformation programme. Utilisation of joint commissioning forums and Better Care Fund to try to better co-ordinate wider changes.

Work/Action/Process – and why you have been unable to complete	What are you doing about this and likely date for completion
Wider market management work – particularly around workforce capacity Self-Assessment and self service Review of front door and information, advice and guidance offer – countywide across health and social care Revised procedures for safeguarding	Further review of market position statement and workforce strategy. Engagement with provider forums to plan jointly. Creation of quality improvement team. Undertaking digital development work to support self-assessment, self-referral and in time marketplace. Better Care Fund work stream to ensure no "no wrong front door" looking at alignment with 111 and potential of sharing of digital resources with Cambridgeshire County Council Interim procedures and paperwork were produced for 1 April 2015 to ensure compliance with the Act. However a number of changes and enhancements require agreement on a countywide multi-agency policy and procedure which is still in progress.

MAKING SAFEGUARDING PERSONAL (MSP)

making Safeguarding Person is a crucial part of the Care Act. It aims to make safeguarding person-centred and outcome focussed, and moves away from process driven approaches to safeguarding.



The Peterborough Safeguarding Adults Board has asked each member agency to outline the work they have done to implement the principles of MSP and how they can evidence this. The responses from the 3 statutory members are listed below. The Quality and Effectiveness group will monitor ongoing progress against these responses.

Clinical Commissioning Group	
Key Areas of Work:	**How can this be measured/evidenced?**
Internally, for CCG Safeguarding Adults Policy updated to include principles of MSP Safeguarding Adults training pack updated	Sight of Policy Policy discussed and ratified by Patient Safety and Quality Committee (exec membership) Sight of Training pack All staff required to receive training including Board members. Training compliance monitored.
Externally, for Providers	Via Contract Quality Reviews of Provider Services;

	Performance against metrics in Quality Dashboard Via Serious Incident Reports/Complaints/Compliments Challenge question in current thematic review (under way at present)
Key Areas of Work:	**How can this be measured/evidenced?**
NHS constitution – the NHS belongs to the people, "from cradle to grave" and the patient should be at the heart of the service delivered: • Care should be personal • Information must be available and accessible • Shared decision making – "no decision about me, without me" • There must be consent – for referrals, treatment and information sharing • Patient and non-patient involvement – user groups for patients, volunteers, non-executive directors, patient participant groups, patient led initiatives, such as the 15 steps challenge.	By exception: Negative reports about staff demeanour or behaviour, from patients, their families or colleagues. Via complaints, Serious Incident reporting, concerns raised via HR processes etc. Few CCG staff are patient facing so difficult to measure. Those that may see patients face to face are generally professionally qualified and so are required to make service delivery personal as part of the overarching ethos of NHS care provision, and to meet the requirements of their professional registration.
Cambridgeshire Constabulary	
Key Areas of Work:	**How can this be measured/evidenced?**
Safeguarding the vulnerable has been and remains a priority for the Constabulary. MSP and Care Act obligation fall under this. The MASH governance group instigated workshops to create and embed new Care Act complaint principles which encompassed the MSP principles. These processes were implemented upon the inception of the Care Act. Through April to June 2016 Cambridgeshire Constabulary ran communications promoting the Care Act and promoting safeguarding of vulnerable adults. The Adults Abuse Investigation Safeguarding Unit (AAISU) have had specific internal briefing in relation to the Care Act and MSP. Additional bespoke training has been undertaken in early	Safeguard the vulnerable is a force priority and is monitored under the Force Safeguarding board chaired by the Chief Constable This is evidenced through minutes and records of the MASH governance group. These workshops were attended and supported by senior members of Police, Adult Social Care and CPFT. This is recorded via the Constabulary's "Get Closer" campaign. These training sessions / events were offered and delivered by Cambridgeshire Adult Social Care and the Peterborough Safeguarding Adult Board.

2016 with training specific to Mental Capacity act and Deprivation of Liberty. Further training events which are relevant to Care Act matters have been attended by staff from the AAISU in relation to topics such as self-neglect and learning from safeguarding adult reviews.	
Key Areas of Work:	**How can this be measured/evidenced?**
The Victims Hub provides bespoke emotional and practical support to victims of crime. This aligns to the MSP principles of prevention and protection. The Victims Hub also provides a confidential self-referral service. If this service identifies a safeguarding concern then this will be referred to address any such concern in partnership with the most appropriate agencies. This is a further safeguarding net provided by the Victims Hub. AAISU investigations will also consider principles of protection and prevention to afford continued safeguarding throughout and post any investigation. AAISU are based in the Godmanchester MASH alongside adult social workers enhancing partnerships working. The empowerment principle is always considered in investigations and outcomes that are in line with victims wishes are always considered but in many cases may not be appropriate due to a range of complex and competing reasons.	The case management system retained by the Victims Hub records all activity instigated to provide care and support needs to victims of crime. AAISU crime investigation are reviewed weekly by a Detective Sergeant and monthly by a Detective Inspector. A key area in this review is looking at contact with the victim in line with the victim care contract.
Peterborough City Council	
Key Areas of Work:	**How can this be measured/evidenced?**
As of 1 April 2015, the procedures and paperwork for safeguarding concerns and enquiries were updated to be Care Act compliant. This includes clear sections for capturing the person's consent, views, and outcomes. Training was delivered for frontline staff in Adult Social Care in relation to the revised procedures and paperwork. As part of the wider change management programme for all staff in Adult Social Care a weekly e-mail has been in place since 1 April	Safeguarding process/procedure for professionals and safeguarding forms Training programme delivered Copies of weekly newsletter

2015 and the SCIE guidance has been published via this route. Specific Making Safeguarding Personal Training was commissioned from RiPFA during the Autumn of 2015 to help embed practice. The audit tool used internally to audit safeguarding enquiries has been amended to ensure consideration of MSP elements.	RIPFA training feedback report Copies of audit form and audit reports
Key Areas of Work:	**How can this be measured/evidenced?**
Auditing of enquiries includes oversight of MSP. Supervision of cases – focuses on views of the person or where there are capacity issues Mental Capacity Assessment and best interest decisions and appropriate representation including commissioned advocacy. Reporting of performance around outcomes being identified and met within enquiries.	Audit reports Supervision notes Safeguarding performance reporting and national benchmarking.

Making Safeguarding Personal Audit

An audit was carried out in May 2016, by the PCC Quality Assurance team, of cases from the previous year to evaluate how well Adult Social Care met the requirements of Making Safeguarding Personal for adults at risk. 16 cases were picked at random from a sample of safeguarding cases and single episodes of safeguarding adult at risk incidents.

The information was reviewed on Frameworki (the PCC electronic recording system) looking at;

- referral information
- information in the MASH triage assessment
- Section 42 enquiry
- Safeguarding QA form
- monitoring of the protection plan
- safeguarding review
- whether a future safeguarding review had been scheduled.

Each question on the forms was audited.

All aspects of the journey of the adult at risk was audited against the key components of Making Safeguarding Personal.

At referral stage an essential aspect of Making Safeguarding Personal is to ask the views of the adult at risk. Of the cases audited over 75% of cases answered ‘yes’ to the question were the adult at risk’s wishes recorded. The remaining 25% where the outcome of the adult at risk was not obtained was due to a variety of reasons, including that they didn’t wish to respond and they were unable to respond.

The key requirements of Making Safeguarding Personal was clearly evident in the cases audited. The adult at risk was asked about the outcome(s) that they would prefer and in most cases where possible the views of the adult at risk were taken into account.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

Following the March 2014 Supreme Court Judgement on the application of the Deprivation of Liberty Safeguards (DoLS) regulations which led to a surge in applications nationally in 2014, this increase has continued in 2015/16.

As a comparator, in 2013/14 Peterborough received 24 applications, in 2014/15 this rose to 386 applications and in 2015/16 it rose even higher to 664.

The Board has kept an overview of the response to this demand and receives regular updates on progress. During 2015/16 there were 664 applications made to the Local Authority for judgments as to whether restrictions were being placed in a person's best interests and that these fell within the 'acid test' as required by the judgement made in 2014.

The Local Authority has put in place a Mental Capacity Act (MCA) and DOLs team consisting of four permanent Best Interest Assessors (BIA's), which have been in place since late 2015, and in March 2016 a Team Manager was appointed to join the team.

MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year. ***(PSHFT)***

There are still some providers not making applications to the Local Authority as per figure 1 where we expect a constant growth due to the client group.

There has been a steady growth in applications from the Acute Hospital and Learning Disability, Psychiatric Hospital category which has increased however this increase is low. There has been a 72% increase for Other Care Homes.

There are 700 annual reviews to be completed for 2016. To date 242 reviews have been carried out meaning there is ongoing pressure within the system to complete the remaining 458 within the given timescales. This is consistent with the national picture and as such The Law Society has reviewed the legislation in light of the pressures felt across the country and an interim report is now available with a view of additional information being made available in December 2016. MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year.

COURT OF PROTECTION - DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

In February 2016, a Court of Protection Coordinator was appointed in line with the requirements made by the Supreme Court Ruling and the impact that Deprivation of Liberty now has on domestic settings; supported living, shared lives, own home and extra care housing.

Four applications to the Court of Protection have been completed and accepted by the court in quarter three. In quarter four, there are five pending cases which are due to be submitted within the next six weeks. This has placed additional pressure within teams and within the system.

Applications for 16+ are being considered which will have an impact on the number of applications being required to be made to Court of Protection. This will place additional pressure within teams and within the system.

Figure 1: below shows the numbers of DOLs applications received in 2015/16 by source:

	Q1	Q2	Q3	Q4	Year Total
Acute Hospitals	8	31	16	13	68
Psychiatric Hospital	3	4	3	2	12
Learning Disability	6	13	16	20	55
Other Care Homes	157	150	95	127	529
Total all applications					**664**

Figure 2 Court of Protection DOL applications by source:

	Q1	Q2	Q3	Q4	Year Total
Supported Living	0	0	4	5	9
Extra Care Housing	0	0	0	0	0
Own Home	0	0	0	0	0
Shared Lives	0	0	0	0	0
Total all applications					**9**

MENTAL CAPACITY

Of the Safeguarding enquiries completed in 2015/16 approximately 38% of adults at risk lacked mental capacity and were unable to identify what outcome(s) they would like to achieve at the end of the safeguarding enquiry. Of these 83% (106) had their interests represented and were supported through the safeguarding process by an advocate, representative or family member.

Mental Capacity Table for Concluded Section 42 Safeguarding Enquiries	Age Group					
For each enquiry, was the adult at risk lacking capacity to make decisions related to the safeguarding enquiry?	**18-64**	**65-74**	**75-84**	**85-94**	**95+**	**Not Known**
Yes	36	10	27	0	6	0
No	86	19	17	28	1	0
Don't know	13	3	19	13	3	0
Not recorded	2	1	1	4	1	0
Of the enquiries recorded as Yes in row 1 of this table, in how many of these cases was support provided by an advocate, family or friend**?**	35	8	20	37	6	0

SAFEGUARDING ADULTS ACTIVITY 2015 / 16

Safeguarding activity showed an increase in enquiries of 14% compared with the previous year; this was due to changes and increased awareness due to the Care Act. ***(CPFT)***

In order to ensure responsiveness to safeguarding concerns we need to ensure that there is awareness amongst all agencies and that appropriate alerts are raised.

Too many referrals can be evidence of a lack of understanding of what constitutes a safeguarding concern, too few can be evidence of a lack of awareness of adults at risk.

Figure 1: Number of cases progressing to enquiry/investigation per 100,000 of the population

	2013/14	2014/15	2015/16
Peterborough	260	213	240*
East of England	n/a	233	n/a
England	251	243	n/a

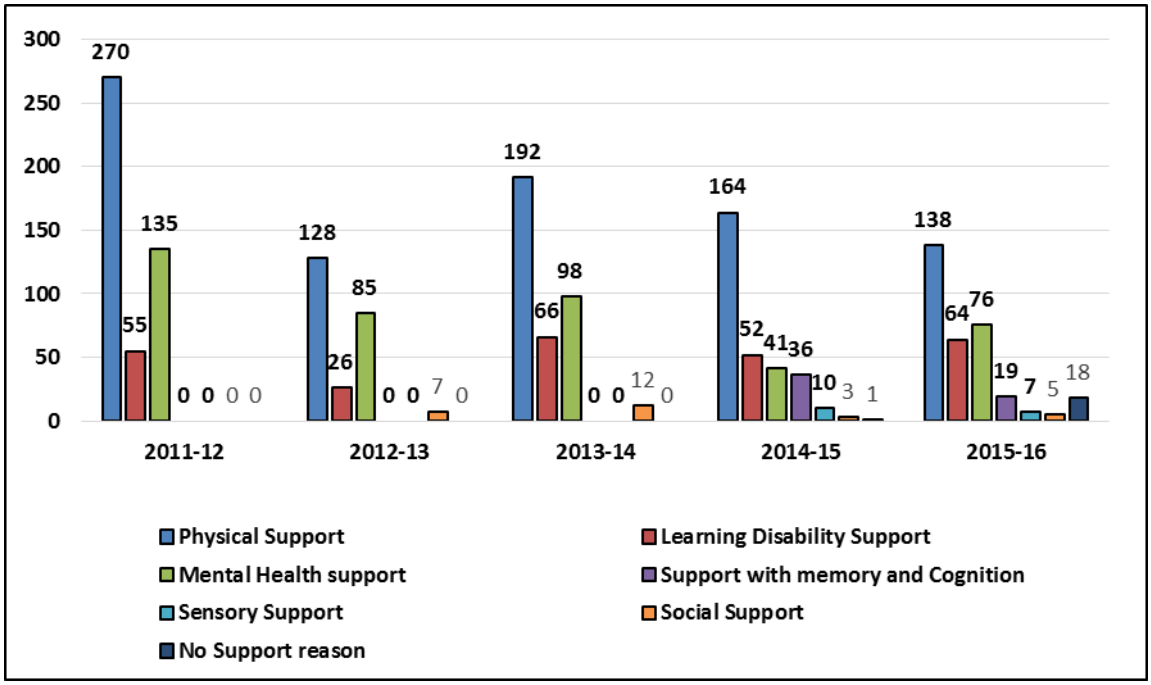
*based on ONS mid-year population estimate of 146,265(those aged 18 and over) and 351 enquiries in year

Following the slight dip in the numbers of cases progressing to enquiry in 2014/15, we have seen an increase in 2015/16 to a level comparable with the all England rate for 2014/15.

In 2014/15 there was a change in the way we categorise adults at risk for the purpose of national data capture. Investigations regarding adults with cognitive memory and cognitive impairments are now separated from the mental health category.

Figure 2 below shows the historical trends for different categories of adults at risk, broken down by primary care and support need.

Figure 2: Cases by primary care and support need of the adult at risk



NOTE: The data shown above represents the number of individuals subject to a safeguarding investigation in the period, an individual might have more than one investigation, hence the difference in figures from the table in figure 2.

As with previous years those in need of physical support were the single largest group to be subject to a safeguarding enquiry this year and made up 42% of those adults requiring a safeguarding

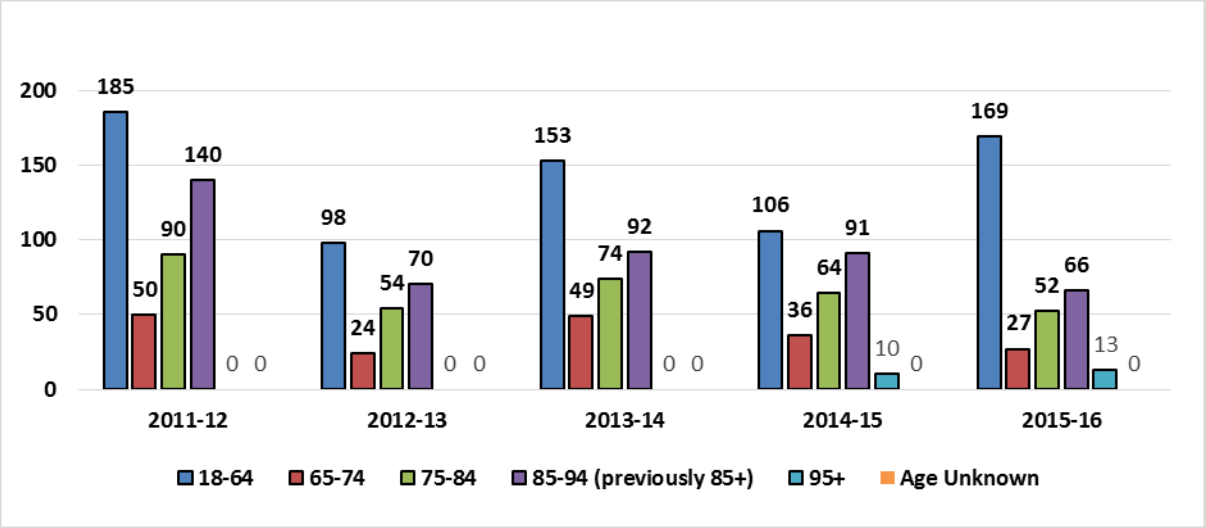
enquiry. However this was an 11% reduction compared to the previous year when this category made up 53% of all enquiries.

The percentage of enquiries relating to adults with learning disabilities rose from 17% in 2014/15 to 19% in 2015/16. The percentage relating to those with Mental Health support needs rose notably from 13% in 2014/15 to 23% in 2015/16, although this level is more in line with previous years.

People with White British ethnicity made up 84% of those requiring an enquiry – whilst this is exactly the same proportion as the previous two years, the actual numbers have increased slightly (from 258 in 2014/15 people to 275 people in 2015/16). At 5% Asian/Asian British are the next largest group (up only 0.4% on last year, at 5% of all enquiries).

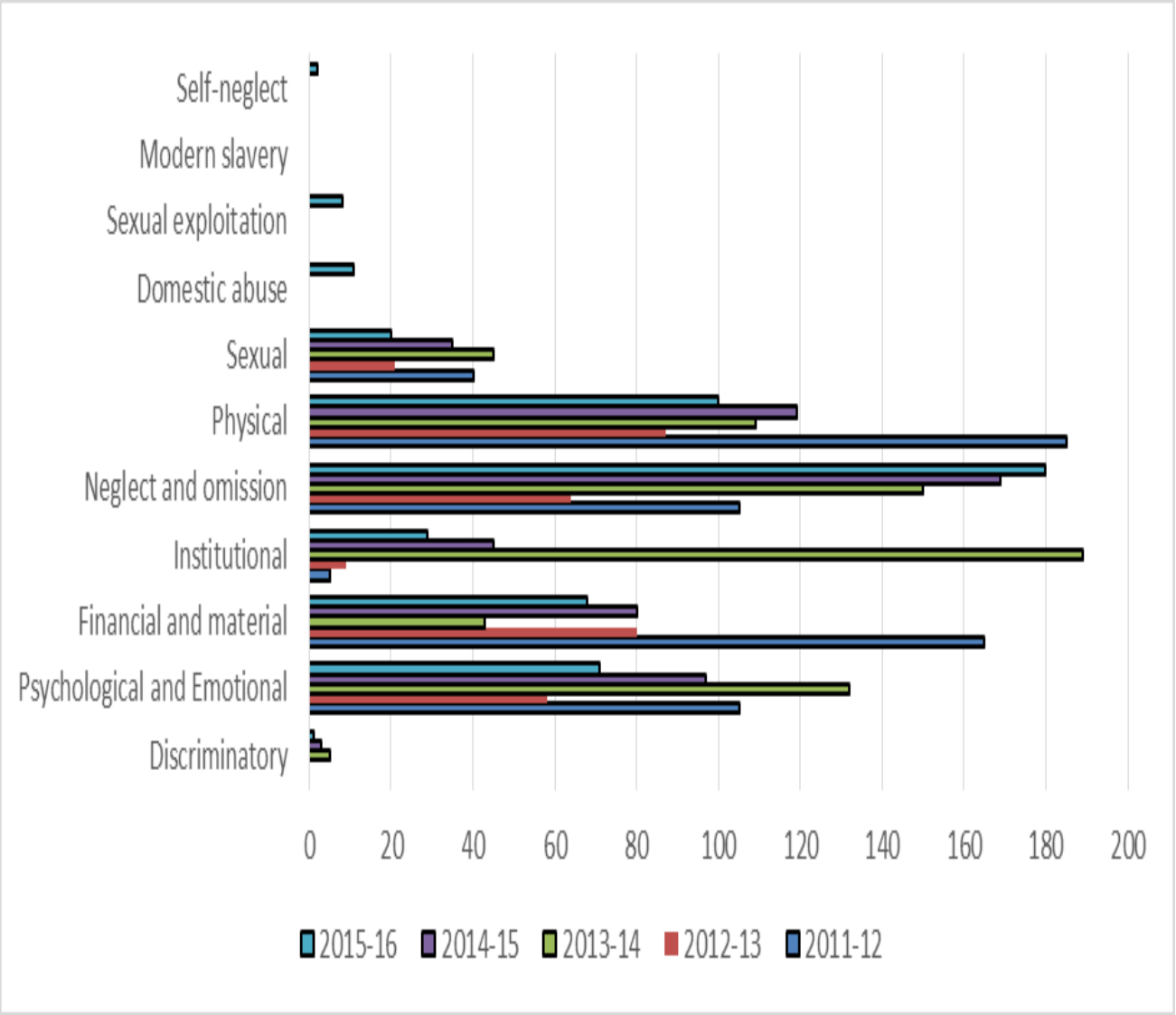
In the previous two years we had seen an increasing proportion of safeguarding enquiries relating to those aged 85 and over. However 2015/16 showed a change in this trend with a reduction in enquiries relating to older people from 101 in 2014/15 (33% of all enquiries) to 79 in 2015/16 (24% of all enquiries). During the year we have also seen an increase in enquiries relating to adults aged 18-64 from 106 (34.5% of all enquiries) in 2014/15 to 169 (52% of all enquiries) in 2015/16. Figure 3 provides a breakdown by age over time.

Figure 3: Safeguarding Enquiries by age band



Of the investigations that were concluded within the year the majority related to neglect and omission, 30.5%, with physical abuse (22%) and psychological and emotional abuse (18%) being the next most common.

Figure 4 - types of abuse for completed enquiries



With the implementation of the Care Act in April 2015 four new categories of abuse recording were introduced, Self-Neglect, Modern Slavery, Sexual Exploitation and Domestic Abuse. Within the year there were 2 enquiries relating to self-neglect, 8 relating to sexual exploitation and 11 relating to domestic abuse. There were no enquiries relating to modern slavery in the year.

The highest number of enquiries, as with the previous year, related to neglect and acts of omission. In total 180 enquiries were linked to neglect or acts of omission, the majority of which were connected to social care and support services (73%) – a significant increase on last year. However some of that increase may be balanced out by a decrease in enquiries lined to institutional abuse, 29 in 2015/16 compared to 43 in 2014/15. The next highest enquiry reason was physical abuse with 100 enquiries being related. Figure 5 provides a full breakdown of enquiries by reason and suspected source.

Figure 5: Who is being investigated and the type of alleged abuse

Type of abuse	Social Care/Support service			Individual known to the person			Individual unknown to the person		
	13/14	14/15	15/16	13/14	14/15	15/16	13/14	14/15	15/16
Physical	57	34	**50**	85	68	**36**	8	15	**14**
Sexual	8	4	**4**	33	27	**14**	4	5	**2**
Psychological/Emotional	26	27	**38**	77	63	**30**	6	5	**3**
Financial/Material	17	10	**19**	102	61	**46**	13	10	**3**
Neglect or omission	125	92	**132**	42	57	**29**	22	20	**19**
Discriminatory	1	0	**1**	3	3	**0**	1	0	**0**
Institutional	40	27	**24**	3	16	**1**	0	0	**4**
Domestic abuse*			**0**			**11**			**0**
Sexual exploitation*			**0**			**8**			**0**
Modern slavery*			**0**			**0**			**0**
Self-neglect*			**0**			**2**			**0**
Total	274	194	**268**	345	295	**177**	54	55	**45**

Note: each investigation can have more than one allegation of abuse, hence numbers will not total to match the number of completed investigations.

* grey boxes indicated information not collected prior to 2015/16

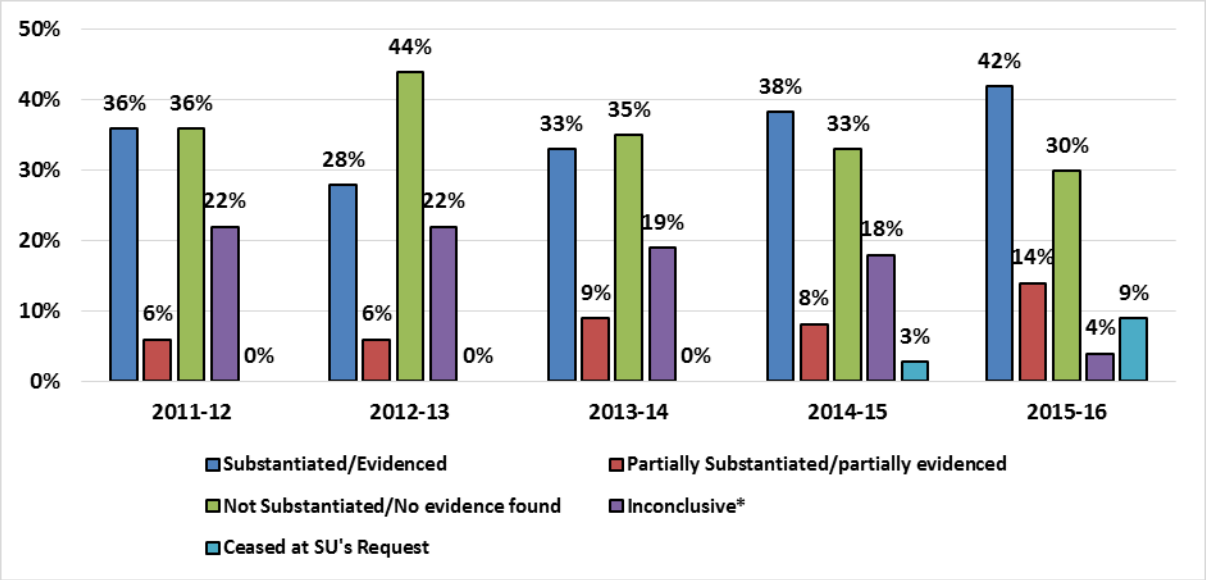
Most commonly alleged perpetrators are known to the adult at risk, with an increasing percentage in 2015/16 being social care or support services and workers, 55% compared to 36% in the previous year.

Outcomes of investigations

Of the enquiries completed in the year 42% (168) of the allegations of abuse were found to be evidenced, for a further 30% no evidence was found to substantiate the claims made. This represents an increasing proportion of evidenced allegations from 38% in 2014/15. The proportion of enquiries where the allegations were found to be inconclusive was markedly reduced at only 4% and there was increase in enquiries which ceased at the adults at risk's request, 9%.

Figure 6 shows a breakdown of the outcomes of the abuse allegations at the end of the enquiry process

Figure 6: Outcome of the allegations at the end of the safeguarding enquiry



At the completion of enquiries a judgment is made as to whether there was risk found and if so whether this risk has been reduced or removed. For enquiries completed in 2015/16 the following judgements were made in respect of risk.

No action taken, no risk remains = 37% (1% reduction from 2014/15)

Risk remains = 5% (2% reduction from 2014/15)

Risk reduced = 35 %(3% increase from 2014/15)

Risk removed = 24% (equal to 2014/15)

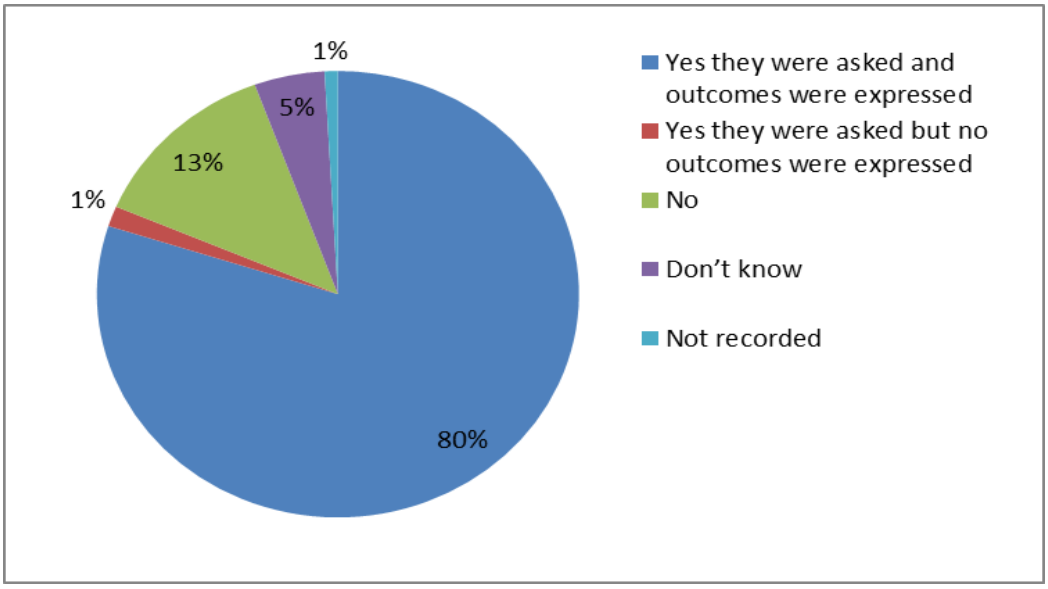
Mental Capacity

Of the enquiries completed in 2015/16 approximately 38% of adults at risk lacked mental capacity and were unable to identify what outcome(s) they would like to achieve at the end of the safeguarding enquiry. Of these, 83% (106) had their interests represented and were supported through the safeguarding process by an advocate, representative or family member. This is a notable improvement on the 60% in the previous year.

Making Safeguarding Personal

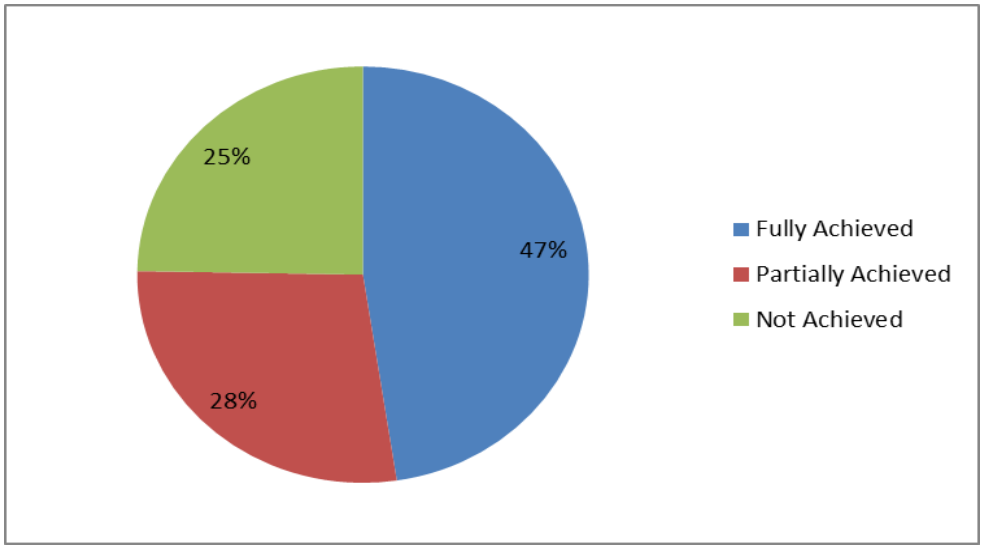
It is important that the adult at risk is central to the safeguarding enquiry and that their wishes are taken into account at all times. At the commencement of the enquiry process the adult concerned or their appropriate representative should be asked to indicate the outcomes they would wish to have from the process. In 2015/16 80% of enquiries had outcomes identified by the person concerned or their appropriate representative.

Figure 7: The percentage of cases where we asked the adult at risk (or their representative) for outcomes they hoped the enquiry would enable then to achieve



Of those who expressed desired outcomes, 47% felt these had been fully achieved and 28% felt these had been partially achieved. However, 25% felt that their desired outcomes had not been achieved. This is an area for development in 2016/17.

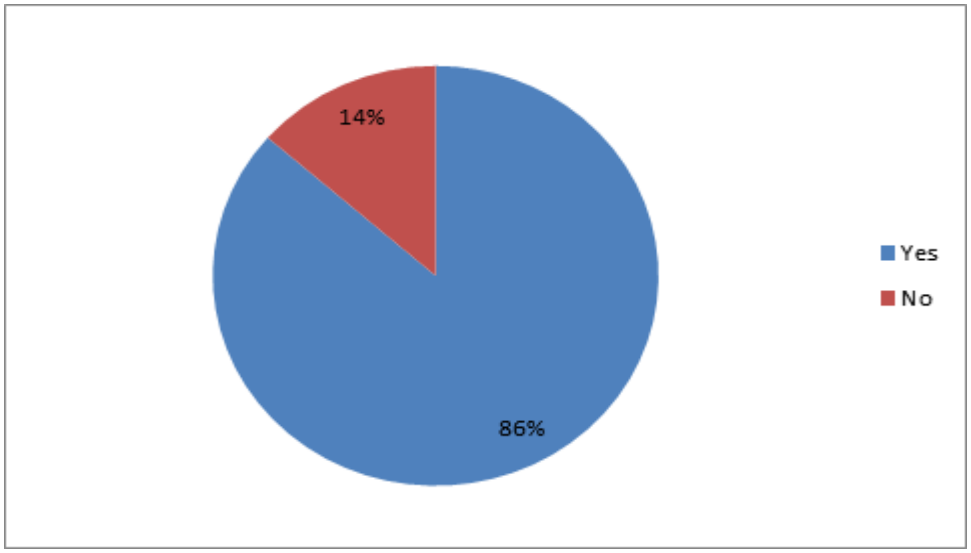
Figure 8: For those who specified a desired outcome was this actually achieved?



Addressing issues with feedback

Making Safeguarding Personal looks at the wishes of the adults who may be at risk of abuse. However it is important that those who make referrals are informed of the outcomes when appropriate also. Concerns have been raised by referrers in the past that they do not receive this feedback. In response to this. the enquiry closure process tracks whether feedback has been provided to the referrer.

Figure 9: The percentage of cases where feedback was given to the referrer regarding the outcome of the enquiry/investigation (2015/16)



86% of completed enquiries record feedback being given to the referrer which is an improvement on 80% in the previous year.

Findings from the 2015 Adult Social Care User Experience Survey

The annual Adult Social Care User Experience Survey was conducted in February 2016. Key messages are summarised below.

	Peterborough 2013/14	Peterborough 2014/15	Peterborough 2015/16	Direction of Travel
1A - Social care related quality of life score	**18.9**	**19.0**	**19.1**	↑
1B - Proportion of people who use services who have control over their daily life	**76%**	**78.4%**	**77%**	↓
1I Proportion of people who use services who reported that they have as much social contact as they would like	**42.4%**	**42%**	**42%**	↔
3A Percentage of adults using services who are satisfied with the care and support they receive	**65%**	**59.2%**	**64%**	↑
3D Proportion of people who use services who find it easy to find information about services	**74.9%**	**73%**	**73%**	↔
4A - Proportion of people who use services who feel safe	**63.9%**	**64%**	**65%**	↑
4B - Proportion of people who use services who say that those services have made them feel safe and secure	**83.6%**	**89%**	**88%**	↓

SAFEGUARDING ADULTS/MCA/DOLS TRAINING REPORT 2015/16

The Peterborough City Council Workforce Development Team (Adults) oversaw the provision and commissioning of Safeguarding Adults multi-agency training on behalf of the Peterborough Safeguarding Adults Board. The Workforce Development Team is endorsed by Skills for Care as a Recognised provider of training.

The SAB should ensure that relevant partners provide training for staff and volunteers on the policy, procedures and professional practices that are in place locally, which reflects their roles and responsibilities in safeguarding adult arrangements. This should include:

- Basic mandatory induction training with respect to awareness that abuse can take place and a duty to report
- More detailed awareness training, including training on recognition of abuse and responsibilities with respect to the procedures in their particular agency
- Specialist training for those who will be undertaking enquiries, and managers; training for elected members and others e.g. Healthwatch members; and
- Post qualifying or advanced training for those who work with more complex enquiries and responses or who act as their organisation's expert in a particular field, for example in relation to legal or social work, those who provide medical or nursing advice to the organisation or the Board.

Training should take place at all levels within an organisation and be updated regularly to reflect best practice. To ensure that practice is consistent – no staff group should be excluded. Training should include issues relating to staff safety within a Health and Safety framework and also include volunteers.

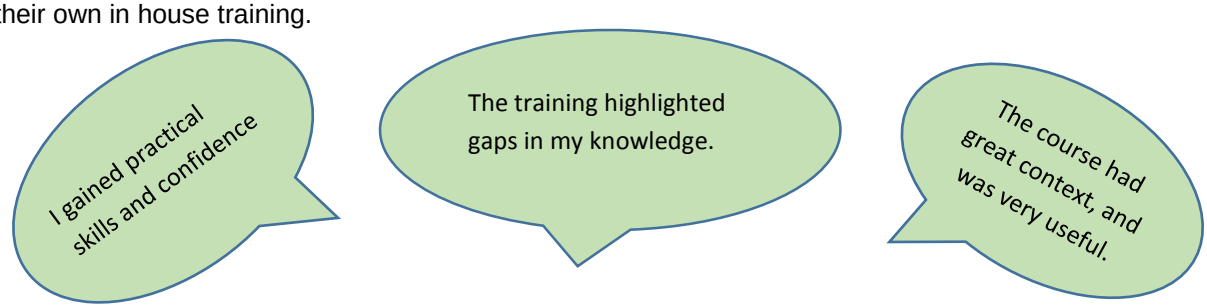
Training is a continuing responsibility and should be provided as a rolling programme. Whilst training may be undertaken on a joint basis and the SAB has an overview of standards and content, it is the responsibility of each organisation to train its own staff.

The following table details the different courses delivered:

Title Course/level and Learning Outcomes	Number courses planned	Number courses delivered	Number places booked	Number places attended	Learning out comes were met	Overall Evaluation Good - excellent
Safeguarding Adults Awareness Level 1	4	8	169	148	93%	98%
Safeguarding Adults Refresher Level 1	3	3	87	49	96%	94.5%
MCA Awareness Level 1	4	5	103	71	98%	98%
DOL Awareness Level 1	4	5	93	72	98.5%	98.5%
MCA/DOL Refresher Level 1	4	4	98	77	100%	100%
Leading Safeguarding Adult Enquiries Level 2	2	1	26	26	100%	89%
Making Safeguarding Personal *RIPFA = Research in Practice for Adults*	1	1	25	18	*?*	*?*
Roles and responsibilities of Provider Managers in Safeguarding Adults	2	1	15	10	100%	100%
Safeguarding Adults Train the Trainer	2	2	24	18	100%	100%
Reflective Practice for Safeguarding Leads and Senior Practitioners Re: Safeguarding Enquiries	0	1	12	11	100%	100%

MCA level 2	2	2	33	27	100%	100%
DOL Level 2	2	2	34	26	100%	100%
Court of Protection and the role of the Social Worker	3	3	33	26		
Safeguarding Adults & Care Act for Provider services	1	1	16	16		

The number of Safeguarding Adults level one courses for 2015 -16 was reduced in line with offering the Train the Trainer programme as it was expected that some Organisations will start to deliver their own in house training.



QUALITY MONITORING AND AUDIT

During 2015/16 regular safeguarding review meetings in which safeguarding enquiries were evaluated by the PCC Quality Assurance Team alongside the head of service, team managers, safeguarding leads and frontline staff.

The cases audited included completed safeguarding enquiries and cases where there had been more than one safeguarding referral in the preceding 12 months. In addition to assessing the safety of the adult at risk, quality of safeguarding work and adherence to procedures and recording requirements, the audits assessed safeguarding work against the Care Act safeguarding principles: empowerment, prevention, proportionality, protection, partnership and accountability.

12 safeguarding review meetings took place in the year. During these meetings, 20 safeguarding cases were evaluated in total:

- 10 Community Long Term cases
- 7 Transitions cases
- 3 Cambridgeshire and Peterborough Foundation Trust (Mental Health) cases

Any areas for development were noted as well as examples of good practice. Individual audit summaries including any remedial actions were notified to heads of service and team managers to communicate to workers.

No cases were found to have serious and immediate concerns in relation to the adult at risk's safety. Areas for improvement identified included further empowerment of adults at risk, timeliness of working and ongoing monitoring of safeguarding protection plans.

Initial reviews also identified a number of process improvements as the newly formed MASH started triaging safeguarding referrals. A number of improvements to the safeguarding forms were raised through the meetings, and a working group including the Assistant Director and Safeguarding Strategic Lead was set up to review the safeguarding forms.

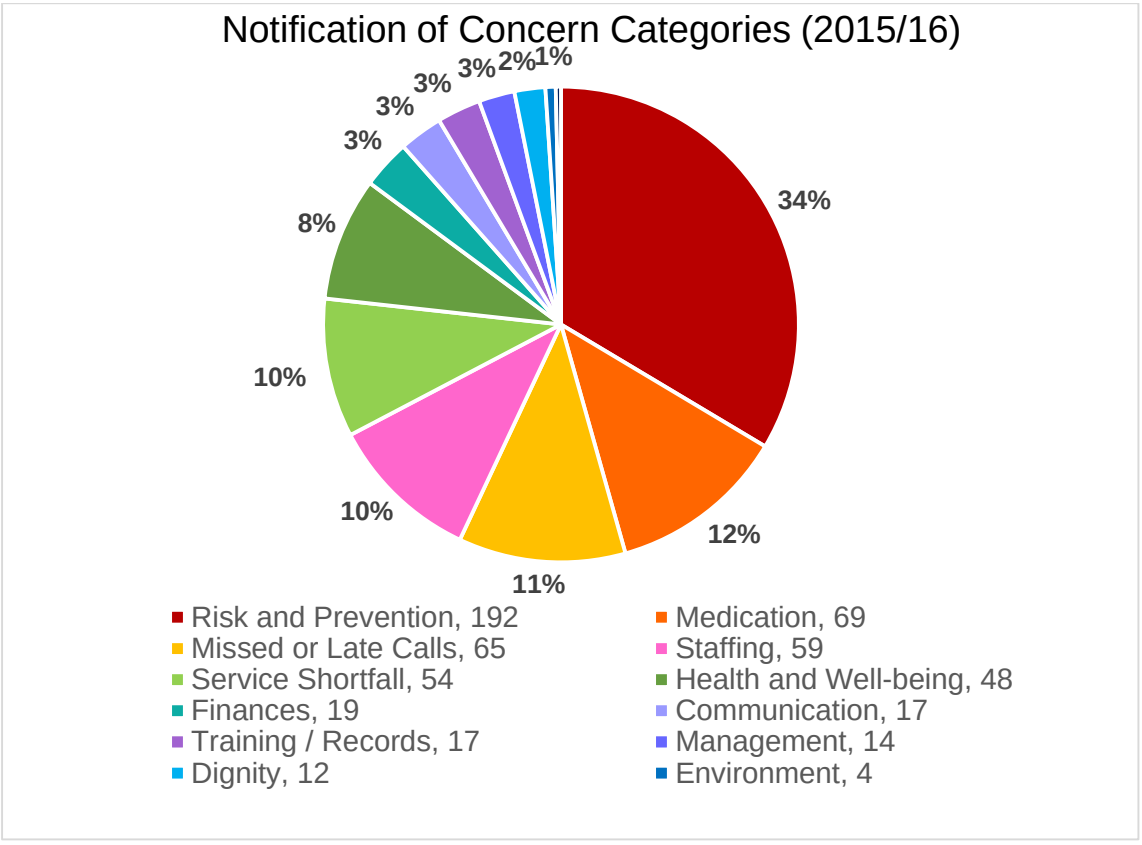
The new combined CSC and ASC Quality Assurance Team produced an audit schedule identifying the following safeguarding related audits to be undertaken in the next year:

- Section 42 Enquiries Audit
- Making Safeguarding Personal (MSP) Audit
- MASH Decision Making Audit

NOTIFICATIONS OF CONCERN

The PCC Adult Social Care department closely monitor the quality of services provided by independent social care providers. Intelligence is collected and scrutinised at monthly meetings, which are attended by partner agencies such as health and Healthwatch as well as internal council staff.

In 2015/16 a total of 572 concerns were received. The count for each category of concern is shown below.



The three most common categories of concern were:

1. **Risk and Prevention (192 concerns):** Whether there are any concerns about a service user, either as a victim or as a perpetrator, whether staff have had appropriate training in safeguarding, whether staff handle service user relationships well. Data protection.
2. **Medication (69 concerns):** Whether vital medication calls have been missed, whether correct medication is being administered.
3. **Missed or Late Calls (65 concerns):** Providers arriving late or not at all.

LOOKING FORWARD

In March 2016 the Peterborough Safeguarding Adults Board met and agreed the following priorities for 2016-17:

Priority 1: To work in partnership with all agencies to safeguard adults at risk of abuse and neglect, while following the principles of Making Safeguarding Personal – person-led and outcome focused; allowing involvement, choice and control.

Priority 2: To deliver policy and procedures based on collaborative best practice and consultation.

Priority 3: To ensure the workforce has the right skills/knowledge and capacity to recognise and safeguard adults at risk of abuse and neglect.

Priority 4: To seek assurance that adults at risk of abuse and neglect are effectively identified and safeguarded.

As well as these priorities it is recognised that there needs to be more focus on:

- Embedding the new Multi-Agency Policy and Procedures
- Community/Service User engagement
- Domestic Abuse, Human Trafficking and Modern Slavery – including upskilling workers in these areas
- Multi-Agency Audits
- Evaluation and mapping of training across the partnership

The Peterborough Safeguarding Adults Board should also consider the issue of sexual exploitation and the needs of children moving to adult services. The review into the victims of Operation Erle: a significant investigation into the sexual exploitation of children in Peterborough, which spanned 2012-2015 identified that some of the victims had turned 18 years old during the period of the investigation. There had been issues in the planning for the transition of those young people who remained at risk of harm from exploitation beyond their 18th birthdays, and some, sadly, continue to be vulnerable into early adulthood.

This review activity highlighted the need for support for some young people in the transition between children's and adult's services where they remain vulnerable to abuse.

Work has begun to form links with Peterborough Prison through the delivery of training to staff and female residents on child sexual exploitation. It is hoped that these links will allow for the sharing of the voices of some of the female residents who have experienced or witnessed exploitation themselves.

CONCLUSION

Safeguarding, Identifying and helping Cambridgeshire's vulnerable residents has never been higher on our agenda - and Dementia Awareness Week was a perfect opportunity to further the Service's work. More than 100 members of fire service staff are Dementia Friends, with a handful trained as Dementia Friends Champions, and during the week, even more staff joined the scheme.

(CFRS)

The Peterborough Safeguarding Adults Board continues to be a strong partnership which works well to coordinate safeguarding activity and hold partner agencies to account for their actions to safeguard adults at risk of abuse and neglect.

The PSAB continues to work to ensure that safety, enablement, empowerment and the prevention of abuse and neglect is at the heart of everything we do.

PARTNER REPORTS - APPENDIX ONE

AXIOM HOUSING ASSOCIATION

Axiom is one of a several local housing providers who provide accommodation to vulnerable people.

All Housing Associations are aware of the crucial role they play in contributing to the safeguarding agenda and all operate in increasingly challenging times with pressure on resources and a drive to offer better services for reduced costs. We offer accommodation to increasing levels of vulnerable people and housing providers can offer a valuable perspective in preventing safeguarding issues and also raising awareness amongst the general public.

In 2015/16 we have:

- Continued to raise awareness of safeguarding issues and responsibilities – particularly with front line staff. Housing Officers out in the field are often the first people who may notice or spot something that isn't right and they can trigger interventions.
- Invested in the training and information provided to staff.
- Reviewed and updated our safeguarding policies and processes to reflect changes in legislation and good practice.
- Introduced new guidelines around hoarding and self-neglect and contributed to a multi-agency approach.
- Introduced our own internal Quality Assurance framework that contains a real emphasis on safeguarding issues and offering quality services.

THE BEDFORDSHIRE, NORTHAMPTONSHIRE, CAMBRIDGESHIRE AND HERTFORDSHIRE COMMUNITY REHABILITATION COMPANY LIMITED (BENCH)

Jo Curphey, Deputy Director of BeNCH CRC and Head of Cambridgeshire Local Delivery Unit

Our principle aims are to reduce reoffending and make our communities safer. We work with adults subject to community and custodial sentences; ensuring they do everything required by their Court Order or Prison Licence and empowering them to make positive changes which will support their desistance from crime and re-integration into their communities.

We assess and manage the risk of harm our Service Users pose to themselves and others and are responsible for all Service Users deemed to pose a low and medium risk of causing serious harm. This includes a high proportion of Domestic Abuse perpetrators and female Service Users; which means that Safeguarding is a priority area of our work.

We deliver punitive and rehabilitative interventions to Service Users managed by BeNCH and the National Probation Service. This includes accredited programmes which focus on addressing cognitive deficits and anger management issues, as well as maintaining healthy non-abusive relationships.

In addition to working in partnership with statutory agencies, BeNCH is now able to draw on the expertise of a supply chain which comprises a number of voluntary and charitable organisations to deliver integrated rehabilitation services in prisons and communities.

In line with the priorities outlined in the Safeguarding Adults Board Strategic plan;

- we are in the process of developing a BeNCH-wide Adult Safeguarding Policy;
- we have commissioned external training consultants to deliver bespoke Adult Safeguarding Training to all of our frontline staff;

- we are an active member of the Peterborough and Cambridgeshire Chronically Excluded Adults Groups;
- we employ specialist officers to work with the victims of domestic abuse;
- in accordance with our Women's strategy we offer all of our female Service Users the opportunity to work with specialist officers in all-female environments;
- in conjunction with UserVoice we have established a Service User Council in Peterborough to provide a forum in which to work collaboratively with Service Users on improvements to service delivery; and
- we have commissioned the services of St Giles Trust to train Peer Mentors for Service Users in need of additional support and advocacy.

CAMBRIDGESHIRE CONSTABULARY

Detective Superintendent Chris Mead - Head of Public Protection

Cambridgeshire Constabulary continues to work in partnership to safeguard vulnerable adults, whether they be a victim of domestic abuse, elderly, disabled or vulnerable in some other way. All referrals will be subject to an initial triage within the Multi Agency Safeguarding Hub (MASH) from which information is shared and referral pathways established. This allows the constabulary and other partner agencies to effectively share relevant information to inform a coordinated response in order to provide the necessary interventions to safeguard in a timely way leading ultimately to better outcomes.

Within the Constabulary we continue to have a Domestic Abuse Investigation and Safeguarding UNIT (DAISU) which investigates cases of domestic abuse, supporting victims and those close to them through positive action and bringing offenders to justice. The DAISU have led the work in relation to training and implementation of the new Coercive Control Legislation that came into force in December. Since then, there have been increasing numbers of cases reported, with Peterborough seeing one of the first cases successfully prosecuted at court. The Constabulary continue to support the Multi Agency Risk Assessment Conference (MARAC) process, working with others to support victims and reduce risk. Work is underway to look to carry out a daily MARAC process, bringing more timely interventions in high risk cases.

The Adult Abuse Investigation and Safeguarding Unit (AAISU) continue to undertake investigations into cases of adult abuse, including those in a health or care setting. These investigations can include physical or financial abuse as well as general neglect.

The Constabulary continue to prioritise on the basis of threat, risk and harm and have an underpinning safeguarding approach, in particular towards those who are vulnerable.

In 2015-2016 we have

- Continued the development of the MASH, firmly establishing Domestic Abuse and Adult Abuse as priority themes.
- Continued to work in partnership with Peterborough and Cambridgeshire Safeguarding Adult Leads.
- Continued to carry out investigations into cases of Domestic Abuse, safeguarding victims, in particular those that are vulnerable and bringing offenders to justice.
- Trained, implemented and prosecuted the new Coercive / Control Legislation.
- Continued to investigate those who offend against the elderly, disabled and vulnerable and bring offenders to justice.

CAMBRIDGESHIRE FIRE AND RESCUE SERVICE (CFRS)

Wendy Coleman, Community Safety Advisor, Safeguarding Manager Community Fire Safety Group

The service has launched a new Community Fire Safety Group combining the fire protection team, which was responsible for fire safety in businesses and non-domestic properties, and the fire prevention team, who keep communities and homeowners clued up with fire safety. Combining these groups enables us to tackle risk in a more efficient way, bringing benefit to both partners and the community.

The group is exploring new ways of working with local authorities and partners to make delivery models sustainable in the future."

Safeguarding, identifying and helping Cambridgeshire's vulnerable residents has never been higher on CFRS' agenda - and Dementia Awareness Week was a perfect opportunity to further the Service's work. More than 100 members of fire service staff are Dementia Friends, with a handful trained as Dementia Friends Champions, and during the week, even more staff joined the scheme.

CFRS signed its first Primary Authority Scheme (PAS) agreement entering into partnership with Housing & Care 21, a national provider of housing and services for older people. "Working together we will be able to ensure the fire safety advice provided to all sites will be consistent.

Landlords of privately rented properties visited fire stations to benefit from free smoke and carbon monoxide alarms and expert fire safety advice. New safety laws make it compulsory for all landlords to fit smoke alarms in rented homes, under the new laws smoke alarms must be fitted on each level of the property as well as carbon monoxide alarms in properties which burn solid fuels.

The Service's volunteer scheme has expanded with increasing numbers of Community Champions delivering even more fire safety advice in their local community

Volunteers and care workers are being trained to spot vulnerable residents at high risk of fire through the Olive Branch initiative. The training, adapted from best practice in Staffordshire, is aimed at organisations that have direct contact with vulnerable people in our communities, including voluntary sector, charities, and care workers. Staff or volunteers undertake the Olive Branch training session with fire service staff to identify hazards and refer any concerns and the resident's details directly to the fire service. The first training session was delivered to Red Cross volunteers in Peterborough.

Hoarding has been identified as a contributory factor in at least two fatal house fires in Cambridgeshire, in the past three years and fire crews have experienced an increase in the number of fires where heavy fire loading/clutter is present. Operational fire crews and community safety officers have undertaken enhanced training to understand how they can provide help and support to individuals identified as displaying hoarding behaviour.

The service has led on the creation of a multiagency hoarding guidance document establishing key partnerships to benefit all stakeholders.

The service has built robust partnerships, especially with the police, to be able to work seamlessly to benefit the residents and agencies of Peterborough.

CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

Carol Davies - Designated Nurse for Safeguarding Adults and Serious Incidents

The Cambridgeshire and Peterborough Clinical Commissioning Group (CAPCCG) is an organisation commissioning health services for the people for Cambridgeshire and Peterborough and is committed to safeguarding adults

Cambridgeshire and Peterborough Clinical Commissioning Group has a patient population of approximately 930,000 and is one of the largest in the country with 105 General Practitioner (GP) practices as members.

Our main Providers are:

- Cambridge University Hospitals NHS Foundation Trust (CUHFT - encompassing Addenbrookes and Rosie hospitals)
- Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)
- Hinchingbrooke Health Care Trust (HHCT)
- Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
- Cambridgeshire Community Services (CCS)
- Papworth Hospital NHS Foundation Trust - specialist cardiothoracic hospital.

There is a range of other key Providers too such as GP Out of Hours services, NHS 111, East of England Ambulance Trust and many other smaller specialised service Providers.

Partnership working

Staff attend multi-agency meetings in order to achieve partnership working. There has been regular attendance at the Cambridgeshire Safeguarding Adults Board meeting and its subgroups, as well the Domestic Abuse Governance Board, the MASH Governance Board and the Prevent Delivery Board.

Achievements in relation to Peterborough SAB priorities

Priority Area 1 – Partnership and Culture

Partnership working by Cambridgeshire and Peterborough Clinical Commissioning Group was demonstrated by robust engagement with SABs, sub-groups and a range of other strategic governance boards. The monitoring of commissioned Providers' compliance with Safeguarding adults requirements is contained within the quality schedule of the NHS contract. This was undertaken by Cambridgeshire and Peterborough Clinical Commissioning Group on a quarterly basis, using the quality dashboard with associated metrics and RAG rated thresholds. This mechanism enabled Cambridgeshire and Peterborough Clinical Commissioning Group to be sighted on any compliance issues and support improvements were necessary.

Cambridgeshire and Peterborough Clinical Commissioning Group has strived to maintain a high profile around the importance of safeguarding adults to the health and well-being of our population, and continues to promote a culture of Making Safeguarding Personal.

Priority Area 2 – Practice, Delivery and Outcomes

Commissioned Providers are required to have a Safeguarding Adults, MCA/DoLS and Prevent Lead, whose role is to support their organisation in meeting its responsibilities. This workforce has been stable in the past year.

Within the Clinical Commissioning Group (CCG) the retirement of the previous post-holder led to the recruitment of a new Designated Nurse, and subsequently a part-time Nurse for Safeguarding Adults. The CAPCCG executive Lead for Safeguarding Adults (deputy director for Quality, Safety and Patient Experience) also came into post in the past year. While a change of personnel may have had the potential to de-stabilise the CCG safeguarding adult's team, collectively team members bring a wealth of experience and knowledge which has strengthened the CCG's response to safeguarding adult's issues.

The CCG is also involved in the quality monitoring of care homes and a new framework is currently under development.

Priority Area 3 - Prevention and Early Detection

Prevention is key and staff training around safeguarding adults to raise awareness is both promoted and monitored closely by the CCG. The responsibility of all staff to recognise and respond to safeguarding concerns is emphasised in the training delivered to staff by Provider Safeguarding Adult Leads.

The CCG is also involved in the quality monitoring of care homes and a new framework is currently under development. Attendance at the local authority and CQC information sharing meetings also supports the CCG in maintaining a soft intelligence database which helpfully provides an overview, useful for quality surveillance and identification of systemic issues.

In partnership with the local authority such surveillance led to a large scale safeguarding investigation being convened for a local care home, which is still ongoing.

Priorities and challenges for 2016 -2017

- Review the recommendations from the SCRs published and ensure these are being considered within CCG commissioned services.
- To respond to the forthcoming 'NHS England Roles and Competencies for Healthcare staff' document and consider the implications for the learning and development needs of NHS staff locally.
- Consider the impact of increasingly constrained resources upon both the CCG and Providers, while still striving to maintain a robust response to meeting Safeguarding Adults responsibilities.

CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT)

Paul Collin, Head of Adult Safeguarding

Cambridgeshire and Peterborough NHS Foundation Trust provide mental health services, statutory social care services, children's community services and learning disability care. We support people to achieve the very best they can for their health and well being

Statement of purpose

Cambridgeshire and Peterborough NHS Foundation Trust is committed to the working with partner agencies to ensure the safeguarding of adults at risk of abuse.

Governance and Accountability

Safeguarding matters are reported to the Board via the Quality Safety and Governance committee. The Director of Nursing is the Executive Director with Board responsibility for Safeguarding Adults, The Head of Adult Safeguarding is the lead officer for adult safeguarding with responsibility for developing processes and procedures within the Trust.

2014-15 Achievements

- **Training**

  By April 2016 96% of CPFT staff had trained in adult safeguarding. MCA training stood at 92% and 93% of staff had received PREVENT training.

- **Staff supervision**

Safeguarding investigators are supported by the programme of monthly peer supervision meetings of the 'Peterborough CPFT Safeguarding Adults Group'.

- **Healthcare services**

  From 1st April 2015 CPFT took on responsibilities for community health care services. Although the overarching commissioning organisation Uniting Care Partnership is no longer in existence, integrated physical and mental healthcare services remain the responsibility of CPFT.

- **CQC registration**

  CQC carried out an inspection of CPFT services during May 2015. The outcome was that CPFT was rated as "good" overall and CQC reported that "effective incident, safeguarding and whistleblowing procedures were in place. Staff felt confident to report issues of concern. Learning from events was noted across the trust."

- **Activity**

  Safeguarding activity showed an increase in enquiries of 14% compared with the previous year; this was due to changes and increased awareness due to the Care Act.

- **Partnership working**

  A Multi Agency Safeguarding Hub (MASH) has been established from 1st April 2015 as a single point for referrals and triage of all adult safeguarding matters. CPFT has an advanced Practitioner who undertakes this role for mental health referrals.

- **Care Act 2014**

  CPFT has worked closely with partner agencies to implement the requirements of the Care Act 2014 and Making Safeguarding Personal.

- **Deprivation of Liberty Safeguards**

  The number of DoLS urgent applications increased substantially (28%) during 2015-16. However standard authorisations were commensurate with the previous year.

- **Policy and Procedures**

  The CPFT adult safeguarding policy has been updated to reflect Care Act changes

- **Safeguarding Adult Reviews & prosecutions**

  CPFT made 1 referral for a Safeguarding Adult Review under Peterborough procedures. This work is yet to be completed.

Priorities for 2015-16

- Ensure all staff receive appropriate training and are able to identify and respond to safeguarding issues, and that the target of 90% for staff training in adult safeguarding continues to be met
- Ensure compliance with attendance at Mandatory PREVENT training.
- Ensure that each ward and community team in the adult services has a sufficient number of trained Safeguarding leads
- Work with partners (including Local authorities & Police) to develop the working of the Multi-agency Safeguarding Hub (MASH).

CITY COLLEGE PETERBOROUGH

Tanya Meadows, Vice Principal

City College Peterborough Day Opportunities Services provides welling being and preventative support for adults under 65 with a learning disability delivered at five sites and in the community. We also deliver employment support for adults with disabilities.

Priority Area 1 - Partnership and Culture

Implementation of the Care Act

Using individual Adult Social Care and Support plans Day Opportunities develop, and deliver, personalised support that includes the safeguarding needs of the individual. We work closely with Adult Social Care providing input into reviews, best interest meetings, safeguarding investigations and advocacy.

In 2015 all staff received Care Act training through the Council Workforce Development Team and continue to receive updates via Adult Social Care weekly news emails and when communicated via the intranet.

Partnership working

Day Opportunities continue to work with Adult Social Care including Care Management, Speech and Language Therapy, Community Learning Disability Nurses and Physiotherapist's.

We continue to work with PCVS and other advocacy organisations, voluntary groups, housing associations (including Cross Keys Hate Crime Officer) and the Police

Priority Area 2 – Practice, Delivery and Outcomes

New projects/initiatives/innovations

All sites are registered under the Safe Places Scheme with signage on display.

We work with Hate Crime Officers and the Policy Community Support Officers who talk and hold sessions with Supported People regarding bullying and other safeguarding issues. All sites have posters on display such as anti-bullying

Our sites are under development and designs have considered safeguarding issues for example the City Centre Hub has included opening up of areas and installation of internal windows to ensure line of sight enabling supported people to have independence whilst staff have views of large areas of the building at all times without having to be in a room.

Training/Development/Awareness raising

All staff have Adult and Childrens safeguarding training every two years. Three senior members of Day Opps are to complete Designated Persons training. The Service Manager has undergone Leading Safeguarding Investigations training and four members of frontline staff will be completing Childrens safeguarding and Cultural Confidence training.

Safeguarding is an agenda item on all team meetings and a distinct section within supervision documentation and therefore discussed within groups and with individuals.

Priorities and challenges for the coming year

Identify Safeguarding "Champions" within teams to support continued prioritisation of safeguarding at all levels together with Prevent.

Challenges include safeguarding our service users whilst increasing community access as where people become more independent risks increase. The changes to service will diversify the service users at sites further and therefore additional safeguards need to be implemented to protect those most vulnerable. This is being managed through building design whilst redeveloping sites, action planning and staff awareness sessions.

Priority Area 3 – Prevention and Early Detection.

Making Safeguarding Personal

A large part of Day Opportunities work is preventative support, empowering individuals to make decisions and choose outcomes through providing information and delivering "just enough" support. The sites are safe havens where individual know they are able to come to for support. Specific training is available for people to increase confidence enabling them to speak up and make decisions. Where staff have safeguarding concerns they are able to report through the organisations procedures.

Education

Within the City College Study Skills programme we accommodate the following young people:

- 16-18 year olds
- Learners with Learning Difficulties and/or Disabilities (LLDD) young people aged 16 to 24 year olds
- English Speakers of other Languages (ESOL) – and Pre ESOL young people
- Bespoke 14-16 year old provision

The majority of our young people are vulnerable young people who face a number of challenges inclusive of Mental Health, Self-Harm, Looked after Care, Young parents, some Youth Offending, and the vulnerabilities within their learning difficulties.

Making Safeguarding Personal - Within the Study Skills department all young people are initially assessed for safeguarding needs at point of recruitment. The information gathered on the paperwork specifically picks up information relating to being in care, asylum status, Mental health etc. this then triggers the PRAG Rating (Purple, Red, Amber, Green) when paperwork comes to support. Learners PRAG rating can change throughout the year for instance a learner may have been green, but a safeguarding concern comes up and they are re rated. Each young person is safeguarded on an individual basis.

New projects/initiatives/innovations – Prevent training is being rolled out to Learners.

Training/Development/Awareness raising – As a college we operate a Safer Recruitment process – this has been introduced to incorporate the changes that have been made to our existing Safeguarding and Prevent policy and procedures. All new staff are fully inducted within the timescales set out to ensure they have received the appropriate training for Safeguarding, working practices etc. All current staff are also placed onto appropriate update training when required.

Lessons learnt/Learning from experience – We have experienced trends in learner vulnerabilities and therefore need to be properly prepared and equipped to respond to all of these. For example, we found the number of learners who self-harm to be incredibly high 2 years ago, and whilst a proportion of young people still self-harm, this year's main vulnerability has been unaccompanied minors who are seeking asylum. This in itself has proven a challenge for us to be able to support fully the mental health and emotional scars these young people present with. Learning from experience, has enable colleagues to broaden their knowledge to be able to better support young people on a range of issues in the future.

Achievements – In summary, we provide differentiated learning support and have shared case studies of our practice, delivery and outcomes with the post 16 sector.

HEALTHWATCH PETERBOROUGH

Angela Burrows, Chief Operating Officer

Statement of purpose

Healthwatch Peterborough's role is to challenge and influence health and social care providers and commissioners; having an impact on the design and delivery of health and social care provision across Peterborough and ensuring the voice of local people is heard in local and national consultations and supporting our local stakeholder partners.

Engage: We aim to be accessible to the public and stakeholders to ensure inclusive participation, engagement and communication particularly with hard to reach and vulnerable members of our community.

Impact: Our objective is to be a 'critical friend' to stakeholders, be credible in using our statutory powers appropriately and to greatest effect, to drive improvements by challenging providers and commissioners.

Evidential: We will gather and use a full range of evidence, feedback and intelligence to influence our work plan and projects, championing the voices and views of local people.

Inform: We provide signposting and information in a range of formats to help people access local health and social care services and support them in making informed choices.

Our role in Safeguarding

Our volunteers (known as Authorised Representatives) are all trained in Adult Safeguarding to provide them with the preliminary tools to identify signs of safeguarding breaches while undertaking audits of local health and care settings.

We undertake Enter and View (a statutory tool Healthwatch use to review local health and social care services) and make sure key safeguarding notices are visible, information on raising safeguarding alerts are made available and to share any concerns around safeguarding with Care Quality Commission and/or Adult Social Care department at Peterborough City Council.

We have been able to widely share and raise awareness of the Peterborough City Council newly launched safeguarding website, through our popular weekly electronic bulletin E-news and social media.

HER MAJESTY'S PRISON /YOUNG OFFENDERS INSTITUTION PETERBOROUGH

Gary Clarke, Safer Prisons Manager

Priority Area 1 - Partnership and Culture

We work closely with the Samaritans in providing Peer Listeners for residents. The Listeners provide a 24 hour service to residents giving a confidential service where residents can talk about any issues or concerns they have.

The training for the listeners is provided by the Samaritans who then facilitate a weekly meeting for all the listeners to attend. This again is a confidential meeting between the Listeners and the Samaritans.

Priority Area 2 – Practice, Delivery and Outcomes

HMP/YOI Peterborough offers an environment of support and guidance for residents to help them deal with difficult and frustrating situations.

There are a number of operational staff who have received additional Mental Health training to help them work with the more challenging and complex residents.

All staff are trained in the management of self-harmers ensuring a safe environment is offered to all.

Priority Area 3 – Prevention and Early Detection

All residents are assessed up on reception and if required support mechanisms are put in place immediately and interventions offered.

We hold a weekly Complex Needs meeting that discuss are more complex residents. This meeting is multi-disciplinary and involves the Mental Health In-Reach Team and referrals to the Safeguarding Board. This meeting regularly discusses in excess of thirty residents.

NHS ENGLAND

Dr Sarah Robinson, Patient Experience and Quality Manager, Nursing Directorate

NHS England provides primary care services, and some specialist services (for example secure hospital services for those with mental health problems and/or learning disabilities), as well as working to ensure quality and safety across the NHS as a whole.

We facilitate a successful forum of safeguarding leads to develop health initiatives, share good practice and problem-solve common difficulties, and offer CPD. Within this year we have been working closely with our safeguarding lead colleagues from both providers and commissioning partners to implement a range of safeguarding initiatives that include:

- Providing weighing facilitates for people who use wheelchairs (a lesson learnt from a SCR in Suffolk where lack of access to appropriate weighing facilities meant that appropriate health checks could not be facilitated)
- Launch of the best practice guidance to embed with health colleagues and other partners a common understanding of the difference between health related incidents that require incident reporting, improvements in care management, and those that require investigating through safeguarding enquiries
- Launch of a free safeguarding app to offer health care staff a one-stop resource for an overview of important legislation and requirements for both children and adult safeguarding requirements.
- Advanced level training on Female Genital Mutilation (focussing on prevention, escalating concerns and working with those who have been affected by FGM)
- Identification and training of champions for MCA and DoLS in the ambulance service
- Workshops to develop safeguarding leads ability to write good quality reports and undertake Root cause Analysis methodologies

Priorities and challenges for the coming year

The ambitious intercollegiate guidance for healthcare staff with regards to adult safeguarding training requirements and competencies will focus our attention over the coming year(s) to offer

support to our NHS colleagues to facilitate training in line with the requirements set out. There are also some ideas around projects regarding domestic abuse that will be developed with the forum facilitated by NHS England.

Whilst we have not been working specifically to the priorities identified by PSAB (or any of the other SABs and LSCBs that we cover) our work has been driven by the safeguarding leads who in turn are informed by their local SABs priority areas. We also try to ensure that we attend the health executive meetings and all board minutes to ensure we remain aware of the local activities of each board.

NATIONAL PROBATION SERVICE (NPS)

Matthew Ryder - Head of Cambridgeshire Local Delivery Unit (LDU)

The National Probation Service (NPS) was formed in June 2014 as part of Her Majesty's Government Transforming Rehabilitation plans. The NPS's role is to protect the public, support victims of serious sexual or violent crime and reduce re-offending. We do this by:-

- Assessing risk and advising Her Majesty's Court Service and the Parole Board to enable the effective sentencing and rehabilitation of all offenders;
- Working in partnership with Community Rehabilitation Companies, the police, prisons and others to deliver effective offender management;
- Directly managing those offenders in the community, and before their release from prisons, who pose the highest risk of harm to others and who have committed the most serious offences.

The NPS is committed to reducing re-offending, preventing victims and protecting the public. The NPS engages in partnership working to safeguard adults with the aim of preventing abuse and harm to adults and preventing victims. The NPS acts to safeguard adults by engaging in several forms of partnership working including:

- **Operational:** Making a referral to the local authority where NPS staff have concerns that an adult is experiencing or is at risk of experiencing abuse or neglect, including financial abuse, and is unable to protect oneself from that abuse or neglect.

- **Strategic:** Attending and engaging in local Safeguarding Adults Boards (SABs) and relevant sub-groups of the SAB. Through attendance, take advantage of training opportunities and share lessons learnt from Safeguarding Adult Reviews and other serious case reviews.

In 2016, NPS published its new strategic partnership framework outlining the ways in which we work, attend and engage in local Safeguarding Adult Boards (SABs).

The NPS works closely with partner agencies to safeguard adults.

Our work is underpinned by the six safeguarding principles.

Much of our work relates to assessing and managing offenders who are registered sexual offenders and offenders with a pattern of serious violent offending. Some of this work involves NPS working with other agencies under multi-agency public protection arrangements (MAPPA) and in multi-agency risk assessment conferences (MARAC). There are also NPS staff working in the local multi-agency safeguarding hubs (MASHs) to help protect some of the more vulnerable members of our community.

In terms of adult safeguarding, NPS contributes to multi-agency work to protect and support victims of abuse and neglect and adults at risk of abuse and neglect. This includes victims of domestic abuse.

Adult safeguarding is a developing area for work for NPS and progress has been made in the following ways:-

- delivery of adult safeguarding mandatory training for all staff
- appointment of a NPS senior manager to lead on adult safeguarding in Cambridgeshire at a strategic level and who attends the Board on a regular basis
- starting discussions with partner agencies on developing a strategy for managing offenders who pose a serious risk to vulnerable groups but who themselves have acute health and other needs
- roll out of briefings to front line staff on the Care Act.

PETERBOROUGH CITY COUNCIL

Debbie McQuade, Assistant Director – Adult Operations

Progress against priorities:

Adult Social Care have improved the response to Safeguarding concerns in the context of multi-agency safeguarding arrangements within the multi-agency safeguarding hub (MASH) that went live on 1st April 2015. Adult Social Care recruited an additional Safeguarding Lead Practitioner (previously only 1 Lead Practitioner for Safeguarding) and a Coordinator who are part of the MASH with Cambridgeshire and Peterborough NHS Foundation Trust's Advanced Practitioner. The MASH provides consistency of approach as all concerns are escalated to the MASH for action by the MASH Adult Safeguarding Lead Practitioners. The Leads follow the agreed procedure for completing the Triage Assessment and the Risk Framework Tool to determine if the concern meets the threshold for a section 42 enquiry. Adult Social Care continue to work closely with key partners, such as the police to jointly make enquiries where the threshold has been met.

Other priority areas for Adult Social Care were to strengthen the response to referrers of safeguarding concerns as concerns were expressed around a lack of feedback at key points of the safeguarding enquiry process, at the point it is decided to treat a concern as a referral and at the conclusion of the enquiry

Adult Social Care gave a commitment to improving the timeliness of enquiries although there are no nationally set timeframes for conducting and completing enquiries.

Prevention of further abuse

The dashboard contains two measures to track the impact of enquiries in preventing further abuse; % of safeguarding adult cases where there is a protection plan in place and % of referrals that were referrals

Making Safeguarding Personal was another key priority for Adult Social Care and as of 1 April 2015 the procedures and documentation were updated to include clear sections for capturing the person concerns wishes and outcomes. As part of the wider change management programme for all staff in Adult Social Care a weekly e-mail has been in place since 1 April 2015 and the SCIE guidance has been published via this route and Making Safeguarding Personal Training was commissioned from Rife during the autumn of 2015 to help embed practice. The audit tool used internally to audit safeguarding enquiries has been amended to ensure consideration of MSP elements and supervision of case work focuses on the views of the person or where there are capacity issues Mental Capacity Assessment and appropriate representation.

Client income service (Corporate Appointee & Court of Protection appointed Deputy)

The service supports people who are at risk of financial or material abuse by managing the person's financial affairs or arrangements. The number of people supported by the Adult Social Care client income seam continues to increase, particularly for those clients who are being supported with their finances living in the community. The current number of people being supported is 238, 184 where the department holds appointeeship and where the department acts as deputy.

PETERBOROUGH AND FENLAND MIND

Barbara Conlon, Quality and Improvements Manager, Safeguarding Lead.

Based at our Peterborough and Cambridge office we offer a wide range of services to help serve local people who are experiencing poor mental Health. We currently offer the following services:

- Wellbeing and Recovery – a goal setting person-centred service designed for early intervention and prevention evaluated through the Recovery Star.
- We offer a one to one service and group workshops
- Advocacy – we offer both community and Independent Mental Health Advocacy in both Cambridgeshire and Peterborough. This includes workshops, one to one support, and a specialist project working with homeless people.
- Connecting Mums – a resilience service targeted at pregnant women and new mums at risk of developing post-natal depression
- Blue Light – resilience services and training for emergency services personnel
- Training – Mental Health First Aid (MHHFA), Applied Suicide Intervention Skills Training ASIST) and our own range of internally designed programmes
- We are a partner in delivery of the STOP Suicide project

Peterborough and Fenland Mind new services now live or to be launched during 2016:

Connecting Cares – is a 6-week programme. All are welcome, it is an informal and friendly space to enable people to not feel alone, build confidence and support carers with their emotional wellbeing.

Mums Matter – a six week programme to help build Mum's resilience who are experiencing post-natal depression. Providing tools that will help our new mothers through day-day motherhood and share their experiences with other mums.

Hearing Voices – As part of the regional Cambridgeshire and Peterborough Hearing Voices Network we are launching new Hearing Voices Groups (HVGs). The groups will be based countywide. The Voices Matter Groups offer our clients the opportunity to:

- Meet people with similar experiences
- Challenge social norms
- Share experience, receive support and empathy
- Value their contributions
- Accept that voices and visions are real experiences
- Respect each member as an expert

Stepping Forwards – Supporting people in their first steps away after secondary services. Stepping Forward is a new dynamic service aiming to target people experiencing Psychosis, Personality disorder and Affective disorder through Group Sessions and One to One work.

Safeguarding:

Peterborough and Fenland Mind recently identified a lead person to manage safeguarding who provided training updates from October 2015 to all staff. All new starters receive the Safeguarding training during their first month of employment as part of their induction programme. Our safeguarding register monitors all safeguarding issues and is updated as and when a safeguarding enquiry has been identified and we work closely with the MASH team for advice and signposting. The register is monitored by the safeguarding lead.

Over the 2015/2016 to date 24 cases within the Peterborough and South Lincolnshire area have been recognised by PFMind. These cases have either been signposted to the appropriate service or MASH.

Within our Advocacy service home visits are risked assessed. Within our Wellbeing and Recovery service all clients are risked assessed at their initial appointment.

Partnership Working

We are a member of Peterborough Plus, a voluntary sector consortium working together to bring additional funding into the city. Our CEO is a Director of Peterborough Plus, and has played a key role in the start-up of the consortium. We work closely with Peterborough Council for Voluntary Service, DIAL Peterborough, and Age UK Peterborough.

We work closely with CPFT, our mental health trust to signpost and share information, and are currently working on a new service to support clients who have been discharged from secondary care services. This has been co-designed in partnership with CPFT. Our CEO is a Governor of CPFT, representing the voluntary sector.

We work with Mind in Cambridgeshire and Lifecraft to deliver the STOP Suicide project.

We are named as a delivery partner on a recent successful bid by the Carers Trust.

We work closely with children's centres in order to deliver Connecting Mums. Our CEO chairs the Advisory Board for the local 4 children's centres.

We work closely with our local authorities (Peterborough and Cambridgeshire) and CCG, attending working groups, consultations, and engagement events on a regular basis. Our CEO co-Chairs the Mental Health Commissioning & Delivery Board.

PETERBOROUGH AND STAMFORD HOSPITAL FOUNDATION TRUST (PSHFT)

Lesley Crosby, Deputy Chief Nurse

PSHFT is an acute hospital foundation trust covering two sites, Peterborough City Hospital and Stamford Hospital in Lincolnshire. We provide acute healthcare services to the public from 5 local authorities and have 644 beds including 22 beds at Stamford Hospital.

Priority Area 1 – Partnership and Culture

- PSHFT are active partners in the multiagency safeguarding meetings, with the Deputy Chief Nurse attendance at PSAB. We contribute relevant health information to individual cases as requested as part of a SAR or LSI. We provide general information to the boards and the CCG.
- The Safeguarding Adults Lead Nurse works collaboratively with the Risk Management Team, complaints, Patient Advice and Liaison Service (PALS), Discharge Teams and the Tissue Viability Nurse ensuring that lessons are learnt from incidents relating to

safeguarding and these are reported into the safeguarding committee, local authorities and CCG's via care quality reports.

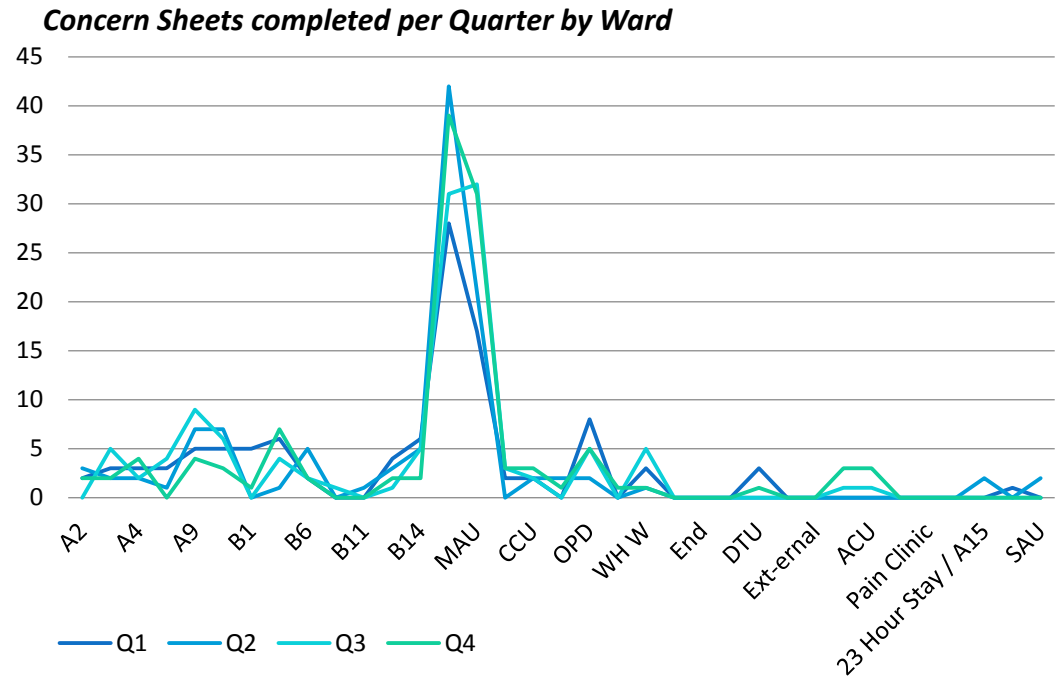
- Improvements have been made with regards to poor communication and poor discharge planning which was identified as a theme, by introducing a 'new' transfer checklist and transfer letter to be sent out with patients going to another provider including Nursing and Residential homes. This initiative was developed by the discharge support team and has seen a reduction in safeguarding allegations of 'poor discharge'
- The NHS England document Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (April 2015) sets out what is expected of healthcare provider's role in respect of safeguarding vulnerable people.
- PSHFT have a bi-monthly joint Adults and Children's safeguarding committee where current information is discussed and an action plan is in place.
- PSHFT have a local 'Protection of Adults at Risk' policy and procedure for staff to follow which has been reviewed and amended in light of the Care Act 2014 and local interim guidance, updated in January 2016.

Priority Area 2 – Practice, Delivery and Outcomes

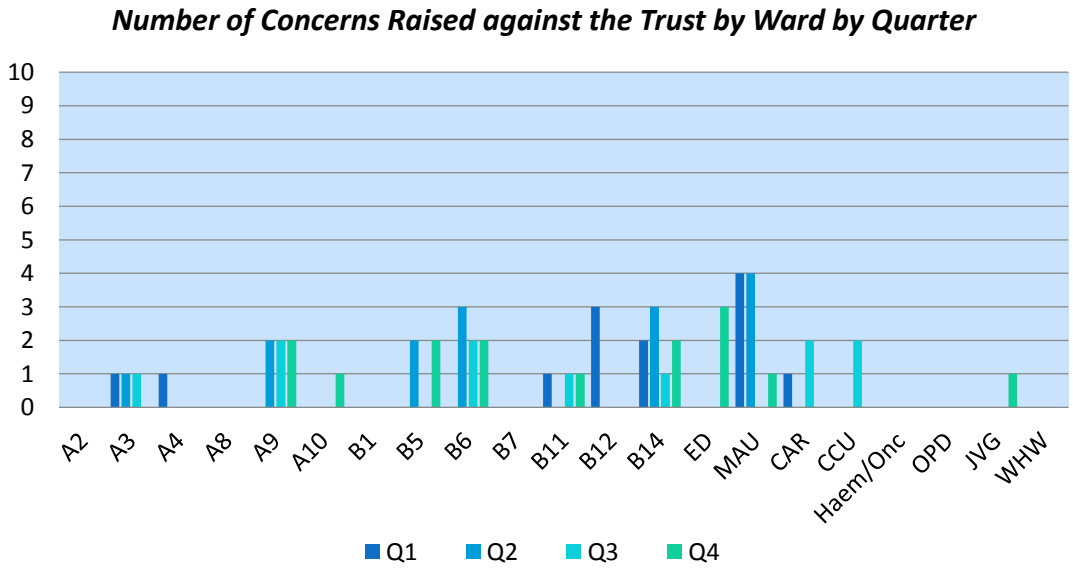
- MAZARS, The Trusts Internal Auditors completed an internal audit of the controls in place over Safeguarding Adults and the Trust received substantial assurance in July 2015.
- Over 2015/16 level 1 safeguarding adult training was delivered to 3835 (96%) members of the Trust's staff which is an increase of 15% compared to 2014/15.
- MCA/DoLS training is mandatory for all clinical and medical staff that have face to face contact with patients. In 2015/16, 2234 staff were trained equating to 90% of those requiring this competency. This is a 43% increase compared to the previous year.
- The Trust's level of activity with regards to safeguarding adults and MCA/DoLS applications continues to increase year on year and month by month. 87 DoLS applications were made in 2015/16 compared to 28 the previous year 2014/15. This demonstrates that the training is having a positive effect for our patients who lack capacity to make their own decisions and safeguards put in place. We are able to evidence staff are applying safeguarding duties and adhering to legislation in their daily work through the increase in and number of applications and authorisations.
- Equality, Diversity and Human Rights training is also mandatory and provided for all staff. In 2015/16, 3739 staff have received this training which is 95% of our workforce this is a 28% increase on 2014/15 delivered by the Equality & Disability Advisor.

Prevention and Early Detection – Priority 3

- The Trust operates an electronic alert system. Protection of adults at risk referral forms are generated via e-track our internal patient system, which enables any staff member to report a concern direct to the safeguarding group email inbox. This referral notifies the Trusts safeguarding team and the Peterborough Local Authority Transfer of Care Team at the same time thus demonstrating joined up processes to protect adults at risk of harm.
- The chart below demonstrates the number of referrals raised by the Trust from e-referral safeguarding forms:



- Over the year 2015/16, the Trust raised 458 Safeguarding alerts involving other bodies or individuals whilst 54 alerts were raised against us concerning alleged instances of a safeguarding nature within the Trust; this is a total of 512 concerns.



- In comparison to the previous year the Trust had raised 539 alerts including 37 alerts being raised against it. This is a slight decrease, 27 less referrals overall, however there has been an increase in concerns rose against us with 17 more enquiries compared to the previous year. Lessons to be learnt from these incidents are shared across the organisation with presentations given in various formats.

- It is entirely appropriate that the Emergency Department and the Medical Admission Unit are the highest reporters as they are the “front door” of the hospital so will therefore be the first Trust employees to identify concerns.

In the wake of the Francis Inquiry into the failings at Mid Staffordshire NHS Foundation Trust the Department of Health introduced a contractual Duty of Candor that requires NHS Trust staff to be open and transparent with service users about their care and treatment, including when it goes wrong. The Trust operates with openness and transparency and fulfils its Duty of Candour obligations when investigating safeguarding allegations made about the care it has provided. ‘Being Open’ meetings where we have caused harm to a patient are offered and apologies given when we have caused harm or distress. The Trust uses investigation findings to promote learning and ensure that practices are changed and lessons learnt through banded study days, Joint Ward Manager meetings and the Nursing and Midwifery Advisory Group.

The Trust has reviewed its Policy for the Protection of Adults at Risk to ensure that it reflects the requirements of the Duty of Candor. Scrutiny has increased by attendance of the Safeguarding Lead Nurse at the Chief Nurse Rapid Review meetings weekly. Closer working with the complaints department to highlight any safeguarding issues identified within the formal complaint as they are registered.

Analysis of Safeguarding Referrals

Of the 512 alerts raised during the year 2015/16 358 cases involved persons aged 65 or over (70%) and 154 cases (30%) involved persons under the age of 65.

Of the 512 safeguarding alerts raised 354 (69%) of the alerts related to harm/abuse allegedly occurred within the person’s own home as opposed to 97 (19%) cases of alleged abuse within a Nursing/Residential setting, 54 (11%) alerts were raised about our care.

Safeguarding Adult Reviews

The Trust has participated in three Safeguarding Adult Reviews (SAR). One SAR currently under investigation involving the Trust; is regarding lack of provision of pressure relieving equipment in the community and suggested we failed in our duty to identify this prior to discharge, we have submitted an Individual Management Review (IMR) report and we await the outcome. The Trust has also participated in 2 additional SAR’s where the patient received care in our Trust we have provided individual Independent Management Reports (IMR) report, one has now been concluded and is published on the Peterborough City Council Website MX, lesson to be learnt for us was ‘to ensure all patients leaving hospital for a residential placement must be accompanied by an appropriate discharge summary and communication between care settings must ensure ALL relevant information is sent and ensure safe transition to the care setting’. The third is regarding a patient who attended our hospital in a very dehydrated condition and died a short time after admission; this involves a local care home and is still currently under investigation.

We were also involved in a Large Scale Investigation (LSI) which went on to become a SAR, this involved a large number of residents in a local nursing home, seven of whom had attended PSHFT as patients, seven IMR reports were submitted last year and the case has now been concluded with a report published by an independent author. One of the criticisms of PSHFT was that we put pressure on the care home to accept patients before they had been assessed, we disputed this point as no concerns had been raised to us regarding the patients involved in the LSI. One recommendation made in the report will benefit PSHFT in that patients attending from a care home

who lack capacity to be able to give a history during a hospital admission, should be accompanied by a member of staff who knows them to hospital.

Considerable improvements have been made with evidencing safeguarding initiatives and ensuring transparency. Under the "making safeguarding personal" agenda, a copy of any electronic referrals made are now placed in a separate safeguarding section within the medical record and patients are spoken to within twenty four hours of receipt of the referral. Patients discharged within that period of time may not be seen prior to discharge however they are followed up by individual safeguarding teams in each local authority after discharge.

We have experienced a very busy year but through this report we are able to give assurance and demonstrate how we have met our safeguarding duties and kept our patients safe throughout this time.

REGIONAL COLLEGE – PETERBOROUGH

Joanne Hather-Dennis - Executive Director – Students

We are a further education college based in the heart of Peterborough, offering full and part-time courses, apprenticeships and higher education courses.

26% of our learners have learning difficulties and or disabilities including mild, moderate and severe. There has been a significant increase in learners presenting difficulties associated with autism, mental health and social emotional difficulties over the last few academic years. Additional Learning Support has been accessed by over 1950 learners demonstrating an increase of 11% from last year. These learners are studying in both our main stream provision and our Inclusive Learning department. There are currently 90 learners in our Inclusive Learning Department studying a range of programmes from awards in personal and social development, skills for working life, skills for independent living and skills to enable progression.

There has been strengthened links with feeder schools such as the Phoenix specialist provision where learners have been coming in on a weekly basis to access taster sessions, some aligning to current provision. The department has also worked hard to embed a number of bespoke opportunities for learners that require a mixed provision of mainstream and discrete to facilitate a person centred approach to their learning. We aim to grow this in future years.

As part of the college's strategic planning operation groups a Safeguarding committee has been established to address key priority areas and monitor essential compliance data.

Key progression Areas 2015/16

- Access to Peterborough LAs SEND grant for employment to support the development of 2 recently recruited Job Coaches with appropriate training
- Collaborative city wide employment event engaging with local partners and employers for young people with learning difficulties and disabilities
- Train the trainer status for 2 staff members in Systematic Instruction funded by Peterborough LA
- Train the trainer status for 2 staff members in Team Teach to train staff in de-escalation and restraint
- Specialist development to support Person Centred Planning, Social Emotional Difficulties and Mental Health
- Securing of Department of Education funded pilot Achievement for All SEND Implementation audit of provision at PRC carried out between October 2015 and March 2016 and development of an internal action plan following the audit to monitor development

areas. Achievement for All Final Confidence Survey demonstrated improvements in all key areas with good and outstanding features

- Healthwatch Survey produced in collaboration with PRC around mental health awareness and services locally
- Discussions with the SUN Network (CCG commissioned organisation which captures the views of service users relating to Mental Health Services) to gain the learner voice
- CPFT Psychological Wellbeing Service (IAPT) is working collaboratively with the college to raise awareness of their provision of support for mental health difficulties of those over 17+ which included stands in student common room and at UCP and half day on site to provide treatment to referred individuals
- Establishment of an autism sensory room for quite out of class support
- Proactive engagement with CAMHS and Adult Mental Health services on necessary to provide effective support and promote individual learner welfare
- Strengthened partnership working across specialist agencies such as SALT, physiotherapy, Occupational therapy and medical professionals.

Key Priorities 2016/17

- The Inclusive Learning department is planning a focussed selection of part time provision aimed at progressing the learner into further study or employment which could be supported employment or internship
- Learner and parent consultation around provision planning, services and Local Offer
- Development of provision and support for Profound and Moderate Learning Difficulties (PMLD) with complex behaviour needs and mainstream learners who require restraint
- Further development of work placement opportunities for mainstream SEND learners, suitable progression routes to employment with appropriate and impartial careers guidance
- Strengthen mechanisms for capturing and monitoring High Needs (HN) and Education Health and Care Plans (EHCP) data around retention, progress, destination and support impact indicators such as distance travelled and independence
- Revision of policies such as Admissions and Information, Advice and Guidance (IAG) to ensure they embed SEND expectations
- Continued staff training to include Mental Health/Emotional and Behavioural Difficulties (EBD)
- Training for teaching and support staff:
    - Intensive instruction/interaction
    - Total communication
    - Makaton
    - PECS (picture exchange communication)
    - Augmentative communication
    - Specialist VI/HI/Sensory/EBD for PMLD

SAFER PETERBOROUGH PARTNERSHIP (SPP)

Karl Bowden, Manager

The SPP involves a number of statutory and voluntary organisations who work together to deliver the priorities of the Safer Peterborough partnership. They work in partnership with a wide range of other services across the public and voluntary sector and community groups that contribute significantly to community safety.

Street Sex Working

The SPP chair a multi-agency case management meeting which is held once every six weeks. The case management of the sex workers, many of whom may be adults at risk, is recorded on ECINS, our case management system, and each profile is RAG rated to aid the multi-agency team in directing their efforts to those most vulnerable, at risk and in need of safeguarding and support.

There are currently 19 on-street sex workers on the case management system. All existing and new profiles are now routinely cross-referenced by the MARAC Co-ordinator to identify if they have an association with any known perpetrators of domestic abuse.

The Community Safety team is now also registered to the National Ugly Mugs Scheme so that reports of attacks on known workers or those suspected of sex working can be uploaded whilst at the same time monitoring reports of incidents in Peterborough and close surrounding cities.

Several workers had reported to the Police and the Pathway 8&9 Lead at Outside Links that they would benefit from outreach from the various support agencies. As a result a pilot evening outreach project was held at Outside Links aimed at safeguarding sex workers and those thinking of entering or returning to this trade, as well as improving their engagement with support services. Unfortunately, despite promoting this evening outreach via key workers, partner agencies and during the monthly outreach itself, the sex workers did not attend this evening despite opening every Friday evening for a couple of months.

As a result, it was agreed to stop the Friday night evening outreach at Outside Links and instead continue with monthly evening outreach which is conducted with the Police Op Can Do team and two partner agency representatives, one evening per month. This provides an opportunity to engage with those sex works seen loitering and a chance to offer the appropriate advice and support.

In addition, Aspire runs women only Wednesdays at Outside Links which is open to all women, but is often attended by the sex workers. The Community Safety Officer often attends these sessions to offer support and build relationships with the sex workers.

In the last 12 months there have been three prosecutions for male kerb crawlers in which two of the three males were given a police caution and the third was summonsed to court. There has also been one prosecution regarding a female sex worker who was charged/summonsed to court. Furthermore, one ASBO remains in force regarding a street sex worker until August 2019 and one street sex worker still has a Criminal Behaviour Order which remains in in force until April 2017.

In addition, during the last 12 months various street workers have been subject to street warnings which is a required pre-requisite to any prosecution and these warnings lapse after 3 months. Currently there is one street worker on a current warning, however, these numbers can quickly fluctuate dependant on police activity.

Joint outreach work with Police and support services one Thursday a month. In general terms the majority of police support and enforcement activity is carried out by the SPP Can-Do Team who in the main are more confident around the procedure and legislation in regards to dealing with street sex issues. Response officers are occasionally sent to street sex working related incidents but are likely to only conduct an area search and move persons on.

There have been 38 Calls to the police in regards to prostitution in the last 12 months across the city. 29 of these calls were in the Eastern Sector and 20 within the defined ‘Red Light Area’.

Op Pheasant

Op Pheasant is a multi-agency operation coordinated by the SPP Teams to address issues of modern day slavery, exploitation, overcrowding of premises and illegal Houses of Multiple Occupancy.

SPP teams from Housing Enforcement and Police join up with Fire Service Fire Protection Officers, the Border Agency and Department of Work and Pensions to carry out visits to target locations and addresses. The premise of the visit is to primarily ensure that the persons living or working there are not being exploited, are eligible to remain in the country, are lawfully employed (thus ensuring that their rights are known to them) and are living in safe and suitable accommodation.

In the 2015/16 period around 476 properties have been visited

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Peterborough Safeguarding Adults Board

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Marie Alexander, General Manager, Adult & Specialist Mental Health Directorate	Tel. 01223 586832

PRISM (Enhanced Primary Care Mental Health Service)

RECOMMENDATIONS	
FROM : *Cambridgeshire & Peterborough NHS Foundation Trust*	**Deadline date :** *N/A*
Cambridge and Peterborough NHS Foundation Trust is developing a model of mental health service delivery in primary care, known as 'PRISM'. The Health and Wellbeing Board is asked to consider and comment on the proposal outlined in this paper.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Board's views on a proposed model of mental health service delivery in primary care.

2.2 This report is for Board to consider under its Terms of Reference No. 3.5 *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. BACKGROUND

3.1 **Reasons for Change**

The Five Year Forward View for Mental Health makes clear an expectation that mental and physical health will be given equal priority, referred to as 'parity of esteem'. National targets for meeting the physical health needs of individuals with severe mental health problems by 2020/2021 are also articulated in the document and the drive towards integrated physical and mental health service delivery is explicit.

The national picture suggests that 90% of adults with mental health problems are supported in primary care and that 90% of adults with more severe mental health problems are supported by community services with a significant proportion of individuals having long waits for some key interventions.

Locally, the primary GP interface with CPFT is via a single point of referral into the Advice and Referral Centre (ARC); notable exceptions being Psychological Well-being Services and CAMEO (Early Intervention in Psychosis). Referrals into ARC are triaged and followed by advice, assessment, onward referral to other services or back to the GP.

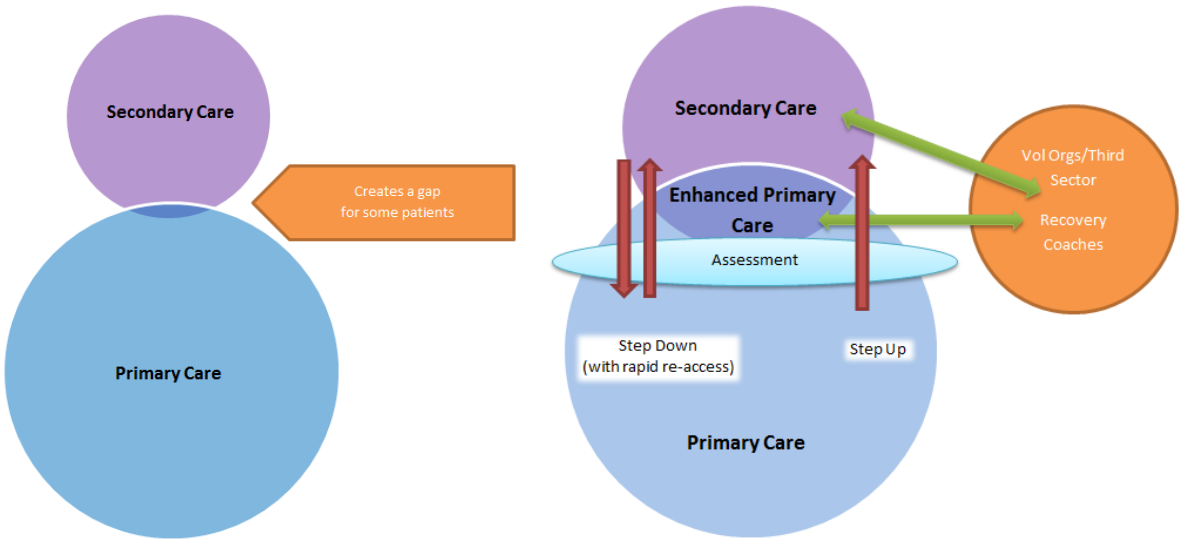
An analysis of referral data from 1st April 2015 to 31st March 2016 shows that of the 20,931 referrals into ARC 15,637 were potentially eligible for mental health services and 4,283

onward referrals were made by ARC to Locality Teams (Secondary Care Community Mental Health Services). Of those assessed 1,530 were taken on to Locality Team Caseloads for treatment. The ratio of assessment to acceptance for treatment is almost 3:1 and the significant number of assessments undertaken impacts on the clinical capacity of locality teams to provide direct care and support for service –users.

In conjunction with the Cambridge and Peterborough Clinical Commissioning Group (CCG) and other key stakeholders a service model has been developed that will increase the presence of mental health specialists in primary care, promote early assessment, treatment and / or onward referral and be recovery-focused. Increasing the number of assessments in primary care will improve flow, reducing the number of assessments taking place in secondary care and thereby improving clinical capacity in teams. In addition to the 'step-up' function of onward referral into secondary care mental health services, service-users will be supported to 'step-down' into primary care when a period of treatment in secondary care has been completed. This model has become known as PRISM. PRISM teams will work with identified groups of GP surgeries.

The illustration below shows the current model and the proposed future model;

Current model: Future model:



3.2 Scope of Service

a) PRISM will provide a service for service-users aged 18-65 years with mental health problems of moderate to high severity. The PRISM team will make onward referrals to other specialist mental health services (for example Early Intervention in Psychosis Service) if there are concerns that the service-user's needs cannot be appropriately met in the primary care setting.

b) The service will provide additional mental health resource to optimise the care and medical management of a defined group of service-users in primary care.

c) GPs will remain the responsible clinician while the service-user is being seen by the PRISM service.

d) GPs will directly refer a service-user for assessment by a PRISM worker and they will usually be assessed within 4 weeks. Follow-up may include onward referral to secondary care mental health services (these services may eventually be differently configured following a process of service transformation), third sector agencies or a discussion with the GP for ongoing management and support in primary care.

e) Service-users recently assessed and treated in secondary mental health services with support needs beyond those available in primary care will be 'stepped-up' to secondary care mental health services for brief intervention.

f) Service-users requiring support to transition from secondary care will be supported by a Recovery Coach or Peer Support Worker in the PRISM team to 'step-down' from secondary care.

g) The completion of physical health checks, particularly for service-users with severe mental illness, is an important component of PRISM service delivery and, again, reflects an identified priority In the Five Year Forward View document.

3.3 **Drivers of Change**

There are a number of drivers for implementing this new service model which are;

a) Implementation of the Five Year Forward View for mental health, the integration of physical and mental health services and a commitment to parity of esteem.
b) Improve service-user experience - Create appropriate access in the right place (services delivered locally) at the right time (based on need) by the right people (appropriate skill set for decision making). This also refers to initial assessment and for rapid re-entry into services when indicated.
c) Optimising financial and human resources through the development of a service model that provides effective care and treatment and achieves long-term efficiencies.
d) Strengthening the Trust's ability to meet the changing population demographic and the corresponding altered demand for mental health services.
e) Improved focus on prevention and recovery.

3.4 **Proof of Concept PRISM**

On 15th August 2016 Proof of Concept PRISM was launched to test out some of the principles and challenges of community mental health delivery within primary care. Proof of Concept PRISM contains one Band 6 PRISM worker and a Band 3 Support Worker covering 5 GP Practices (6 surgeries) in the Huntingdon area.

Between 15th August and 20th October 2016 110 people were referred to the PRISM service by GPs. Of these 2 people required more specialist care and treatment and the remainder were able to receive appropriate and timely interventions in a primary care setting including signposting, education and advice.

PRISM Proof of Concept will continue to inform the full model roll-out with planned additional resource into Proof of concept providing additional data for evaluation. However, the roll-out of Phase 1 of the full model will begin in January 2016.

3.5 **Measurable Outcomes**

The measurable outcomes to be expected through PRISM are;

Service-users and carers:

a) Improved service-user experience and satisfaction with services
b) Improved experience for carers
c) Reduction in waiting times for assessment

GPs and Primary Care

a) GP and primary care staff being supported to manage medicines and risk
b) Reduction in non-attendance rates

Secondary Care services

a) Increased quality of referrals into secondary care mental health services
b) Decrease in re-referral rate
c) Reduced number of assessments in locality teams thereby improving clinical capacity for direct service-user care
d) Reduced caseload in Locality Teams thereby improving clinical capacity for direct service-user care
e) Improved focus in Consultant Psychiatrist caseloads (to be ready for Phase 2 of implementation)

This is not an exhaustive list and the system transformation realised as part of this project will enable consideration of other potential outcomes as part of the project going forward.

4. CONSULTATION

Communication Plan	Audience	Methodology	Action in last quarter
1. Promoting Key Messages on the development of PRISM	**GPs Other stakeholders Staff using the service**	**One page briefings**	 Quarterly update PRISM Oct 2016.pdf 12.10.16
		Visits to GP surgeries where PRISM being delivered:	1. Granta Medical Practice 1.09.16 2. Acorn Surgery 26.07.16, 29.09.16 3. Priory Fields 11.07.16 4. Charles Hicks 15.07.16 5. Trinity 7.07.16, 18.08.16  PRISM update 17 Aug 2016.docx  Prism GP presentation.pptx
		Attendance at GP CCG, LCG or LA event	CCC Health Committee – 8.09.16 Peterborough HWB 22.09.16 EoE SCN 9.09.16 Hunts presentation 14.09.16
		Leaflets and written communications	https://www.dropbox.com/s/kze30xgu242unw5/prism%20hunts%20presentation%2014.9.16.ppt?dl=0 https://www.dropbox.com/s/23ltatfc8bbmoiv/prism%20scn%20presentation%209.9.16.ppt?dl=0
		News articles	
		Intranet page	**Currently in development**
		Briefing events for staff	**CPFT staff engagement events:** **1. CPFT CEO engagement** events 17 through September

Communication Plan	Audience	Methodology	Action in last quarter
			2016 **2. Neighbourhood Teams conference** – 14.09.16 **3. CPFT Rapid Improvement events** 8.06.16 20.07.16 6.09.16 Workshop 4 20 07 16 Final Version Enhance Workshop 5 06 09 2016.pptx **4. Updates to CPFT teams:** 1.09.16 Liaison and Diversion 13.07.16 Fenland Adult Locality Team 22.07.16 Huntingdon Psychological Wellbeing Service 26.07.16 Recovery Coaches

5 ANTICIPATED OUTCOMES

This report asks the Board to consider, and comment on, a new model of mental health service delivery in primary care. The PRISM model will strengthen mental health service provision in the primary care setting and deliver efficiencies across the health care system. Initial findings from the Proof of Concept indicate that the provision of specialist mental health resource in a primary care setting improves access to timely assessment, management, support and onward referral.

6 REASONS FOR RECOMMENDATIONS

The decision to develop the PRISM service model has been influenced by national drivers including the Five Year Forward View for Mental Health and the requirement for system transformation to improve service efficiencies without compromising the quality of service-user safety or standards of care.

The current service risks referral saturation and staff working in locality teams undertake a high number of assessments, relative to the number of service-users subsequently taken on to a caseload, and this volume of assessments impacts on the clinical capacity of specialist mental health staff to deliver interventions to service-users.

7 ALTERNATIVE OPTIONS CONSIDERED

Do nothing: rejected because the current model is unsustainable. Locality teams are experiencing an increasing demand – capacity gap and this, in turn, impacts on the workload of GPs and service-user and carer experience.

8 IMPLICATIONS

The implementation of this service model will improve mental health service delivery in primary care and support GPs to manage service-users aged 18-65 with mental health problems of moderate to high severity, where the service-users needs can be appropriately met in a primary care setting.

9 BACKGROUND DOCUMENTS

None

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 11
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Dr Liz Robin	Tel. 01733 207175

CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PROGRAMME MEMORANDUM OF UNDERSTANDING FOR NHS ORGANISATIONS IN CAMBRIDGESHIRE AND PETERBOROUGH

RECOMMENDATIONS	
FROM : Director of Public Health	**Deadline date : N/A**

The Health and Wellbeing Board is asked:

1. To note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough;

2. To approve Appendix A, Appendix 1: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' for sign off by the HWB Board Chair.

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Cambridgeshire and Peterborough Health and Care Executive.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to present the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding to the Health and Wellbeing Board and to ask for the Board's approval of Annex A Appendix 1: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan'

2.2 This report is for Board to consider under its Terms of Reference No.
3.3 To keep under review the delivery of the designated public health functions and their contribution to improving health and wellbeing and tackling health inequalities.
3.9 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.

3 MAIN ISSUES

Background

3.1 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in the preparation of a five year strategic plan – the Sustainability and Transformation Plan (STP). Because local authority adult social care and public health services are interdependent with NHS services, Peterborough City Council and Cambridgeshire County Council have also been asked to plan jointly with the NHS and align our services with STP where appropriate.

3.2 Development of the STP has been led by the Health and Care Executive (HCE) which is made up of the Chief Executives and Accountable Officers of NHS organisations including the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), local NHS Hospitals, NHS Mental Health Services and NHS Community Services. The Director of People and Communities and the Director of Public Health from Peterborough City Council and Cambridgeshire County Council attend as non-voting members of the HCE.

3.3 A draft Cambridgeshire and Peterborough STP has been submitted to NHS England in accordance with national deadlines, and the CCG expects to publish the final STP in late November. The STP includes reference to the Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies overseen by local Health and Wellbeing Boards. The Health and Wellbeing Board has received regular updates on the development of the STP. More information about STP planning is available on http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/

Memorandum of Understanding

3.4 As part of the work on the STP, local NHS organisations are being asked to sign up to a Memorandum of Understanding (MOU), attached as Annex A. This MOU requires significant changes to ways of working across NHS organisations – essentially asking NHS Chief Executives to function as a single leadership team with mutual understanding, aligned incentives and coordinated action.

3.5 It is not feasible for Local Authorities to sign up to the full MOU due to decision making processes which are democratically accountable, and different financial and governance structures to the NHS. Because of this, a separate Appendix to the MOU has been developed for agreement by Local Authorities. This will require sign off by the Local Authority Chief Executive, and by Chair of the Health and Wellbeing Board (HWB), in line with the statutory HWB role to promote integrated working across local authorities and the NHS.

3.6 The MOU Appendix 1 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' has four sections:

Introduction

The introduction briefly describes the context of the local health and care economy and the Sustainability and Transformation Plan, and the role of local authorities within this.

Key behaviours

This section describes the behaviours required from the Health and Care Executive and Health and Wellbeing Board members in order to build trust and relationships across the system, to deliver the STP.

Key principles

This section describes the key principles of how organisations will work together to deliver the STP.

Democratic requirements and local authority governance

This section outlines how senior officers and Health and Wellbeing Boards will work with NHS organisations to deliver the STP, while making clear that that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

4 CONSULTATION

4.1 Because the Local Authority STP MOU outlines behaviours and principles in relation to joint working between the local NHS and local government rather than service strategies or changes, it has not been subject to public consultation.

5 ANTICIPATED OUTCOMES

5.1 The approval of the draft Local Authority STP MOU Appendix would support joint working between the City Council and the local NHS, which is already well advanced through positive relationships.

6 REASONS FOR RECOMMENDATIONS

The recommendation to the HWB Board to approve the Local Authority STP MOU Appendix is important, because it clarifies the Local Authority role in the Sustainability and Transformation Programme, as distinct from the role of NHS organisations. This clarity should aid both partnership working between local government and the local NHS, and wider understanding from stakeholders and the public.

7 ALTERNATIVE OPTIONS CONSIDERED

7.1 The option of Peterborough City Council and Cambridgeshire County Council signing up to the same Memorandum of Understanding as local NHS organisations was considered. This option was thought not to be viable in practice, due to the nature of decision making in the Councils, which is democratically accountable, and to different financial and governance structures.

8 IMPLICATIONS

8.1 The Local Authority STP MOU Appendix has been reviewed by the Peterborough City Council legal team, and their comments have been incorporated. The MOU describes key behaviours and principles rather than making specific service or financial commitments.

9 BACKGROUND DOCUMENTS

ANNEX A: Cambridgeshire and Peterborough Health and Care System Memorandum of Understanding

ANNEX A Appendix 1: Memorandum of Understanding: Local Authorities and the Cambridgeshire and Peterborough Sustainable Transformation Plan

Background information on the Cambridgeshire and Peterborough Sustainable Transformation Programme is available on
www.cambridgeshireandpeterboroughccg.nhs.uk/STP/

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CAMBRIDGESHIRE AND PETERBOROUGH
SUSTAINABILITY AND TRANSFORMATION PROGRAMME

Cambridgeshire and Peterborough Clinical Commissioning Group NHS
Cambridge University Hospitals NHS Foundation Trust NHS
Cambridgeshire and Peterborough NHS Foundation Trust NHS
Cambridgeshire Community Services NHS Trust NHS
Hinchingbrooke Health Care NHS Trust NHS
Papworth Hospital NHS Foundation Trust NHS
Peterborough and Stamford Hospitals NHS Foundation Trust NHS
PETERBOROUGH CITY COUNCIL
Cambridgeshire County Council

MEMORANDUM OF UNDERSTANDING

CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND CARE SYSTEM

Version Control

Version no	Date	Source of Edits	Author
1	31/07		CP
2	02/08	Tracy Dowling	AG
3	03/08	Lance McCarthy	AG
4	07/08	Stephen Graves & Caroline Walker	CP
5	09/08	Stephen Graves	LG
6	11/08	Catherine Boaden	LG
7	12/08	Claire Tripp, Matthew Winn, NHS Providers	CP
8	16/08	Wendi-Ogle Welbourn & Will Patten, Andrew Pike	CP
9	19/08	Aidan Thomas	AG
10	19/08	Dr Liz Robin, Adrian Loades	AG
11	19/08	Roland Sinker	AG
12	28/08	CUH comments – legal & finance	CP
13	04/09	HCE Away comments	CP
14	05/09	Further CUH comments – Bill Boa & Ed Smith	CP
15	07/09	Ros Nerio/ Andrew Rawston (NHSI)	RN
16	07/09	Further CUH Comments – Bill Boa & Ed Smith	CP
17	09/09	NHSI legal changes	RN
18	12/09	CCG comments – finance section;	CP
19	18/09	Final changes for public review by Boards	CP
20	19/09	Further changes to reflect AEB	LG

Final sign off will be secured in public by statutory bodies (NHS Trust or Foundation Trust Boards, Governing Bodies). This will become a public document

Memorandum of Understanding: Cambridgeshire & Peterborough Health and Care System – a Partnership for implementing the Sustainability & Transformation Plan

Date effective: 1 October 2016 Signatories 'The partners', the CEOs/Accountable Officers & Chairs of:

1. Cambridgeshire & Peterborough CCG
2. Cambridge University Hospitals Foundation Trust
3. Peterborough & Stamford Hospitals Foundation Trust
4. Cambridgeshire & Peterborough Foundation Trust
5. Cambridgeshire Community Services NHS Trust
6. Hinchingbrooke Hospitals NHS Trust
7. Papworth Foundation Trust
8. NHS England Specialised Commissioning – tbc
9. Peterborough City Council: (CEO & HWB Chair) – Annex 1 only
10. Cambridgeshire County Council (CEO & HWB Chair) – Annex 1 only

In future others may wish to join or become more formally affiliated with the partnership embodied in this MOU, including East of England Ambulance Trust, CUHP, GP Federations, practices or third sector organisations.

Introduction

Purpose: The local health economy within Cambridgeshire & Peterborough CCG has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHSE and NHSI. The STP has been developed with front-line staff and patients, building from an evidence for change that had widespread public and patient involvement. The plan envisages widespread changes to how care is delivered to local people, with far greater emphasis on care being delivered in or close to home, and standardisation of necessary in-hospital care in line with best and most efficient practice. In the small number of instances where changes to the location of services are proposed, there will be formal consultation with the public, following close informal engagement.

In order to deliver this plan and return the system to financial balance, we must manage risk (financial, operational, quality and reputational) through a number of jointly agreed commitments (outlined below) to which the Partners have agreed. The most important of which relate to a new set of behaviours from the System Partners, in order to build long-standing trusting relationships that replicate those of an accountable care system.

Scope: Each of the respective partner organisations have clearly defined accountabilities and responsibilities in line with statute. This MOU describes principles of behaviour and action which pertain to the implementation of the Sustainability and Transformation Plan. Therefore, this MOU pertains only to those areas of work which have been agreed, by each individual partner organisation, as System improvement areas. The MOU does not relate to individual partners decisions but to any possible interactions those may have with other partner organisations. Active engagement between Partners will be the norm, with individual major decisions raised to the HCE's attention, to check for impact on others.

How this document relates to local authorities, their executive officers and members is described further in Appendix 1

Longevity: The term of the MOU is linked to the anticipated time required to implement the STP, therefore it is expected to expire on 31st March 2021, unless a decision is taken to extend it beyond this. If, during the intervening period, as confidence builds, System decisions are delegated to the HCE, this MOU and the associated Terms of Reference for all relevant System groups will be amended (current versions are appended). While, at no stage, can the powers of the HCE supersede those of statutory bodies, this MOU nevertheless reflects the minimum level of partnership required to implement the STP.

Commitment 1: One ambition: the STP sets out a five plus year plan to return C&P to financial, clinical and operational sustainability by developing the beneficial behaviours of an accountable care system, and thereby addressing the underlying drivers of the current system deficit. This means acting as a single executive leadership team, and operating under an aligned set of incentives to coordinate System improvements for the benefits of local residents and healthcare users by:

- Supporting local people to take an active and full role in their own health
- Preventing health deterioration and promoting independence
- Using the best, evidence-based, means to deliver on outcomes that matter
- Focussing on what adds value (and stopping what doesn't)

Such organisational altruism is fully congruent with Partners' duties to the public and is necessary to return each organisation individually to financial balance.

The Partners accept collective responsibility for delivering the plan in its totality. Together, we own the opening risk and agree that the plan, whilst challenging, is deliverable. However, in practice, the Partners recognise external influences and pressures each is subject to. We commit to honest, transparent, and mutual support of each other's position in circumstances where we may be able to help others and influence the view of regulators or external assurance bodies regarding the primacy of System sustainability entailed in this plan and the joint commitment to it.

Our immediate priorities will be agreed collectively and reflect local Health & Wellbeing strategies, together with addressing clinical and operational pressures. However given resources are scarce, priority will be accorded to projects with the greatest expected return on investment and/or fixing what is most broken – for example high levels of non-elective beddays per capita and high proportions of beds being occupied by patients whose discharge is delayed. The highest impact projects will be properly resourced with the Partners' best people. We will not try to do too many things at once, even though there are many aspects of our health and care system which need improving.

Commitment 2: One set of behaviours:

The Partners recognise the scale of change implied by this MOU and the STP. The partners agree that cultural change applies from HCE and Board level to front-line staff. By signing this MOU, all Partners agree explicitly to exhibit the beneficial behaviours of an accountable care system. In particular, Partner organisations collectively agree to:

- People first: solutions that best meet the needs of today and tomorrow's local residents and healthcare users must be the guiding principle on which decisions are made. This principle must over-ride individual or organisational self-interest. Embedding the voice and views of service users in service improvement will be key to ensuring this principle is not forgotten.

- Collective decision-making: Chairs, CEOs, SROs and clinical leads have dedicated time *face-to-face* to build trusting relationships, improve mutual understanding and to take shared strategic decisions together. As system leaders, Partners will work together with integrity and the highest standards of professionalism, for example by:
    - Not undermining each other
    - Speaking well of and respecting each other
    - Behaving well, especially when things go wrong
    - Keeping our promises – small and large
    - Speaking with candour and courage
    - Delivering on promises made
    - Seeing success as collective
    - Sticking to decisions once made.

- Common messaging: there is a consistent set of messages we tell our patients and our staff about why we need to work together, what benefits it will bring and how we are doing it, although how the story is told will be tailored to the audience. Each partner organisation will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials.
- Open book: finance (cost and spend), activity and staffing data are shared between all parties transparently and in a timely manner. This data is held independently by the System Delivery Unit. On a monthly basis actual financial positions of each organisation will be shared with the HCE (and bi-partite, as required), with explicit transparency about performance against expected cost saving and demand management trajectories. The purpose of this sharing is to support collaborative problem-solving.

Commitment 3: One long-run plan: The Partners are committed to implementation at pace. By end of 2018/19, the Partners will have achieved the following:

- *Home is best:* fully staffed integrated Neighbourhood Teams will be operational across C&P, providing a proactive and seamless service. General practices will have received support from Partners to be sustainable. Social care will be functionally integrated. The first phase of the prevention strategy will have been implemented.
- *Safe & Effective hospital care*: hospital flow will be improved, with a reduction in annual growth rates in non-elective admissions, a fall in bed occupancy and Delayed Transfers of Care. Common pathway designs will be in place across all 3 general acute sites for frailty, stroke, ophthalmology, orthopaedics, ENT and cardiology. All acute services (including fragile ones such as emergency medicine, acute paediatrics, stroke, and others) will be clinically sustainable 7 days a week. People will receive consistent urgent and emergency care in the right place, as quickly as possible. More routine urgent and planned care will be managed, with support, within community and primary care, for example by being able to access consultants' opinions without referral.
- *Sustainable together:* We will exploit our collective buying power to get reduced prices, through a common approach to Procurement. The west Pathology Hub will be operational. The merger of PSHFT-HHC (subject to FBC) will be fully embedded, and the start of consideration of other organisational consolidation will have commenced. Papworth will have successfully moved onto the Cambridge Biomedical Campus.
- *Enablers:* There will be single 10 year plan for estates and workforce, a five year plan for the digital roadmap, and a quality improvement (learning) culture. Local

community estates are being modernised. Our workforce recruitment, retention and reported staff satisfaction will be improved. The first new roles will be in the training pipeline. Patient records securely accessible by any clinician anywhere, where appropriate and relevant to patient care, and a person level linked data set will form the foundation for population health improvement analytics. Staff will have been trained in a common C&P improvement methodology and will have been involved in a system wide improvement project.

Taken together, the Partners believe that these actions give the system the best possible chance of returning to financial balance by 2021. However, capturing the savings opportunities identified will require certain assumptions to be true – for example achieving sustainable DTOC levels consistently below 2.5%. Addressing structural system deficits by securing additional system income by, for example, MFF recalculations and specific structural deficit funding (PFI support, CCG allocation increases, etc.) will also be key to system financial balance.

In many cases bringing about the changes envisaged by the STP can only be achieved with the support of local people and staff, including on occasion, through formal consultation. Therefore the exact shape of the solutions may change to reflect the feedback and views of local people and staff, the STP is a starting point not fixed destination.

Commitment 4: One programme of work: all System projects will be agreed by the HCE, and under the supervision of a CEO sponsored Delivery Group. HCE will agree what needs to be done to what end, by who, by when – be they projects done independently or as a System.

- The agreed Delivery Plan identifies the following work streams to be done as a System:
    i. Primary Care & Integrated Neighbourhoods: translating the proactive & preventative care schematic into operational practice, supporting sustainable general practice
    ii. Urgent & Emergency Care: achieving best practice non-elective bed-days per capita
    iii. Elective Care: standardising referral and treatment protocols in line with best practice
    iv. Women & Children: holistic, family-centred care, in line with iThrive, the maternity taskforce and peri-natal mental health
    v. Shared services (including estates): minimising the costs of over-heads
    vi. Digital: implementing the local Digital Roadmap, sharing data and information in a manner consistent with local and national policies and consent
    vii. Workforce & Culture: [leadership], [planning], [skills development], [recruitment & retention]
    viii. System Delivery: [system strategy], [system behaviour change / improvement culture], [supporting delivery to stay on track], [spread what works (locally & elsewhere)]
- The proposed split of work between System and organisational business will be agreed by the HCE, with new work not starting without HCE ratification.
- The proposed split of System work between what is undertaken once across Cambridgeshire & Peterborough, and what is undertaken on an area basis will be according to:
    - Phase of project life cycle: design projects must be done once across C&P
    - Locus of relationships: delivery projects should be local where vertical relationships dominate, and C&P wide where horizontal (across acutes) relationships dominate

    - Subsidiarity: change happens bottom up, and neighbourhoods across C&P differ significantly
- Each System project will have a CEO Sponsor and a named SRO (Exec level).
- Each System project will have a delivery objective – a savings, activity shift or quality improvement target (or a combination) and delivery date. Some System projects will have an agreed investment plan.
- The collective impact of System projects will be measured against an agreed definition of success (see Appendix II)

Commitment 5: One budget: in line with developing the positive behaviours of an accountable care system, and in recognition of the fact that one organisation's decisions about the level of service may impact another's costs, the Partners agree they will collectively focus on activities that take cost out, make agreed investments in order to save elsewhere, and move deficits to where they should most appropriately fall. System costs may be reduced by activity reductions and by unit cost reductions, and we recognise that all System Partners can influence both. Acting in this way requires:

- Financial incentive design: two year contracts for 2017/18 and 18/19 contracts will neutralise perverse financial incentives and aim to return the C&P System to financial balance. The Partners agree that the key aim of any incentives will be to focus on addressing the drivers of the system deficit. Financial incentive design options ***may***, therefore, include a combination of:
    - the inclusion of multilateral loss / gain sharing arrangements, for some aspects of C&P CCG commissioned activity;
    - a single System control total which has been negotiated with regulators;
    - alignment of all quality based payments to delivering System priorities (including CQUINs and following agreement with primary care, changes to local enhanced services and/or a local substitute for the QOF);
    - a suspension of non-value adding adjustments to basic cost & volume arrangements such as fines, marginal rates and 30 day readmissions rule (noting that some of these funds currently cover the costs of some community services, which would need alternative funding to be agreed if the services are to continue);
    - a cost plus based approach to local prices for service developments (eg ambulatory care)

  Within this framework and in recognition of the importance of gathering timely and accurate cost data, providers will be paid for the activity they under-take, against an agreed activity trajectory, and commissioners will be responsible for taking decisions about what services can be provided affordably, in line with their legal duties. Due to the lack of incentive to do more activity, even where this would be desirable as it would reduce overall system costs, block contracts should be avoided for all services.
- For the remainder of 2016/17, parties will exhibit win-win-win behaviours (for patients, providers and commissioners) – the financial recovery plan is a *System* financial recovery plan.
- Contract mechanics for 2017/18 and 18/19: the least required effort will be dedicated to contract negotiations, with early collective CEO engagement to agree key investment priorities and risk sharing parameters at the outset (rather than at the end). Contract management meetings will be replaced with place or care programme based financial assurance, performance and planning meetings.

- Commissioning intentions will be based on a clinically led, evidence-based and person-focussed appraisal of how best to meet local people's need. Once developed, Partners will discuss openly within HCE any new service developments, closures or relocations prior to public and staff engagement and consultation as required. The HCE and the System Delivery Groups will be the fora for agreeing commissioning intentions, including those of the Joint Commissioning Unit.
- Financial and operational plans will be aligned across health and social care: the Partners agree to plan finances and operational capacity together, neutralising any inclination to cost shift or not invest in one part of the system to save elsewhere. This will involve working from common assumptions, producing plans for regulators that are not works of fiction and doing our best to ensure there are no in-year surprises. Where appropriate, this will also include greater use of pooled budgets between NHS and council commissioners, which will be determined on a case by case basis.
- Savings: Savings will be calculated on the basis of resource utilisation across the entire patient pathway, including all points of care and Partner organisations – thereby capturing direct and indirect savings. Delivery Groups will track savings against pre-determined trajectories in a robust and timely manner, with the Programme Director's guidance and SDU support. A named AO Sponsor for each project is responsible for making sure savings trajectories are met and / or securing recovery proposals where implementation is not on track.
- Investment: an agreed 'pot' for System wide investments will be agreed up front. In 2017/18 it is likely that this will require a System bid to NHS England, due to cash constraints. Decisions on how to spend this System wide investment and re-investment pot will be taken collectively. Analysis will be under-taken first to ensure existing resources cannot be safely redeployed /or productively improved before investment can be made. The investment pot will come from any STF funds, recycled savings and the CCGs 1% hold-back. Before funding is agreed, everyone will be completely clear on recurrent vs non-recurrent investment requirements.

Commitment 6: One set of governance arrangements: the HCE and the groups reporting to it (Area Executive Boards, the Care Advisory Group (and strategic sub-committees), the FD Forum and the eight Delivery Groups), will be the vehicle through which System business is conducted. All existing arrangements will either be dissolved (eg SRGs) or aligned. The Area Executive Boards will offer the two Health & Wellbeing Boards a delivery vehicle for local health and well-being strategies.

As much business as possible that pertains to the system will be conducted via the system governance described in Appendices 3-7. However it is recognised and accepted that some decisions will need to be referred back to Partners' Boards / Governing Bodies for ratification. Given this may add time before implementation can commence, the limits to the HCE's powers must be anticipated, and accommodated in planning.

Commitment 7: One delivery team: resources are in place to deliver the STP. This means:

- System Delivery Unit: A new SDU led by an Independent Chair and Programme Director will be created from October 2016. The Independent Chair and Programme Director will be invited to attend Partners' Boards regularly to provide updates on the STP. The SDU will have a budget agreed by HCE to employ staff, funded jointly by NHS Partners (see Appendix). The SDU will be responsible for:
    - Finance, Evaluation & Analytics

- System Strategy, Planning and Development

The System Delivery Unit is primarily envisaged as adding much needed analytics, project management, quality improvement and problem solving capacity to the system. However, it will be responsible for giving assurance to the HCE that the STP plan and its future modifications is being appropriately delivered, on budget and to planned timelines.

- Alignment of resources: We recognise the scale of change required to deliver the STP, and all Partners commit to align our staff and, by prior HCE agreement, funds to deliver these changes. This may include prioritising the availability of staff for STP planning and implementation, the voluntary secondment/loan of staff and other such pragmatic arrangements – in recognition that delivering the STP is essential to each organisation's individual sustainability strategy. Through the delivery planning process, each prioritised project will be allocated staff, from across Partners. These, 'aligned' staff will be expected to dedicate the bulk of their time to the system work – with up front negotiations about what may need to be stopped as a result. SROs and if necessary CEO sponsors will be expected to escalate to the employer if they feel staff are not being released as agreed. The employing Partner will be expected to rectify the situation within [2 weeks]. The SDU will make transparent the relevant wte contributions (clinical and managerial) from each Partner organisation, to ensure the burden of effort is fairly shared.
- Assets: in addition to Partners' employees we agree there are other assets which can help deliver the STP, including local communities and Health and Wellbeing Boards. Partners will explore how existing relationships with the Universities, Charitable trusts, local business, informal carers and other public services (like the Fire Service) can be exploited for the benefit of the System. All Partners will highlight opportunities for leveraging these assets for the benefit of the System and will represent the System's interests as well as their own.
- Skills development: where our staff don't have the required skills and expertise to deliver the scale and nature of the change required, we will recognise and address this. It's important that our people are in the right roles.

Commitment 8: One assurance and risk management framework.

- Crucial to strengthening trust and creating a sense of shared accountability, will be evolving the HCE from a forum for making strategic decisions, to one where Partners can be assured of the delivery of System wide improvements. The System Delivery Unit is responsible for monitoring implementation of the STP plan and giving such assurance to the HCE about delivery of the plan. The SDU will provide timely, and regular reporting to the Delivery Groups, Area Executive Boards, the CAG, the FD Forum and the HCE to give mutual assurance that the Delivery plan is on track. A small number of new monitoring dashboards will be developed by the SDU for this purpose, subject to the agreement of the HCE and/or relevant CEO sponsor. In exceptional circumstances new data items may be collected, but the default presumption is that existing data items will be used (even if these are not normally shared beyond organisations). Once the data collection is agreed, accurate data will be supplied on time.
- Inevitably, things will not go as planned, and there are already many risks that planned impacts will not be realised. Some of these risks will be best managed individually, but many can only be effectively managed by the Partners together. The Partners therefore agree that mitigations will be more effective if they are done together. Transparency around risk / risk mitigation is non-negotiable. Whilst it is difficult to specify in advance the actions that may be required to address risks to delivering the STP, we agree about the process:

    - A HCE Risk Register maintains emerging risks to both the agreed delivery plan and agreed mitigations;
    - System Delivery Groups, Area Executive Boards, the CAG and the FD Forum may raise with the Programme Director an emerging risk and a written Requirement for Risk Mitigation by the HCE. This requirement will reflect a perceived risk that the Sponsor CEO considers he/she are unable to mitigate within the Group.
    - Project SROs are expected to deliver all actions to the pre-agreed time-table of milestones – repeated risks and issues regarding process delays due to poor project management and oversight, which are within the control of the SRO will be escalated by the Programme Director to the employing CEO.
- For the purposes of this agreement, risk is not narrowly defined; examples include reputational, clinical, governance, performance against targets and financial risks.
- Select risks will be reviewed by Boards each month, as determined by the Programme Director and Independent Chair.

Annexes

I. Local Authorities and the C&P Sustainability & Transformation Plan.
II. Delivery plan October 2016 – March 2019
III. STP Measures (One year health check, Quarterly performance tracking)
IV. ToR for HCE, including
    a. Delegation of decision-making – for example relating to contract design, (dis) investments, STP implementation risks & mitigations, activity assumptions, service developments/ reductions/ significant changes
    b. Relationship to Partners' Boards – including which decisions rest with Boards, which must have Board support pre-HCE agreement and which Boards can be informed about after the event
    c. How decisions are made – for example, voting, whether decisions are binding, limits of deputies, withholding of consent, etc
    d. Stakeholder engagement approach
    e. Bipartite reporting
V. ToR for Delivery Groups, including:
    a. Chairing: a CEO
    b. Membership: a clinical lead, an FD, an HRD + SROs
    c. Meeting frequency
    d. Escalation either to PD, another CEO or the HCE
VI. ToR for Area Executive Boards, which will also encompass the national responsibilities for A&E Delivery, for:
    a. Greater Cambridge & Ely (Papworth to be included)
    b. Huntington & Fens (Papworth to be included)
    c. Greater Peterborough
VII. ToR for Care Advisory Group, and Strategic sub-committees for:
    a. Frailty/ Ageing / BCF
    b. Mental Health
    c. Sustainable General Practice
VIII. ToR for Financial Performance & Planning Group (formerly the FD Forum)
IX. SDU Financing: Funding split (%); Initial budget for the SDU; legally binding arrangements for sharing SDU costs (expected and unexpected)

CAMBRIDGESHIRE AND PETERBOROUGH
SUSTAINABILITY AND TRANSFORMATION PROGRAMME
MEMORANDUM OF UNDERSTANDING

Appendix 1: Local Authorities and the C&P Sustainability and Transformation Plan

Introduction

- The local health economy within the Cambridgeshire & Peterborough Clinical Commissioning Group area has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHS England and NHS Improvement.

- All partners share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability, coordinating System improvements for the benefits of local residents and healthcare users by:
  - Supporting local people to take an active and full role in their own health
  - Promoting health, preventing health deterioration and promoting independence
  - Using the best, evidence-based, means to deliver on outcomes that matter
  - Focussing on what adds value (and stopping what doesn't)

  Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are key stakeholders in the development and delivery of the STP and will act as partners in the STP by working together to find solutions to ensure that healthcare, public health and social care services are aligned. However the Councils will only be able to do this in line with their statutory responsibilities, democratic and constitutional duties in the local authorities' governance arrangements

- The Cambridgeshire District and City Councils, which are members of the Cambridgeshire Health and Wellbeing Board, exercise a number of relevant functions including housing, land use planning, leisure services etc, which may also align to the wider STP Programme, and which are subject to their own democratic and constitutional arrangements.

- All partners across local authorities and the NHS are expected to support local Health and Wellbeing Strategies and Better Care Fund Plans. NHS partners will ensure that STP delivery is aligned with these wider partnership strategies and plans.

- An agreed set of behaviours and principles has been developed in order for CCC, PCC and the wider local authority membership of the HWB Board to support (and be supported) in the contribution to and delivery of the STP.

- These behaviours and principles outline how CCC, PCC and the wider local authority HWB Board membership will work together with the Health system, whilst adhering to their statutory duties and democratic and constitutional duties in the local authorities' governance arrangements

Key Behaviours:

CCC, PCC and the wider local authority Health and Wellbeing Board membership recognise the scale of change required to deliver the STP and that cultural change applies from leadership level to front line staff.

CCC, PCC and the wider local authority Health and Wellbeing Board membership will continue to build and promote trusting relationships, mutual understanding and where feasible take decisions together with the health system.

CCC and PCC representatives on the Health and Care Executive (HCE) will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials. The HCE will ensure that relevant system messages and materials are shared with the wider HWB Board membership.

All members of the Health Care Executive and the Health and Wellbeing Boards will support and promote system behaviours for the benefit of local residents and healthcare users including:

- Working together and not undermining each other
- Behaving well, especially when things go wrong
- Engaging in honest and open discussion
- Keeping our promises – small and large
- Seeing success as collective
- Carrying through decisions once made

Key Principles:

The key principles of local authorities working with partners to deliver the STP plan are:

- Commitment to implementation at pace
- Use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings
- Where appropriate, HCE representatives and other senior local authority officers to act as if part of a single executive leadership team, to coordinate system improvements for the benefits of local residents in line with the STP.
- Influence the view of regulators and external assurance bodies regarding the primacy of System sustainability enshrined in the STP and the joint commitment to it.
- Highlight and work to prevent cost shunting to other partners, subject to statutory requirements on both partners. (This should not preclude negotiation of agreements on pooled funding for specific services or areas of work).
- Adopt an invest to save approach
- Share information on new major service developments, savings, closures or relocations, and more generally share information in a timely manner when

needed to support development of partnership business cases and savings plans. This should comply with existing information sharing agreements and protocols.

- Align human, financial, estate and digital resources to deliver these changes where this adds value, delivers people-centred outcomes and saves money.

Democratic requirements and local authority governance

- CCC and PCC will participate in the Health and Care Executive (HCE) arrangements through their senior officer representatives acting as non-voting members of the HCE. This arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

- CCC, PCC and Cambridgeshire District and City Councils will also participate in and support the STP through their local Health and Wellbeing Boards and shared programme management arrangements. Again, this arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.

- Local authorities support the commitment to longer-term planning, but the Partners recognise that local authorities are subject to democratic governance. Therefore the LAs must reserve the right to change their priorities in accordance with the priorities of their elected Councils

- CCC, PCC and wider local authority HWB Board membership cannot commit to sharing the opening financial risk in the STP, given that local authorities have a statutory requirement to balance their budgets and cannot operate at a deficit. Likewise, NHS partners are not expected to commit to meeting the financial risk of meeting statutory social care requirements.

- CCC and PCC have a particular statutory requirement to scrutinise proposals for NHS service changes as elected representatives of their communities, and must ensure the independence and integrity of those arrangements.

- The role of all Councillors to represent the views of their local constituents and speak up on their behalf is recognised. Councillors have a unique responsibility of advocacy with respect to their constituents. Nothing in this memorandum should undermine that.'

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 12
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Cambs & Pboro CCG Engagement Team	Tel. 01223 725304

SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE

R E C O M M E N D A T I O N S
FROM : Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG
The Health and Wellbeing Board are recommended to note and comment upon the latest Sustainability and Transformation Plan, published by Cambridgeshire and Peterborough CCG on 21 November 2016.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 This report highlights the publication of the local Sustainability and Transformation Plan on 21 November 2016, as an update to the Sustainability and Transformation Programme.

3. SUSTAINABILITY AND TRANSFORMATION PLAN

3.1 Cambridgeshire and Peterborough's latest five-year Sustainability and Transformation Plan (STP) to improve local health and wellbeing was published on 21 November 2016.

3.2 Led by local clinicians, the STP has been developed by all local NHS organisations and local government officers, and through discussion with our staff and patients. It aims to provide solutions to the county's challenges to deliver the best possible care to keep the population fit for the future and take joint responsibility for improving health and wellbeing.

3.3 The plan addresses the issues highlighted in our Evidence for Change (March 2016) and the main reasons why changes are needed in the local health and care system. It details how we propose we could improve services and become clinically and financially sustainable for the future.

3.4 Following on from the interim STP summary published in July where we forecasted that as a system we will have a £250m financial deficit by 2020/21, the STP outlines that this is in addition to £250m of savings and efficiency plans individual Trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years. It also estimates the need to invest £43m to improve services over these four years, which increases the total system-wide financial challenge from £500m to £543m.

3.5 The scale of the changes required is significant and we all recognise the delivery will be challenging. However, all of the leaders across the system, have now signed a Memorandum of Understanding (MoU) as a demonstration of their commitment to work together, share budgets, deliver agreed clinical services and ensure that together we provide health and care services that are clinically and financially sustainable.

4. CONSULTATION

4.1 The proposals will be further developed over the next few months, and there will be opportunities for staff, patients and other stakeholders to be involved in developing the solutions and to be involved with any formal consultation process.

5. ANTICIPATED OUTCOMES

5.1 If the Trusts and CCG meet their savings and efficiency plans, and all aspects of the STP are delivered, this will achieve the savings and efficiency target (of £500m) and produce a small NHS surplus of £1.3m (by 2020/21).

5.2 Due to the high levels of acute hospital activity, and resulting deteriorating financial position in our system, we are looking at ways to accelerate the pace of change and focus early investment on the areas that will have greatest impact on reducing hospital activity levels.

5.3 Our priorities are to increase the amount of care delivered closer to home and to keep people well in their communities.

6. BACKGROUND DOCUMENTS

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

- Sustainability and Transformation Plan – October 2016
- STP summary document – November 2016
- Frequently Asked Questions – November 2016

These, plus other related documents, are all available at:
www.fitforfuture.org.uk/what-were-doing/publications/

7. Appendix

Appendix 1 - Update to the Sustainability and Transformation Plan Interim Summary

Fit for the Future

Working together to keep people well

How health and care services in Cambridgeshire and Peterborough are changing

This is an update to the Sustainability and Transformation Plan Interim Summary, published in July 2016

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Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

NHS

1 Why do we need to change?

Our health and care services face challenges

Ours is one of the most, if not ***the*** most, challenged health systems in England, making it essential that we work together to develop robust plans for long-term change.

The population of Cambridgeshire and Peterborough is growing rapidly. Our population is diverse, it is ageing, and it has significant inequalities. There are also more people with long term conditions, such as diabetes, and there are higher levels of obesity.

In addition, we are facing practical challenges:

- healthcare is not as good in some places as in others, and does not always meet the standards that it should
- recruiting and retaining staff is a challenge for all health and care services
- our health, local authority, and other care services are not always joined up. They do not always meet people's individual needs, and they do not always balance physical health with mental health and wellbeing
- local needs are growing and changing. Our average age and levels of sickness are all growing, and faster than in other parts of the country
- overall, we spend too much of our time and resources treating illnesses which can be prevented or kept under control in better ways
- The current health system is financially unsustainable. The local system has a total annual budget of more than £1.7billion for NHS services, but we spend about £160million more than that each year. We need to deliver our current plans and radically change the way we provide services. If we don't do both of these things the deficit is projected to increase to £500million by 2020/21.

The Sustainability and Transformation Plan (STP) proposes ways in which we can deliver the best possible care to keep our population fit for the future, and address our service and financial challenges.

What you've told us so far

During the last 18 months, we held listening events across our area to seek your views on the health and care system. We heard that:

- you want to be empowered to stay healthy
- you want easy access to information about health
- you want to understand how to use the right health and care service at the right time
- when you need care urgently, you would rather use a local service than be sent to A&E
- you want consistent access, such as opening hours for services
- you want care as close to home as possible
- children's services need to be co-ordinated better
- you would be happy to be sent home from hospital sooner if you had visits from a nurse to support you
- you do not want to be sent home too early with no support – you are concerned about needing to be readmitted
- you need better communication and planning before you leave hospital
- you want the people who provide health and care services to collaborate and work more closely together.

2 Our five-year plan to make Cambridgeshire and Peterborough Fit for the Future

This document tells you about our proposals, both to meet your ambitions for health and care and to make services financially and clinically sustainable.

The NHS and local government officers have come together to develop a major new proposed plan to keep Cambridgeshire and Peterborough Fit for the Future. We have also been asking you how you think we can manage our challenges. Our plan aims to:

- improve the quality of the services we provide
- encourage and support people to take action to maintain their own health and wellbeing
- ensure that our health and care services are financially sustainable and that we make best use of the money allocated to us
- align NHS and local authority plans.

It has been developed by our health and care organisations. We are working together and taking joint responsibility for improving our population's health and wellbeing, with effective treatments and consistently good experiences of care. The work is being led by local doctors and other medical professionals, supported by NHS England and NHS Improvement.

Fit for the Future sets out a single overall vision for health and care, including:

- supporting people to keep themselves healthy
- primary care (GP services)
- urgent and emergency care
- planned care for adults and children, including maternity services
- care and support for people with long term conditions or specialised needs, including mental ill health.

We are well placed to make the changes we need and have a lot to be proud of. Cambridgeshire and Peterborough has a committed and expert health and care workforce. We provide some excellent services to which people travel from other parts of the country. We host groundbreaking research and deliver excellent medical education and training. We have a resourceful voluntary sector, strong organisations, active local communities, and we work alongside research and technology industries which are world leaders in improving healthcare.

3 What are the priorities?

Through discussion with our staff, patients, carers, and partners we have identified four priorities for change and we have developed a 10-point plan to deliver these priorities.

Fit for the Future programme	
At home is best	1. People powered health and wellbeing 2. Neighbourhood care hubs
Safe and effective hospital care, when needed	3. Responsive urgent and expert emergency care 4. Systematic and standardised care 5. Continued world-famous research and services
We're only sustainable together	6. Partnership working
Supported delivery	7. A culture of learning as a system 8. Workforce: growing our own 9. Using our land and buildings better 10. Using technology to modernise health

1 People powered health and wellbeing

We will help people to make healthy choices, keep their independence, and shape decisions about their health and care. We will work with community groups and businesses so that people of all ages have good health, social, and mental wellbeing support.

Our first aim is to prevent illness and support people to take control of their own health and wellbeing. We will develop health services which work alongside patients and carers, social care, and housing providers, and which help to build strong communities.

We want patients to become equal partners with those caring for them, make more decisions about their own treatment and, with advice and support, become increasingly confident to manage their own conditions, supported by technology.

Summary of what we propose to deliver.

Housing and business - working in partnership with communities and businesses to provide employment, housing in new developments, and an environment to keep people healthy.

Where possible, we are influencing the design of new housing developments to reinforce active lifestyles and introduce smart technology that promotes independence for older people.

Prevention - helping people to keep healthy, dealing with problems earlier, and making sure people who are likely to fall ill are supported to keep well.

We will do this by implementing our Health System Prevention Strategy for Cambridgeshire and Peterborough. The strategy sets out practical steps to make this happen.

Psychological wellbeing - making support and treatment for people with mental ill health as available as it is for those with physical health conditions, mainstreaming mental health and prevention.

We will reduce stigma, support employers to have healthy workplaces, and reduce suicides.

Starting young - working together to ensure that there is support for children and young people with mental health and physical health problems, whatever their age.

We are joining up children's services across the NHS and local authorities, including Child and Adolescent Mental Health Services (CAMHS) and emotional health and wellbeing services, children's community health services, and local authority services for those aged 0-19 (which may include children's centres).

Reaching out - engaging those at high risk through the third sector and trusted networks.

Our neighbourhood teams, primary care, and social care will work with the voluntary and community sector to identify those at risk of poor or deteriorating health. Community-based workers will support those with a severe mental illness or dementia, migrant workers, travellers, and our wide range of diverse communities who may need help to access services in a different way.

Self-care - supporting patients to make decisions about their own treatment and become more confident to manage their own conditions.

Our GPs, consultants, and nurses will make it easier for people with long term conditions to manage their own care by adopting best practice for supporting self-care.

Ageing well - we must improve independence and wellbeing in older age and prevent health and care needs from escalating.

To achieve this, we will focus on physical activity and reducing falls, holistic approaches, and care for older people's mental health.

We need to link up health and social care.

Peterborough Public Workshop

Priority one – At home is best

2 Neighbourhood care hubs

More health and care services will be provided closer to people's homes and we will help people stay at home when they're unwell.

We aim to coordinate care better so that it meets the needs of the individual. We aim to pay close attention to the health and care services necessary to keep people living at home successfully, because we know this is the best way to keep people healthy and to maintain their independence.

When people become unwell, we will take every opportunity to spot warning signs and focus local support to help people live with long term health conditions.

We would like to see more joint working between local health and social care, with GPs playing a central role, supported by hospital clinical teams.

As much care as possible must be led by primary care (GPs). We are supporting our GPs to share best practice, work together, access advice from hospital consultants and to provide the enhanced primary and community care that our local people need.

Summary of what we propose to deliver.

Time to care - testbeds to support GPs.

Our 'Time to care' programme aims to support our 105 GP practices to manage increasing patient demand, help them to become more efficient, and to provide better quality of care to their patients. It also aims to improve the way in which GP practices work with local hospital, community, social care, and voluntary sector providers to provide proactive care close to the patients' home.

Neighbourhood teams - multi-disciplinary teams, led by GPs targeting those at risk (such as those with long term conditions, frail, elderly).

We aim to build on our neighbourhood teams which are staffed by district nurses, matrons, social workers, therapists, and pharmacists to provide integrated, proactive care for those with long term conditions, such as the dying, care home residents, and mental health service users.

Community experts - specialist clinicians will support neighbourhood teams.

To support the neighbourhood teams we need an integrated team of community-based experts to care for the more complex patients and provide advice and education. However, more needs to be done to ensure that access to the teams is fair, that the teams can access advice, and clinicians are able to review complex patients together to agree a management plan.

Sharing knowledge - this is a central role of the patient care plan, and electronic access to patient information across the system.

Proactive and person-centred care relies on there being one single care plan, owned by the patient and their family; one electronic care record accessible by all; one set of best practice protocols all can adopt; and one route through which expert opinion can be accessed day or night.

Embedded mental health - ensure community mental health is within neighbourhood teams, and that there are links to liaison psychiatry and recovery.

Our neighbourhood teams already provide joined up community mental health services. We want to join up our community and mental health teams further to make sure the psychological needs of people with long term conditions and the physical health needs of patients with severe mental illness are met consistently.

Learning disabilities – implementing 'transforming lives'.

We have been working closely with the councils to implement 'transforming lives' for people with learning disabilities. The Collaboration for Leadership in Applied Health Research and Care (CLAHRC) is evaluating the use of integrated personal health and care budgets for people with learning disabilities.

Your own bed, not a hospital bed - for end of life and intermediate care.

We aim to provide more rehabilitation closer to, or at, home to retain a patient's independence, and provide more end of life care at home, rather than in hospital.

3 Responsive urgent and expert emergency care

We will offer a range of support for care and treatment which is easily accessible, from telephone advice for urgent problems to the very best hospital emergency services when the situation is life-threatening.

This will be supported by better co-ordination, for example referral through NHS 111, close working with the ambulance service, and clear information provided to patients about which services are available - and how to reach them - when they have an urgent health need.

It is not good for patients to stay in hospital for longer than they need to be there, as it can have a negative impact on their recovery and ability to maintain independence. We must therefore make sure patients in hospital beds really need to be there, and that they are not delayed when moving through the steps on their care plan.

We have been through a process to designate our three A&E departments against the national Keogh urgent care definitions. As a result of this process, we have determined that it is in the best interests of our local population to maintain the current levels of provision, namely a specialist emergency centre at Addenbrooke's Hospital and an emergency department at Peterborough City Hospital. Hinchingbrooke Hospital will retain its A&E department and will continue to be able to manage the current caseload of minor injury and major medical cases, with a physician-led service.

Since our three hospitals are already struggling to meet existing levels of emergency demand, and our volume of planned hospital procedures is significantly above that of similar health systems, we need to improve our community-based urgent care and our emergency services radically such that hospital is a last resort. There are several strands to this improvement work.

Summary of what we propose to deliver.

Ambulance services - alternatives to hospital admission.

We are working with our ambulance teams to make sure that only patients who really need to be transferred to hospital are taken there. We are implementing 'hear and treat', 'see and treat', and 'see, treat, and convey' systems which allow paramedics, supported by other medical professionals, to decide whether options other than transfer to hospital are more appropriate.

Right call, first time - integrated urgent care and clinical hub.

From October 2016, if you call 111 and you need to speak to a clinician you will be able to do so. This service is provided by our expanded integrated urgent care service and clinical hub. The aim is to make sure that patients receive the most appropriate care that best meets their needs. This will ensure that our hospitals' emergency services are reserved for serious/life threatening injuries or illnesses.

Minor injury - walk-in minor injury services.

Following our review of the three Minor Injury Units, (MIUs), in East Cambridgeshire and Fenland, we have undertaken extensive engagement with the public, providers, and other stakeholders on a range of options for the future. Taking this feedback into account, we have identified significant opportunities to deliver more joined-up, effective, and efficient local urgent primary care services which reflect the rural geography, deprivation, and demography.

Whilst no formal decisions have been taken, we are now working with local stakeholders to develop the details behind a number of options, including the development of three rural urgent primary care hubs which will focus initially on integrating local primary, minor injury, and community services. This will move on to include development of point of care testing and consultant support, via telemedicine links. We intend to develop and test the first phase of any new urgent primary care model over the next 12 months, which will inform further engagement and, potentially, consultation. We are also doing an analysis of all options put forward as part of our early engagement work.

Right call, first time for mental health concerns - dial 111 - press 2 if you have a mental health concern.

We are embedding mental health including community crisis services, liaison psychiatry, and Suicide Prevention Strategy. We are investing £2m of urgent and emergency care funding in an evidence-based, community first response service which provides urgent out of hours assessment and support to people in mental health crisis.

More support for people leaving hospital - we have a very high level of people staying in our hospitals for longer than they need to be.

We believe it is not good for any patient to stay in hospital for longer than medically necessary and we are putting in place processes to ensure that patients are discharged on time, including on-site social care staff to support discharge from hospital.

24/7 standards – in consultant-led services

Our three urgent and emergency care hospital departments will meet the government's seven-day service standards with early and daily consultant input to reduce the length of time people spend in hospital.

Priority two – Safe and effective hospital care, when needed

4 Systematic and standardised care

Doctors, nurses, and other health and care professionals will work together across Cambridgeshire and Peterborough to use the best treatments and technology available.

Where it is important to provide services from several sites across the area, we believe we can use our skills and expertise collectively to achieve better results through doctors and nurses working across more than one hospital site and sharing their expertise.

We expect that maternity services will also remain at the Rosie Hospital in Cambridge, at Hinchingbrooke Hospital, and at Peterborough City Hospital.

Evidence tells us that standardised care is often higher quality and lower cost. Networking between medical professionals will help us to deliver savings, as well as helping to ensure that the additional costs associated with increased clinical standards, especially seven day services, are minimised.

Summary of what we propose to deliver.

Networks of care - where services are provided from more than one site, we will use specialised skills and expertise collectively to raise quality everywhere.

Medical professionals at our hospitals are beginning to agree how to work as operational networks for planned, unplanned, routine, and specialised care. These networks will share information about appropriate patient referrals and the best treatment, and building workforce resilience through better career development and shared out of hours arrangements.

Patient choice hub - improving quality of referrals and align capacity and demand.

A new patient choice hub is being developed with the aim of improving quality of referrals, ensuring that clinical thresholds are adhered to, that capacity and demand are lined-up across available providers, and managing procedures across the health system rather than in organisations.

Centres of clinical excellence - clinical consistent pathways across all providers to improve outcomes and efficiency, with fewer, more specialist centres across our hospitals.

We need to create centres of clinical excellence that use consistent procedures and policies across all service providers. We have identified some quality and efficiency benefits from combining procedures.

- Orthopaedics: We are considering centralising specialised orthopaedic trauma services (such as fragility fractures from falls) at Peterborough City Hospital and Addenbrooke's Hospital, to achieve a higher standard of care.

  We are also investigating the case for reconfiguring planned orthopaedic services, by increasing the number of low-complex procedures at Hinchingbrooke Hospital (such as routine knee and hip replacements), to improve the quality and sustainability of services at all three hospitals. We expect to consult on these proposals in 2017.

- Stroke: National stroke indicators show that we perform below the national average on a number of stroke areas, including access to specialist rehab and early-supported discharge. In addition, inpatient and community bed-based stroke and neurological rehabilitation care is fragmented across multiple sites.

  In order to improve the services offered to our patients we are considering providing all bed-based stroke and neurological rehabilitation on a single site and to establish an enhanced early-support discharge team, so many more patients can receive rehabilitation and support at home. We expect to consult on these proposals in 2017.

  We have also considered whether we need one or two hyperacute stroke units (we have one in Cambridge and one in Peterborough), and have concluded that at present we should retain our two hyperacute stroke units.

Modern maternity - improving quality, choosing home births, standardisation and continuity.

For obstetric and neo-natal services we have considered the viability of our three obstetric (maternity) units, each with a co-located midwife-led unit, and concluded that all three should remain. However, we need to enhance networking between the three units to share knowledge and improve care for expectant mothers and women in labour.

Acute paediatrics - supported by strengthened community services.

Hospital stays for children and young people should be kept to a minimum. We will develop community care with enhanced community nursing, and with GPs and paediatricians working better together.

5 Continued world-famous research and services

We have world-class specialised care, but we are always looking for ways to be better. We will work together with our local research organisations and businesses to make this happen.

We believe we can achieve consistently better results for people with more serious needs, such as for heart and lung services or complex surgery, in fewer, specialist units which make best use of the world-class expertise of our specialist consultants.

Much specialised care is already centred at our two world renowned hospitals: Addenbrooke's Hospital and Papworth Hospital for cardio-thoracic care. For this reason, major changes to specialised services do not feature significantly in our plan. However, there are some specific areas where we can improve, especially due to growing demand.

Summary of what we propose to deliver.

Cancer - improvements in waiting times and best practice services.

We are working to implement the recommendations of the Cancer Taskforce Strategy and to achieve world-class cancer outcomes. The establishment of 'Cancer Alliances' is crucial to this.

Specialised mental health - We provide limited specialised mental health locally in a small number of low secure beds and Child and Adolescent Mental Health Services. The East of England region has been identified as one of three areas without a mother and baby unit for those with severe mental health problems following childbirth. We aim to address this, and our mental health strategy also prioritises the development of perinatal mental health services in the community.

Cardiology - Cardiology services will be provided across Cambridgeshire and Peterborough. Papworth Hospital which, following its move to the Cambridge Biomedical Campus next to Addenbrooke's Hospital, will lead the service across both organisations. Together with Peterborough and Stamford Hospitals NHS Foundation Trust, it will provide a vital role in supporting improved 24/7 access to cardiology opinion, as well as community-based services that focus on prevention.

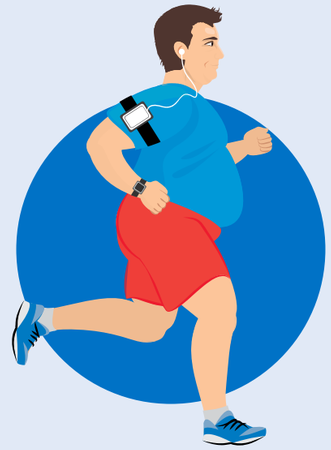
How does the NHS support carers?

Cambridge Public Workshop

Most of us prefer to travel 100 miles for an operation for someone who's done it before.

Ely Public Workshop

Looking forward – keeping active



Mark gave up playing rugby after a broken wrist and had become an armchair fan at the age of 39. He still enjoyed regular evenings out, and was ashamed to admit that his smoking had increased since he gave up sport. But Mark remained convinced he was still fit and healthy – with nothing to worry about.

Aisha, Mark's GP, was not so sure. Responding to an invitation for a regular check-up, Mark was told that he was significantly overweight, with warning signs suggesting he was at risk of developing diabetes. Aisha knew that persuading Mark to make the lifestyle changes he needed would require both a plan and support.

First, she connected him to the local smoking cessation service, which organised drop-in sessions Mark could easily get to, and put him in touch with a fitness coach who could recommend an exercise programme to suit him.

She also realised that Mark's smartphone was his window on the world, and suggested some websites and a wellbeing app to help him plan and stick to his diet and fitness regime.

Care shaped around the patient

After she turned 80, Doreen found her health deteriorating. Doreen has diagnoses of diabetes and emphysema (COPD), as well as early stage dementia. She lives with her husband, Roy, who is 82, who also has diabetes but is otherwise fit and cares for her.

Paul, her GP, invited Doreen for her annual assessment. Based on her increasing frailty, he accepted her onto the caseload for complex, case-managed patients who are supported by a multidisciplinary team in the community. Angela, a member of the community team, is her care coordinator.

Paul and Angela worked with Doreen and Roy to create two plans. The first was a care plan which summarised Doreen's health needs according to her preferences and priorities, and what she and Roy would want in the event of a crisis or deterioration in health. The second, a self-care plan, allowed Doreen to describe her goals and needs for caring for herself safely at home, and identified how she could be supported in doing so by Roy and the health system.

Patient stories - how things could look in the future

Better safe than sorry

When, on a Sunday morning outing, eight year old Olivia fell off her bike and banged her head, her mother Gemma didn't know what to do. She thought about driving to A&E or dialling 999 but remembered seeing posters saying that 111 was a better option for injuries that were not serious or life threatening.

She called 111 and they arranged for Olivia to see a GP later that morning. The GP, Martin, examined Olivia and advised Gemma about what to look out for following a head injury, and what to do if Olivia's condition changed. Martin directed Gemma to the NHS Choices website for further information.

In the afternoon, and using the information that she had been given, Gemma became concerned that Olivia was getting worse, not better. Following the advice that GP Martin had given her earlier she took Olivia to the hospital. The specialist children's team could access Olivia's notes and details of what had happened so Gemma didn't need to repeat her story. Olivia was observed for six hours and discharged fit, well, and keen to get back to playing with her friends.

Living beyond psychosis

Jack was becoming increasingly isolated; he had stopped attending school and seeing his friends, and had complained of hearing voices. Following a comprehensive assessment at which he was considered to have developed an early onset psychosis, he was referred to the early intervention service. He began a three-year programme tailored to his needs. The service worked with Jack to deliver a holistic care plan.

Family therapy enabled Jack and his family to understand more about his experiences and to begin to resolve them.

Jack is now aware that he can choose to access a wealth of insight and to share experiences through social media. He is actively involved in monitoring his state of mind, has discussed in advance what he would like to happen in a crisis, and understands what to do if he becomes unwell again. His GP and the practice team are very involved with the care plan and can call on a range of support for Jack. Perhaps the most important connection was with an employment project which supported Jack through his college application. Now, in the second year of his course, Jack can see a much brighter future.

Priority one - At home is best

Neighbourhood care hubs

More health and care services will be provided closer to people's homes and we will help people stay at home when they're unwell.

People powered health and wellbeing

We will help people to make healthy choices, keep their independence, and shape decisions about their health and care. We will work with community groups and businesses, so people of all ages have good health, social, and mental wellbeing support.

Priority two - Safe and effective hospital care, when needed

Responsive urgent and expert emergency care

We will offer a range of easily accessible support for care and treatment, from telephone advice for urgent problems to the very best hospital emergency services when the situation is life threatening.

Systematic and standardised care

Doctors, nurses and other health and care professionals will work together across Cambridgeshire and Peterborough to use the best treatments and technology available.

Continued world-famous research and services

We have world-class specialised care, but we are always looking for ways to be better. We will work together with our local research organisations and businesses to make this happen.

Partnership working

Everyone who provides health, social and mental health care across Cambridgeshire and Peterborough will plan together and work together.

Priority three - We're only sustainable together

Workforce: growing our own

We have wonderful, talented people working in our health and care system. We aim to offer rewarding and fulfilling careers for our staff with opportunities for them to develop their skills and grow professionally. This way we can develop staff, including for those areas where we have some staff shortages.

Using our land and buildings better

We want to bring all our NHS and local government sites up to modern standards. We want to make better use of our out-of-hospital sites, which may mean selling some buildings to invest in other modern, local facilities.

A culture of learning as a system

We are committed to sharing knowledge across the whole health and care system, so the people working in our health and care organisations know they are part of the big picture.

Using technology to modernise health

Good information and advice helps people take control of their health. We will use apps and online tools to provide more rapid and reliable information.

Priority four - Supported delivery

6 Partnership working

Everyone who provides health, social, and mental health care across Cambridgeshire and Peterborough will plan together and work together.

We believe we must work across boundaries: between NHS and local authority social care; GPs and hospital care; and physical health and mental health.

None of our organisations can be sustainable acting alone; our financial challenge is too great. We need to work together in a way that we have never done before. In addition to new ways of working, and a new relationship between medical professional and patient, we can do more to collaborate in our non-patient facing services, including back office and clinical support services, and reduce duplication.

Collaboration between commissioners, including the Clinical Commissioning Group and local councils, NHS providers, and general practices, is crucial. There are examples in our system of where this is already happening and members of these organisations have already begun to work together as equal partners to a far greater extent than ever before.

Summary of what we propose to deliver.

Larger general practices - Many of our GP practices recognise the benefits for sustainability of working together as federations and larger primary care teams. We believe this will enable better access to resources through sharing and specialisation and closer working between GPs and their colleagues in hospitals. Development of the primary care workforce (GPs) is an important part of this.

We also recognise that people are supported by a network of formal and informal care, and aim to work in partnership with local organisations, such as faith groups and the voluntary sector.

Hospitals joining together - Hinchingbrooke Hospital and Peterborough and Stamford Hospitals are looking at coming together to bring about financial efficiencies and also meet their clinical and workforce challenges. They will be making a decision in late November, and, if it is agreed, they will join together in April 2017.

Papworth Hospital is preparing to move onto the Cambridge Biomedical Campus in 2018. This will lead to further formal collaboration with Addenbrooke's Hospital in due course.

Back office - We have started to rationalise overheads and support services. We will establish a shared HR back office that includes healthy workforce. We will also develop a single approach to procurement during 2017/18 and pilot this new approach within orthopaedics through joint procurement of all joint kits.

Financial incentives

Having committed to shared planning and transparency in tracking cost improvements and Quality, Innovation, Productivity, and Prevention (QIPP) delivery in 2016/17, we will look at ways to share risk and align financial incentives.

Health and social care

The Clinical Commissioning Group and local authorities are collaborating with the aim of aligning commissioning arrangements for mental health and healthy child services.

Working with the voluntary and community sector, and support for carers - Key to reduction of hospital admissions is coordinating support for people. Many relevant services and interventions are provided by voluntary and community sector organisations. All commissioners are seeking to work more closely with the voluntary and community sector.

Case Study: Peterborough is leading the way

In Peterborough, an Area Executive Board has been established to oversee nine programmes of work that will integrate care for all ages, spanning child health, ageing healthily, and how hospital is accessed. The programme brings together local GP practices in Greater Peterborough, Peterborough City Council, Peterborough and Stamford Hospitals NHS Foundation Trust, and Cambridgeshire and Peterborough NHS Foundation Trust, and is supported by an external company.

To enable the required change, improvements, and efficiencies in this plan to be delivered we have identified four key things that will need to happen to underpin our work across the system.

7 A culture of learning as a system

We are committed to sharing knowledge across the whole health and care system, so the people working in our health and care organisations know they are part of the big picture.

We want to develop a culture of learning. This means our staff developing a shared understanding of our services, priorities, and challenges, a common approach to analysing opportunities and problems, and finding solutions together.

We believe we can share knowledge and expertise from the specialist services in Cambridgeshire and Peterborough, making the most of our world-class medical and healthcare education and training, and using research to drive improvement.

We know we must invest in system-wide quality improvements. To be successful, our system must develop a shared understanding of all the interrelated issues and must be able to explain what it means to us as individuals and as organisations. Our plans must be understood by all our staff and patients.

We are developing a system-wide quality improvement and organisational development plan which will focus on a common culture and set of values across Cambridgeshire and Peterborough. Ultimately we want our staff to not only identify with their professional group and employer, but as a key partner to the Cambridgeshire and Peterborough health and care system's long-term sustainability.

We need to build on our research heritage and be at the forefront of adopting new therapies and delivery models for the patients of tomorrow.

8 Workforce: growing our own

We have wonderful, talented people working in our health and care system. We aim to offer rewarding and fulfilling careers for our staff, with opportunities for them to develop their skills and grow professionally. This way we can develop staff, including for those areas where we have some staff shortages.

We want staff to choose to work here and to see themselves as part of the whole health and care service in Cambridgeshire and Peterborough - this will help us where we have services that have staffing shortages.

Workforce data and intelligence from other parts of the country has provided us with the building blocks to design a workforce and transformation strategy.

In the short-term we have developed a whole systems approach to 'grow your own' and 'earn as you learn'. We are building on existing programmes and developing career pathways that begin at apprenticeship level and take individuals all the way through to registrant or advanced practitioner level. Our goal is for Cambridgeshire and Peterborough to provide high quality placements for those in training and to become one employer of choice, enabling us to retain those we train.

Over the longer term our system needs to work differently to ensure our staff are supported appropriately and retained. We need to ensure that the contribution of our mature workforce is retained and that they help us to develop competence and confidence in newer members of the workforce.

Many of the emerging new models of care, including our aspiration to operate in networks of care, require both the current and future workforce to work more flexibly across locations, in line with the demand for our services. Our human resources model will need to become more flexible and, where possible, we will do things in common to enable staff to move between organisations more easily.

Case Study: Skills for people-powered care

We have made progress towards training and developing our staff to deliver new roles:

- Funding from Health Education England supports training and research on integrated working in Neighbourhood Teams.
- Cambridgeshire County Council's Early Help Team helps individuals at an early stage, in the community.
- Cambridgeshire Better Care Fund's care home educators are learning from a local pilot and the Care Home Vanguards.

9 Using our land and buildings better

We want to bring all our NHS and local government sites up to modern standards.

We want to make better use of our out-of-hospital sites, which may mean selling some buildings to invest in other modern, local facilities.

We want to explore how we can work together to get more value from our land and buildings, and bring all our sites up to modern standards.

There is a great deal of building development in Cambridgeshire and Peterborough so we see opportunities for new strategic partnerships, such as the planned Hinchingbrooke Health Campus.

We have many community estates, some of which are poorly used, which provides us with the opportunity to reduce the number of buildings used and potentially develop new primary and community care facilities on the larger sites.

We want to promote co-location and shared working spaces which can bring teams together and foster integrated care delivery across health and social care agencies.

We have already started to work in a more coordinated way, not only across health and care but also with partner agencies including the fire and police services.

We want to use our estates to support new models of care. This could be through the creation of larger, modern, family and frailty-friendly hubs, where GPs can work side by side with community and social care staff, have direct access to diagnostics and specialist advice, and are enabled to diagnose and care for more patients without the need to refer to hospital. Over time we expect these hubs to replace much of outpatient care.

Local authority plans to bring NHS and local health and care resources together under one social/community/mental health/primary care roof, will go a long way to providing proactive care, rather than reactive care in hospital.

Similar changes are possible as back office services begin to collaborate more. The sites at Princess of Wales Hospital in Ely and North Cambridgeshire Hospital in Wisbech could be locations for these new neighbourhood hubs. Outline plans, which will help us respond to a growing population, local health needs, and poor current infrastructure, have already been drawn up for these two sites.

10 Using technology to modernise health

Good information and advice helps people take control of their health. We will use apps and online tools to provide more rapid and reliable information.

Shared information will help medical professionals in hospitals, GP practices, community teams, and social care to work together more effectively.

Technology will also help us to provide more reliable information for patients more quickly, and our clinicians will make sure technology is built in to new services.

Our ambition, supported by the 'Local Digital Roadmap' vision, is that by 2020 'patients and citizens, health and social care staff have access to quality, timely, and accurate information, regardless of place or time, to enable improved decision making and ultimately better outcomes for both the individual and the community'. We will deliver this in six themes:

- Data and information sharing
- Health apps
- Telehealth/remote monitoring
- Access
- Real-time information
- Health analytics

Staff stories – how things could look in the future

Making the right call

Joanne supports several people with long term health conditions, enabling them to continue to live independently at home. She has built up a lot of knowledge about signs to look out for and urgent care options, and has always felt that she has valuable insight into how the emergency admission process works and whether it could provide a better experience for patients and carers.

Now working within a larger, multi-disciplinary team she can play a greater role. For example, she has received coaching from a local hospital consultant from whom she can also access immediate support and advice. This includes examples of symptoms which should raise concerns, so Joanne has the reassurance that she knows when it is right to call an ambulance and how she can help to prevent emergencies.

Hospital care at home

Maqsood leads a newly-established team in St Neots. It helps to keep people living independently by providing intensive nursing input at home - so avoiding hospital admission or enabling earlier discharge.

Maqsood knows that the research evidence is clear. Too often, on admission to hospital the care and support networks on which older people depend fall away and with them their ability to live independently. He helped to co-design the service and has worked hard to develop his team, which brings together professionals across several organisations and focuses on each individual patient's needs.

For example, Mrs Barlow was one of the team's first patients, after she was discharged from hospital much sooner than she would have been before it was in place. She was able to recover at home, at first with high-level healthcare and daily contact with support workers, which then stepping down to every other day contact with a nurse. She even received home visits from the pharmacist to make sure her medication was correct.

To stop people going to A&E you must provide alternatives.

Huntingdon Public Workshop

Wisbech Public Workshop

People would be happy to be treated at home if they could get good support.

Peterborough Public Workshop

Ensure health staff on the ground are involved.

Mental Health is a key element to all patient pathways.

Wisbech Public Workshop

Staff stories – how things could look in the future

Joining up physical and mental health

Greg leads part of the liaison psychiatry service, which joins up mental health and physical health care when people need hospital treatment or urgent care. His team works in hospitals across Cambridgeshire and Peterborough.

As well as helping to make sure that the NHS meets its commitment to give mental health the same priority as physical health, Greg believes that his service is based on principles which are fundamental to transforming care services.

When people are admitted to hospital, the liaison psychiatry service focuses on helping them to recover and how they can be supported to return home. This requires a holistic approach - working across mental health and different hospital specialties, in partnership with the patient, and alongside carers, advocates, and social care providers - because keeping people well requires a team effort.

As a clinician, Greg wants to help shape new ways of working and sees his role as a great opportunity – both to help bring about better outcomes for patients, and to develop his own professional skills.

World-class hospital care – delivered closer to home

Visha, a Geriatrician, has always strived to provide the very best care available anywhere and, although they handle an enormous number of patients, she is proud of the outstanding results achieved by her hospital-based team.

Visha was recruited onto the transition team which managed the set up of a new service running satellite clinics. Working with Paul, one of the GP leads, she realised that this challenging change could mean even better treatment and an improved experience for patients. By setting up a buddying system, Visha's specialist expertise and Paul's broader experience were combined and Paul was supported to take on monitoring and care which would previously have required a hospital visit. Visha's team is now on rota to advise local GPs 24/7 via a hotline, so reducing the number of patients reaching them through A&E.

The practice at which Paul is based proved an ideal location for outpatient clinics. As a community 'hub', it is well-equipped and a new IT system enables Visha to access patient records and communicate with specialist colleagues - whether she is in the practice or on her ward.

What these changes mean for our finances

We have reviewed our finances thoroughly, including making comparisons with national figures and looking for opportunities to make savings and organise services more efficiently.

As reported in the summer, by 2020/21 we predict a system-wide £250m financial deficit. This is in addition to £250m of savings and efficiency plans individual trusts and the Clinical Commissioning Group (CCG) need to deliver over the same period. This makes a total system-wide financial challenge of £500m over the next four years.

If the trusts and Clinical Commissioning Group meet their plans, and all aspects of the Sustainability and Transformation Plan are delivered, this will achieve the savings and efficiency target of £500m and will actually produce a small NHS surplus of £1.3m (by 2020/21).

To enable all the proposed service improvements and developments within the STP to be delivered it will require an estimated additional investment of £43m. If this investment is to be locally funded it will need to be paid back, and therefore would increase the total system-wide financial challenge from £500m to £543m.

We believe that success lies in reducing demand, meeting the ambulatory care needs of sick children, people with long term conditions, and the frail elderly, in primary and community care settings, reducing hospital length of stay, improving our workforce utilisation and reducing our overhead costs.

We are confident that there is significant scope to both improve the efficiency of patients being admitted and discharged from hospital by reducing the differences in the care provided and to deliver care more effectively outside of hospitals.

We feel that there is also opportunity to reduce clinical support services costs, through sharing back office costs and organisational mergers, where beneficial.

There are a number of areas that we believe should produce additional benefits, including growing income from commercial opportunities, and by reducing the cost of debt repayments.

Our approach to implementation

Why this time is different

We know that there have been times in the past when we have not delivered plans in the way we intended to. This time it will be different because we have been able to work together, as equal partners across the system, to build collective awareness that a problem exists, to fully understand the root causes of this, and to use this information to identify solutions and build commitment for implementation and action.

We are committed to behaving differently, listening more, being clearer about principles for decision making, and getting better at making whole-system decisions together.

System leadership, system working

We recognise the importance of partnership working in order to implement the changes described in our Sustainability and Transformation Plan. This includes partnership working across our organisations as we move towards greater joint health and social care commissioning and services.

We have made the public commitment to return the health and care system to a sustainable position, and improve care for local residents and healthcare users – through a Memorandum of Understanding. The Memorandum of Understanding (MoU) states:

- **One ambition:** to return Cambridgeshire and Peterborough to financial, clinical and operational sustainability by acting as a single leadership team, with mutual understanding, aligned incentives and coordinated action with external parties (e.g. regulators).
- **One set of behaviours:** all partners agree to exhibit the beneficial behaviours of a single leadership team.
- **One long-term plan:** we are collectively responsible for delivering the plan that will achieve our long-term ambition, including capturing the savings opportunities identified that will enable us collectively and individually to return to financial sustainability.
- **One programme of work:** all system projects will be aligned to the Sustainability and Transformation Plan and under supervision of a Chief Executive Officer-sponsored delivery or design group.
- **One budget:** within NHS contracting, a number of financial incentive options will be considered.
- **One set of governance arrangements:** the Chief Executive leadership group, and the groups reporting to it, will be the vehicle through which system business is conducted.
- **One delivery team:** we have ensured that resources are in place to deliver our system's plan.
- **One assurance and risk management framework:** Strengthening trust and creating a sense of shared accountability.

What these changes mean for local people

We have considered the impact that the changes outlined in our Sustainability and Transformation Plan will have on the different groups within our local population. In particular, we have considered the impact on the patient groups who we feel could receive better services from us, namely those in relatively more deprived areas, those with multiple long term conditions, and the frail.

We have engaged with the public, patients, and carers when thinking about solutions to the problems we face, and worked with them to come up with proposals that are beneficial to our population. This is the beginning of our engagement and we want to do more to involve local people and staff in developing and delivering our plans.

We published our interim Sustainability and Transformation Plan summary in July, 'How health and care services in Cambridgeshire and Peterborough are changing', which was provided to staff, stakeholders, and the public.

Our forthcoming engagement with the public has three key aims:

1. **Publicising our plan:** We will continue to tell people about our vision for health and care, describing what it means for patients in more detail.
2. **Co-designing care models**: We will continue to work with patients and the public to ensure that the care we design has the patient at its heart and promotes independence. We will need to engage fully with the public about service redesign that will change how and where they access services.
3. **Supporting behavioural change among patients and the public:** We will work with the public to promote healthy behaviours and taking individual responsibility for health and wellbeing, stressing to our population the importance of leading healthy lives. We will provide education around appropriate and effective ways of using services including self-care, urgent care, and A&E.

Regional centres make sense, seeing a specialist who does it often.

Huntingdon Public Workshop

What do the changes mean for our staff?

We have worked through our solutions as a single leadership team. The staff we have involved in developing solutions have been tasked with putting patients first, over and above organisational or professional interests. With the Sustainability and Transformation Plan now developed, it is important that we are clear about what the changes mean for us as individual organisations.

The biggest change will be for the 20,000+ staff employed by our providers. The proposals have been developed by approximately 200 frontline staff and we have already started to plan how we will engage with staff more widely. By putting our patients at the centre, now and in the future, we are confident our staff will respond positively and feel that the opportunities presented are career enhancing.

We know that our workforce will need to grow in order to cope with our increasing population and growing numbers of people with complex health needs. This means that there will be an increase in staff numbers over the next five years, but this growth in head count will be less than it would need to be if we were not working together as a system.

The type of skills we will recruit will also differ in recognition of the need to supplement primary care with non-clinical staff who can focus on care coordination and provide social support. We need to make the best use of our most expensive, and often scarce, consultant workforce by sharing posts where appropriate.

Staff often train in our organisations but do not choose to stay because housing is too expensive, particularly in Cambridge. We are keen to address this and will seek to influence the planned new housing developments so that they include sufficient affordable homes.

Our move towards working as one network will see significantly greater collaboration between organisations. This may mean that we ask staff to work in different locations or with different working patterns. We will work with staff to alleviate any concerns they might have around this and we will ensure that the benefits of this new approach are made clear.

Fit for the Future

Working together to keep people well

How you can get involved

There will be more opportunities for patients, carers, and local people to be involved with the specific improvements we would like to make, and we will provide opportunities for staff and local people to help shape proposals for service change.

We are committed to being as inclusive and open as possible. We will listen to all contributions and use these contributions to influence the decisions we make. You will be able to have a say in key decisions, including formal consultation.

If you want to be part of the discussion and work with us to develop solutions, please contact us via email on **contact@fitforfuture.org.uk**

You can also register on our website **www.fitforfuture.org.uk**

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Can we do more in the community?

Ely Public Workshop

There should be an intermediate facility to go to, from hospital, before home.

Cambridge Public Workshop

Our Partners

Cambridgeshire Community Services NHS Trust

Cambridgeshire and Peterborough NHS Foundation Trust

Peterborough and Stamford Hospitals NHS Foundation Trust

Cambridge University Hospitals NHS Foundation Trust

Hinchingbrooke Health Care NHS Trust

Papworth Hospital NHS Foundation Trust

NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire County Council

PETERBOROUGH CITY COUNCIL

Fit for the Future

Working together to keep people well

Produced by Cambridgeshire and Peterborough Sustainability and Transformation Programme.
November 2016

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 13
5 DECEMBER 2016		PUBLIC REPORT
Contact Officer(s):	Will Patten, Director of Transformation, Peterborough City Council	Tel. 07919 365883

ADULT SOCIAL CARE, BETTER CARE FUND (BCF) UPDATE

RECOMMENDATIONS	
FROM : Will Patten, Director of Transformation,	**Deadline date :** N/A
The Health and Wellbeing Board are requested to note the update of BCF delivery and planning for BCF 2017/18 submission	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board at the request of the Corporate Director for People and Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information for the Board; it sets out an update on the delivery of the BCF Programme and anticipated planning timelines for the BCF 2017/18 submission.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.6 *'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.'*

3. BCF BACKGROUND

3.1 As previously reported, Peterborough's BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the city. The BCF was announced in June 2013 and introduced in April 2015. The £12.6 million budget is not new money; it is a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Peterborough City Council (PCC) to provide health and social care services in the city.

3.1.2 The BCF 2016/17 plan is now fully 'Approved' and written confirmation has been received by NHS England.

3.2 **GOVERNANCE:**

3.2.1 At a previous meeting, the Health and Wellbeing Board confirmed that the Joint Commissioning Forum, now the GPEPB, would oversee the delivery of the BCF Programme and management of the pooled budget on behalf of the Peterborough Health & Wellbeing Board.

3.2.2 Following approval by this Board in March 2015, the Section 75 Agreement between PCC and CCG was in place by 1st April 2015 when BCF funding began. The Section 75 Agreement has been reviewed to reflect changes for 2016/17 and contractual changes have been legally executed.

3.2.3 All necessary formal governance arrangements for the BCF were in place by April 2015.

3.3 **MONITORING:**

3.3.1 The Health and Wellbeing Board agreed to delegate responsibility for reporting to the GPEPB. The process and templates for reporting of local areas' BCF progress is defined by NHS England and the Local Government Association (LGA) arrangements.

3.4 **BCF PLANNING SUBMISSION 2017/18**

3.4.1 Key changes expected include; 2 year planning cycle, streamlined national conditions and stronger regional assurance process. Planning for the local 2017/18 BCF plan is underway. High level anticipated timelines are:

- Issue of BCF Planning Framework and Guidance: 18th November 2016.
- Initial submission of BCF plans: early January 2017.
- Final submission of BCF plans: end of March 2017.

3.5 **WORKSTREAM UPDATES:**

3.5.1 Recent analysis of Peterborough system plans, showed that there are a large number of programmes and initiatives across the local Health and Social Care System, including the BCF, CCG Sustainability and Transformation Plan and Vanguard programme. Alignment with the new STP governance structure, were appropriate, is underway to ensure a consistent approach across the system. In the development of plans for 2016/17, the various programmes of work have been combined, wherever possible, to ensure efficient and effective deployment of resources, ensuring the focus is on delivering the changes and improvements. This approach has been shared with partners across the system and the diagram in Appendix 1 outlines the agreed health and social care programme structure.

Data and Digital Enablers: The immediate focus is developing practical data sharing solutions to support multi-disciplinary working, including the review of approaches in line with Caldicott recommendations. The decision was taken not to progress the UnitingCare 'OneView' system and the CCG is leading on exploring alternatives to support a single view of the patient record, linking with the Local Digital Road Map 2020 which was submitted to NHSE on 21st October.

Child Health: This incorporates the 0-25 re-design, CAMHS re-design and Healthy Child re-design projects. Work is underway to progress mapping, service design and implementation plans. Agreement is in place from the Healthcare Executive to bring together the STP and Joint Commissioning Unit.

Integrated Adult Community Services: Vertical Integration plans to align PCC Adult Social Care with the Neighbourhood Teams are progressing. Trailblazer neighbourhood team sites to test the MDT coordination commenced on the 13th June. The need for MDT Coordinators has been confirmed. Trailblazer sites will continue for a further period, to allow further refinement of case finding and GP engagement before wider roll out. Case finding proof of concept pilot is currently being tested.

Point of Access (Front Door): Alignment of the PCC Adult Social Care Front Door with health, including integration discussions with GP Network. A detailed model is now in development and further benefits analysis is being undertaken. The LGA Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information.

Admission Avoidance: Whole system plan has been developed and awaiting approval from NHSE; incorporates DTOCs, A&E and winter planning. Mapping of intermediate care provision being undertaken to inform effective commissioning approach. 24/7 Mental Health crisis response service live in Peterborough.

Discharge: Agreement for 7 Day Services to be overseen by A&E Delivery Board as this previously sat with the Systems Resilience Group (SRG). Draft interim bed review completed.

Prevention and Early Intervention: PCC is undertaking further work to refine the Home Services Delivery Model to ensure integrated and strengthened intermediate care tier provision. A single Head of Service has been appointed across PCC's Care and Repair, Assistive Technology, Therapy Services and Reablement teams. PCC and CPFT are working closely to ensure integration is achieved across system-wide intermediate care provision. There is a continued focus on the expansion and embedding of Assistive Technology across social care and health.

Community VCS: The PCC Innovation Partnership is being progressed and discussions are underway with the CCG to understand the scope of integrating health commissioning with the model.

Ageing Healthily: Key objectives for this work include:

- Falls Prevention: District level leads group is looking at further development to support local implementation of the joint falls pathway.
- Primary Prevention: The PCC Investment in the Community project focuses on building community resilience.
- Mental Health and Dementia: Development of a joint strategy and pathway continues to be developed.
- Continence and UTIs: further development of gaps and priorities is being undertaken.

Market Capacity (not VCS): Care Home Educators have now been recruited by the CCG and further work to develop joint working with care homes is a priority. PCC is exploring joint commissioning opportunities to ensure efficiencies on an ongoing basis.

4. CONSULTATION

4.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

5. IMPLICATIONS

FINANCIAL

5.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving £12.6m BCF.

5.2 The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).

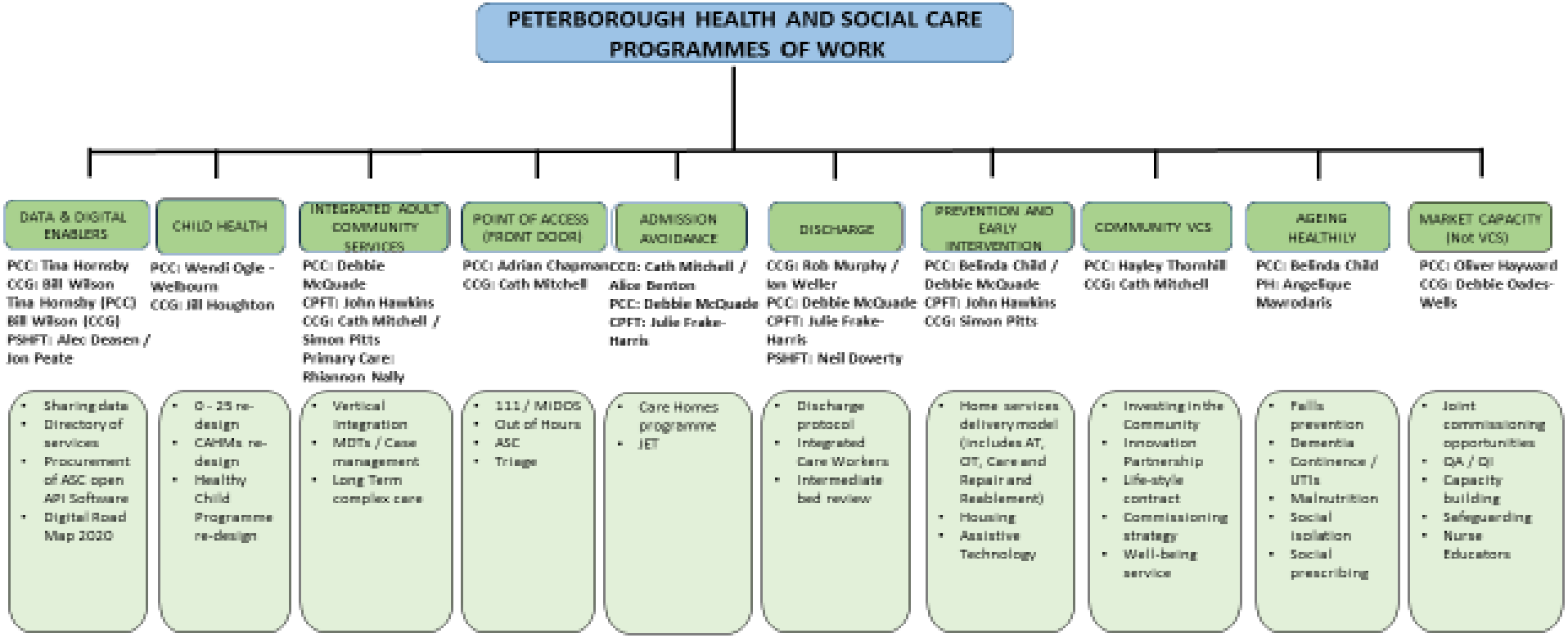
6. APPENDICES

i) Health and Social Care Programme Structure

7. BACKGROUND DOCUMENTS

i) BCF Quarterly Data Collection template Q2 15-16 Peterborough (final).
ii) BCF Quarterly Data Collection Template Q3 15-16 Peterborough (final)
iii) BCF Quarterly Data Collection Template Q4 15-16 Peterborough (final)
iv) BCF Quarterly Data Collection Template Q1 16-17 Peterborough (final)

Appendix 1
Peterborough Health and Social Care Programme Structure



UPDATED 25 NOVEMBER 2016

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2016/2017

MEETING DATE	ITEM	CONTACT OFFICER
21 July 2016	Greater Peterborough Partnership New Governance Framework Adult Social Care, Integration of Health System Programmes Governance Structure Domestic Abuse and Sexual Violence Update St Georges Hydrotherapy Pool Annual Director of Public Health Report Draft Peterborough Health and Wellbeing Strategy Health and Care Executive Governance Framework **For Information:** Adult Social Care, Better Care Fund Update	Will Patten Charlene Elliot Wendi Ogle-Welbourn Helen Gregg Cathy Mitchell Liz Robin Liz Robin Cathy Mitchell Will Patten (Caroline Hills)
22 September 2016	Peterborough Cardiovascular Disease Strategy Diverse and Ethnic Communities Joint Strategic Needs Assessment for Peterborough Sustainable Transformation Programme Mental Health Strategy Mental Health Crisis Vanguard Project Update Sustainable Transformation Programme Update (after 2:30pm) **For Information:** Adult Social Care, Better Care Fund (BCF) Update Revised Annual Public Health Report	Liz Robin Liz Robin Aidan Thomas (CPFT) Wendi Ogle-Welbourn (Lee Miller / Elaine Young (CPFT)) Catherine Pollard – STP Lead Will Patten (Caroline Hills) Liz Robin
5 December 2016	Hydrotherapy Health & Wellbeing and SPP Partnership Delivery Programme Board Update Report Healthwatch Update Recruitment & Retention – workforce development presentation Adult Safeguarding Peer Review – Outcomes and Recommendations Adults and Childrens Local Safeguarding Board Annual Reports 2015/16 PRISM (Primary Care Service for Mental Health) Requested by CCG/CPFT	**Sarah Shuttleworth/Gary Howsam (CCG)** **Helen Gregg** **Angela Burrows** **Ryan Hyman** **Debbie McQuade/Adrian Chapman** **Jo Procter** **Marie Alexander**

MEETING DATE	ITEM	CONTACT OFFICER
	Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS Organisations in Cambridgeshire and Peterborough Sustainable Transformation Programme Update **For Information:** Better Care Fund Update Devolution Update (Verbal Update)	**Dr Liz Robin** **Jessica Bawden** **Will Patten (Caroline Hills)** **Kim Sawyer**
23 March 2017	Sexual Health Service Update Care Act Update VAWG Needs Assessment Sustainable Communities SPP Plan Health & Wellbeing Strategy 6 month progress update CCG and PCC commissioning intentions 2017/18 Eating Disorder Service - Requested by CPFT **For Information:** Better Care Fund Update Sustainable Transformation Programme Update	**Jo Melvin** **Debbie McQuade** **Helen Gregg** **Pat Carrington** **Adrian Chapman** **Liz Robin** **Cathy Mitchell / Will Patten** **Penny Hazell (**rosemary.cunliffe@cpft.nhs.uk) **Will Patten (Caroline Hills)** **Catherine Pollard**