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PETERBOROUGH HEALTH AND WELLBEING BOARD
CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD

THURSDAY 20 SEPTEMBER 2018
10.00 AM

Council Chamber, Peterborough City Council, Town Hall, Bridge Street, Peterborough PE1 1HF
Contact – paulina.ford@peterborough.gov.uk, 01733 452508

AGENDA

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The Peterborough Health and Wellbeing Board comprises the following members:

Councillor J Holdich (Chairman), Councillor D Lamb, Councillor W Fitzgerald, Councillor R Ferris, G Smith, H Daniels, C Mitchell, Dr Howsam, (Vice Chairman), W Ogle-Welbourn, Dr Robin, A Chapman and S Evans Evans

Co-opted Members: Russell Wate and Claire Higgins

Substitute for Dr Howsam- Dr Adam Tariq

Further information about this meeting can be obtained from Paulina Ford, Senior Democratic Services Officer, Peterborough City Council on telephone 01733 452508 or by email – paulina.ford@peterborough.gov.uk

The Cambridgeshire Health and Wellbeing Board comprises the following members:

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

Julie Farrow (appointee)

Further information about this meeting can be obtained from Richenda Greenhill, Democratic Services Officer, Cambridgeshire County Council. Richenda.Greenhill@cambridgeshire.gov.uk or 01223 699171

PETERBOROUGH CITY COUNCIL

MINUTES OF THE HEALTH AND WELLBEING BOARD MEETING HELD AT 10AM, ON 31 MAY 2018 COUNCIL CHAMBER, CAMBRIDGESHIRE COUNTY COUNCIL

Committee Members Present: Councillor Holdich, Leader and Deputy Mayor Cambridgeshire and Peterborough Combined Authority (Chairman)
Dr Gary Howsam, Clinical Commissioning Group (Vice-Chair)
Councillor Fitzgerald, Deputy Leader, Cabinet Member for Integrated Adult Social Care and Health
Councillor Lamb, Cabinet Member for Public Health
Dr Liz Robin, Director for Public Health
Wendi Ogle-Welbourn, Executive Director People and Communities
Joanne Proctor, Head of Service, Adult and Children's Safeguarding Boards
Gordon Smith, Healthwatch
Claire Higgins, Chief Executive, Cross Keys Homes
Catherine Mitchell, Director of Community Services and Integration

Officers Present: Daniel Kalley, Senior Democratic Services Officer
Paulina Ford, Senior Democratic Services Officer

Also Present: Charlotte Black, Service Director Adults and Safeguarding, Peterborough and Cambridgeshire Councils

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

Councillor Holdich was in the chair for exclusively Peterborough items of business, and Councillor Topping, Chairman of Cambridgeshire HWB, chaired the exclusively Cambridgeshire items of business not recorded in these minutes. For the five shared items, recorded in minutes below, Councillor Topping was in the chair for items 7, 9 and 11 ; Councillor Holdich chaired for items 8 and 10 . Minutes do not distinguish between contributions from members of the different Boards.]

1. NOTIFICATION OF THE CHAIRMAN OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board noted that on 21 May 2018, the City Council had appointed Councillor John Holdich OBE as Chairman of the Peterborough Health and Wellbeing Board (HWB) for the municipal year 2018/19.

2. CHANGES IN MEMBERSHIP TO THE PETERBOROUGH HEALTH AND WELLBEING BOARD

The Board was advised that there had been no changes to the HWB membership.

3. ELECTION OF THE VICE-CHAIRMAN/ VICE CHAIRWOMAN OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

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

It was resolved unanimously:

To elect Dr Gary Howsam as Vice-Chairman of the Peterborough Health and Wellbeing Board.

4. APOLOGIES FOR ABSENCE FROM MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

Apologies for absence were received from Russell Wate, Simon Evans-Evans, Hilary Daniels and Adrian Chapman, Joanne Proctor was in attendance as substitute for Russell Wate.

5. DECLARATIONS OF INTEREST BY MEMBERS OF THE PETERBOROUGH HEALTH AND WELLBEING BOARD

There were no declarations of interest.

6. MINUTES OF THE MEETING OF THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD ON 19 MARCH 2018

The minutes of the meeting on 19 March 2018 were agreed as an accurate record and signed by the Chairman save for Item 4 Healthwatch – Priorities ways of working across Cambridgeshire and Peterborough which has been altered from paragraph four below:

The Board were informed of a number of experiences people in the local community had of the services. Most concerns focused on the waiting times people experienced in accessing health services, the quality of care and communication from and between services. The Healthwatch Executive project based on concerns around AIS, recent projects had been on the AIS and on mental health.

The Chair of Healthwatch Cambridgeshire and Peterborough commented that there were a number of priorities and ways of working which were a key focus, including scrutinising the quality of patient and public engagement by the providers and promoting the value of the lived experience.

Members were also directed to six key priorities that Healthwatch would focus on over the coming years, which were aligned with the STP.

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

- *Members of the public struggled to grasp what the STP did or understood their role. People were starting to understand that the role of their GP was changing and how they worked with other organisations. The STP were working towards improving the perception of the work they carried out.*
- *Delayed transfer was under a lot of scrutiny. There was from data sets and challenging targets of which there was a lot of awareness of from officers and members of the public. There was a lot of work to carry out over the reluctance of some families staying in hospitals more than was necessary as this was not goof for people.*
- *Public now understood the pressures on the current system. One of the key issues was the lived experience and the issues of transferring from one service to another. The input from Healthwatch was having a reassuring role to the public, as well as pointing out areas of concern.*
- *The STP were moving to a more locality focus with primary care on board, which would be beneficial to the local community and a step in the right direction.*

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

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

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

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

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

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

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

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

Discussing the report, members of the Boards

- in relation to the planned place-based listening events, commented that people disliked feeling that their comments had been ignored on previous occasions, and enquired what had been learnt from past engagement events. The Programme Director agreed that it was important to give feedback and maintain dialogue with the public. As well as STP events, the CCG and Healthwatch had been involved in communicating with the public; the place-based engagement planned would look at what the STP had been told by residents of a particular area such as Wisbech

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

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

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

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

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

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

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

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

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

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

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

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

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

The Peterborough Health and Wellbeing Board resolved unanimously to:

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

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

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

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

Members noted that DTOCs performance had recently improved considerably and was getting much closer to the target level, using a combination of the BCF and the improved BCF, as well as working to prevent the need to go into hospital in the first place. The CCG and its partners had developed an integrated discharge function. Work was being done with hospitals to tighten up discharge procedures, with CPFT to improve support at home, and with care homes to reduce hospital admissions from the homes, and efforts were being made to increase homecare capacity; the organisations were all working as one team to reduce DTOCs.

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

Discussing the report and appendix, members of the Boards

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

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

- were advised by the Councils' Executive Director, People and Communities that dealing with DTOCs had been a challenge; every organisation involved was facing

unprecedented financial difficulties, but they had improved how they worked together with the shared aim of achieving the best possible results

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

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

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

The Peterborough Health and Wellbeing Board resolved unanimously to:

a) Note and comment on the report and appendices

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

9. DEMENTIA STRATEGIC PLAN

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

In the course of discussion, Board members

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

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

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

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

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

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

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

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

The Peterborough Health and Wellbeing Board resolved unanimously to:

a) endorse the Dementia Strategic Plan.

10. LIVING WELL PARTNERSHIPS UPDATE

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

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

Discussing the report, members of the Boards

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

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

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

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

Action required

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

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

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

Action required

The Peterborough Health and Wellbeing Board resolved unanimously

a) To note that the previous Area Executive Partnership Board has been renamed as the Living Well Partnership and adopted the Terms of Reference.

b) To note that the Safer Peterborough Partnership (Strategic Group) will meet with the Peterborough LWP on a quarterly cycle from July 2018.

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

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

Members noted the recommendation to approve the joint JSNA core dataset; it would be more convenient for CCG and STP partners if they had only one assessment to look at for Cambridgeshire and Peterborough. On joint working, the proposal was to hold a further

development event for members of both Boards. Approval was also being sought for officers to work towards a joint Health and Wellbeing Strategy for Cambridgeshire and Peterborough; the Cambridgeshire strategy had been extended to align with the end date for the Peterborough strategy.

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

In discussion, members of the Boards

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

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

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

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

The Peterborough Health and Wellbeing Board resolved unanimously to

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

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

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

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

12. PETERBOROUGH HEALTH AND WELLBEING BOARD FORWARD AGENDA PLAN

The Board noted its forward agenda plan.

Chairman
10am – 12pm

Appendix A

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

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

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

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

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

I will re-iterate what I said in February that it has been very sad and worrying watching the decline in the NHS over the last 12 months. The health service was struggling with patient demand prior to the changes brought about by the introduction of the STP. The Health Foundation quotes a 13% increase in senior NHS managers between October 2014 and April 2017 but only 1.1% increase in nurses. Nurses are needed more than managers.

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

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD: MINUTES

Date: 26 July 2018

Time: 10.00-12.00pm

Venue: Kreis Viersen Room, Shire Hall, Cambridge

Present: Cambridgeshire County Council (CCC)
Councillor Peter Topping (Chairman)
Councillor Mark Howell (substituting for Councillor Samantha Hoy)
Councillor Linda Jones
Councillor Susan van de Ven
Dr Liz Robin - Director of Public Health
Tom Kelly - Head of Finance (substituting for Chris Malyon)
Richenda Greenhill – Democratic Services Officer

City and District Councils
Councillor Geoff Harvey – South Cambridgeshire District Council
Councillor Nicky Massey – Cambridge City Council
Councillor Jill Tavener – Huntingdonshire District Council

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
Jan Thomas (until 11.45am)
Jessica Bawden

Healthwatch
Val Moore, Chair

NHS Providers
Ian Walker, Cambridge University Hospitals NHS Foundation Trust
Matthew Winn - Cambridgeshire Community Services NHS Trust (CCS) (from 10.25am)

Apologies:
Stephen Graves – North West Anglia Foundation Trust
Councillor Samantha Hoy – Cambridgeshire County Council
Chris Malyon – Section 151 Officer, Cambridgeshire County Council (substituted by Tom Kelly, Head of Finance)
Dr Sripat Pai – Cambridgeshire and Peterborough CCG
Stephen Posey – Papworth Hospital NHS Foundation Trust
Councillor Joshua Schumann – East Cambridgeshire District Council
Vivienne Stimpson – NHS England
Wendi Ogle-Welbourn – Executive Director: People and Communities, Cambridgeshire County Council
Councillor David Wells - Cambridgeshire County Council

81. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies were noted as recorded above. There were no declarations of interest. In the interests of transparency, the Chairman reported that he had been appointed to carry out a review of a Department of Health programme for integrating care. No conflict of interest was evident.

82. MINUTES OF THE MEETING ON 31 MAY 2018

The minutes of the meeting on 31 May 2018 were agreed as an accurate record and signed by the Chairman.

83. MINUTES - ACTION LOG UPDATE

The Action Log was reviewed and the following updates noted:

i. Minute 11: Sustainability and Transformation Programme (STP) Update Report

Action: To establish whether it would be helpful to arrange a general briefing session on the Sustainability and Transformation Programme (STP) for newer members of the Board.

Update: Cllrs Cornwell, Harvey and Massey to attend a briefing session, details to be arranged direct by the Sustainability and Transformation Partnership System Delivery Unit. Any other Board members requiring this training were asked to advise the Clerk as soon as possible so that this action could be completed.

ii. Minute 78: Living Well Partnerships Update

Action: A Member commented on the integral importance of community safety, stated that there was an almost complete lack of community policing in the rural villages of South Cambridgeshire and asked how this could be factored in to Living Well deliberations.

Update: This issue has been discussed in the South Cambridgeshire Crime and Disorder Reduction Partnership in July 2018. The Local Police Review has now been implemented and had restructured local neighbourhood resourcing to maximise visibility and partnership working. Inspector Paul Rogerson would meet Councillor Van de Ven to provide a detailed briefing.

iii. Minute 78: Living Well Partnerships Update

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

Update: Officers at East Cambridgeshire District Council had followed this up direct on Councillor Schumann's behalf.

84. A PERSON'S STORY

The Manager of the Reablement Service South stated that they offered a life-changing programme of short-term support tailored to meet the individual needs of local people aged 18+ after a hospital stay or referral from a GP or other professional. The Service offered an 'expert friend' to help people (re)learn the skills needed for daily living, to build their confidence and reduce the amount of care and support they needed.

Reablement focused on helping people to do things for themselves rather than having things done for them. The Board heard the story of 'Rose', a local resident in her late 90s who had been living at home independently until she suffered a fall earlier in the year. Even with the support of her daughter she was struggling to cope on her return home, and the Reablement Service became involved in supporting the family. Together they identified the practical goals that 'Rose' wanted to achieve, including cooking and cleaning for herself and making a regular trip to her local town. The Occupational Therapy Service provided some simple personal care equipment and a support worker visited two or three times a day over an agreed period to support 'Rose' in regaining her independence. Although no longer providing direct support, the Reablement Service remained in touch with 'Rose' and with her daughter. The Board was shown a hydration aid call an Ulla as an example of the type of simple devices used by the Service to support independence and wellbeing. This could be attached to a cup or bottle and would flash at regular intervals as a reminder to take a drink.

During discussion of the Person's Story, Board members:

- Commended the Reablement Service's person-centred approach and practical use of assistive technology;

- Asked how support from the Reablement Service was accessed. Officers stated that they worked closely with the Adult Early Help Service and received referrals through that route. Referrals were also accepted from GPs and health professionals, local care networks and community organisations;

- Asked what percentage of service users returned to their former levels of independence following a programme of support. Officers stated that a check was made after three months and by that point around 60-70% of people had regained their previous level of independence. Even when this was not the case the improvements to the quality of an individual's life could be of significant benefit;

- Asked whether there was any difference in outcomes between proactive and reactive referrals. Officers stated that this was not the case as they worked with each individual on a case by case basis to respond to their wishes and needs at that time.

Summing up, the Chairman thanked 'Rose' and her family for agreeing to share her story. The Board were very appreciative of such an illustrative example of the real impact which a personalised approach and the use of relatively simple and inexpensive technology could make to the quality of a person's daily life and their independence.

The Board noted the personal story as context for the remainder of the meeting.

85. BETTER CARE FUND UPDATE

The Chairman stated that the Health and Wellbeing Board had a level of accountancy for the Better Care Fund (BCF) and Improved Better Care Fund (iBCF). Previous reports had focused on the ambition for its use, but this time he has asked for a frank and detailed assessment of what the funds were being used to do, what was working best and what had worked less well.

The Director of Commissioning stated that the Fund comprised two parts. The Better Care Fund had been introduced in 2015 and represented a reorganisation of funding to the Local Authority and Clinical Commissioning Group to create a pooled budget of around £40M. The iBCF had been introduced in 2017/18 and represented new money coming into the system, but was non-recurrent. The iBCF of around £8.3M had to be spent in line with nationally specified conditions relating to meeting Adult Social Care needs, reducing pressures on the NHS including delayed transfers of care (DTOCs) and stabilising the care market. The governance arrangements attached to the funding required that quarterly reports were submitted to NHS England. Local responsibility for day to day oversight of the management of the Fund had been delegated to the Integrated Commissioning Board which met monthly.

Whilst the iBCF funding was non-recurrent the aim was to use it in ways which would enable its impact to continue to be felt in future years. To achieve this it had been planned to invest £3M into housing for vulnerable people, including those with complex learning and physical needs. Due to unprecedented financial pressures on the Adult Social Care budget resulting from increased costs of care and winter pressures these funds had been redirected in-year to mitigate these pressures. However, Cambridgeshire County Council had committed to exploring the potential for capital investment to enable the continued delivery of the vulnerable housing project objectives.

The following points arose in discussion of the report and in response to Members' questions:

- A health service member commented that the Cambridgeshire and Peterborough Combined Authority had made a commitment to investing in healthy places for local people to live. This had included some discussions about supported housing and residential care. Officers stated that there had been some preliminary conversations with the Combined Authority about this, but that there was a need to address the current pressures as well as looking at longer term options;

- Previous practice had led to the public sector competing for finite resources and so driving prices up. The new planned commissioning arrangements would avoid this whilst offering the potential for greater purchasing power;

- An elected member noted that the £3M of iBCF funding used to offset in-year pressures relating to Adult Social Care was non-recurrent and asked how pressures in future years would be funded. Officers stated that a full evaluation of the iBCF was being carried out to see whether the services it had been used to fund were delivering the outcomes being sought. This would provide an evidence base which would be used decide which services should be recommissioned. Where this was not the case investment would be refined or redirected to mitigate the cost of future pressures. Further details on this would be brought back to the Board once the evaluation was complete;

  The Vice Chairman stated that it was important to remember that the money within the BCF/iBCF did not represent the total expenditure in these areas. For example, significantly more money had been spent system-wide in addressing DTOCs so it was important to ensure that all pressures and expenditure were managed in a considered way. Another key area of expenditure for the Clinical Commissioning Group (CCG) was discharge to assess. The acute hospitals and others were committing significant sums to this. Integrated brokerage was absolutely the right

way to go to be clear about how the whole system was working together to meet need.

- The Chairman stated that the use of iBCF funds to create additional housing for those with complex needs had appeared quite a ground-breaking initiative when it was proposed. Given that this money had subsequently been redirected to off-set pressures on Adult Social Care he questioned whether the money was being used as intended. The Director of Commissioning stated that there were currently 120 people with complex needs placed out of county. Of these, 23 had been identified to be brought back within county and corporate agreement to create housing for these individuals had been agreed, subject to approval of the relevant business cases;

- An elected member asked whether the County Council still had an appetite to build residential homes. This issue had been raised previously at the Council's Commercial and Investment Committee and they expressed concern that an opportunity was being missed. Officers stated that the Council had not dropped the ambition to build the housing needed to bring vulnerable people back into the county. It was not intended to own or run residential nursing homes, but to work more strategically with partners delivering this service;

- An elected member commented that assistive technology could provide some simple and cost effective solutions to improving a person's independence or quality of life, as evidenced by the Person's Story at the start of the meeting. However, this needed to be balanced with the potential reduction in personal contact and care with service users. They would be interested to know more about current expenditure in this area, trends, future plans and protocols for deciding its use. Officers stated that significant investment was being made in Reablement and Occupational Therapy teams to maintain a person-centred approach to care;

- An elected member asked whether the housing being created to bring some service users back into the county would be located close to their families or at a location convenient to the Council. They further asked where discussions about this would take place. Officers stated that they would look to place people where it was convenient to them and wherever possible they would be brought back into their original community if this was their wish, subject to meeting the individual's needs. The Vice Chairman agreed to reflect on where conversations regarding need and person-centred provision would best take place;
  (**Action: Vice Chairman**)

- A health service member questioned whether the totality of money to address DTOCs was being spent in the best way given that the figures remained challenging. They felt that the key question was how to get below the 3.5% target. Officers stated that the £8.3M iBCF alone could not solve the issue of DTOCs and that the guidelines for its use covered other important areas too. The BCF/iBCF was having a significant impact on adult social care performance. Although not yet meeting the 3.5% target there had been significant improvements in relation to DTOCs;

- The County Council was a material purchaser of adult social care. When the requirements of Peterborough City Council and the CCG were taken into account they became a significant purchaser with the opportunity to help stabilise the local care market by using capacity effectively and coherently;

- An elected member questioned the difference between planned expenditure of £41k for a dedicated social worker at Cambridge University Hospitals and actual expenditure of around £16k. Officers stated that there was an underspend against some projects. These related mainly to timing or phasing issues or the time taken to recruit staff. In these cases the funds were used to support additional projects not included in the original programme. The Chairman acknowledged this rationale, but stated that the Board would want some assurance that initial aspirations were still being met.

Summing up, the Chairman thanked officers for a very helpful report setting out what was happening. He stated that he did not want to duplicate market provision and welcomed the offer of a further update report including an evaluation of spend, the housing plan and the evidence base around assistive technology. This should also address the Integration and Better Care Fund Operating Guidance for 2017-19 and refreshed expectations for managing Delayed Transfers of Care for Health and Wellbeing Boards for 2018-19 which had been had been circulated to Board members the previous week.
(**Action: Director of Commissioning**)

It was resolved to:

a) note and comment on the report and appendices.

86. DELAYED TRANSFERS OF CARE

The Vice Chairman stated that delayed transfers of care (DTOCs) were a longstanding problem and there was huge focus and drive across the health and social care system to address this. Chief Executives were meeting constantly to address this issue and there was real commitment not just to getting patients out of hospital but also to getting them into the right placement first time. This required a more holistic approach covering the whole of the patient's care journey and not focusing solely on the time spent in hospital.

The Discharge Transformation Director stated that patient discharge was a dynamic and evolving process which needed to be able to react and respond to the changing needs of individual patients. Significant improvements were being made, but there was still lots to do in order to achieve the target of no more than 3.5% of occupied bed days. Recent changes in leadership for the DTOC Programme were reflected in a revised programme structure with a focus on discharge flow. Each hospital now had a dedicated site lead and there was real engagement between partners. A 12 week summer plan had been drawn up to ensure that the decision making process around patient discharge decisions was not compromised when key staff took annual leave. An update on this would be included in the next report.
(**Action: Discharge Transformation Director**)

In the course of discussion, Board members:

- Commented that the report lacked comparative year on year data and asked for some examples of progress. The Vice Chairman stated that in October/ November 2017 Cambridge University Hospitals (CUH) had around 120 DTOC patients compared to 58 the previous week. The target figure was 31 so whilst the number had already been halved the target would require the same level of improvement to be repeated;

- Asked about readmission figures and failed discharges. The Vice Chairman stated that many factors could influence these figures, but they were tracked at patient level and could be reflected in a future report;
  (**Action: Discharge Transformation Director**)

- Commented that the Health Committee had received an assurance in June that DTOC figures at CUH were on a downward trajectory, but that the report noted a significant blip in performance since then (paragraph 3.5 refers). Officers stated that this was due to a change in a senior member of staff which had an unanticipated impact on patient flow. There had been much learning from this and officers were confident the issue had been addressed for the future;

- Noted that the DTOC Programme Board Risk Log remained red (at risk of not being achieved) even after mitigations. The Vice Chairman stated that patient flow was as much a cultural issue as it was a process issue. There was still a constant need to reinforce new ways of working to ensure discharge planning began from the first point of contact. Until these cultural changes were securely embedded the risk of a lapse into previous practice remained a challenge;

- Emphasised the importance of utilising the evidence to be gained from patient experience both now and in the future. Officers undertook to follow this up direct with the Healthwatch representative;
  (**Action: Discharge Transformation Director**)

- Asked about the impact on DTOCs of patients living outside the borders of Cambridgeshire and Peterborough, but being treated in their hospitals. Officers stated that the site lead for each hospital would monitor the number of DTOCs for those living out of county. The Vice Chairman stated that a breakdown of these figures was produced daily and was regularly reviewed;

- Emphasised the importance of the health and social care providers working together to produce a solution and not blaming each other for any short-comings;

- Asked how programme leaders were managing profound cultural change in a period of crisis. Officers stated that the key was ensuring consistency and continuity in their approach to embed the cultural change required;

- The Chairman stated that Appendix 1, which was supposed to evidence performance against trajectory for the first few weeks of the programme, was not good enough. He asked that the table be revised and a clearer version of the information circulated. The Vice Chairman suggested this might use weekly situation report numbers.
  (**Action: Discharge Transformation Director**)

Summing up, the Chairman emphasised the need to keep clearly in mind that DTOCs were not just numbers, but reflected the experience of individual people and their families. The Board welcomed the improvements in performance which were being seen, but needed to see this improvement sustained and embedded. The length and detail of the discussion and the challenge offered illustrated the importance which the Board attached to addressing DTOCs.

It was resolved to:

a) note the Delayed Transfers of Care (DTOC) Governance arrangements;

b) note performance against trajectory;

c) note the main issues and programme risk register.

87. CAMBRIDGESHIRE HEALTH AND WELLBEING PRIORITIES – ACTION PLANNING

The Director of Public Health stated that the Board had identified three priorities for the period to the end of 2019. These were health inequalities, including the impact of drug and alcohol misuse on life chances; new and growing communities and housing; and integration, including the Better Care Fund (BCF) and delayed transfers of care (DTOCs). The Board had already spent time earlier in the meeting discussing the BCF and DTOCs in detail (minutes 85 and 86 above refer), so her overview would focus on the other two areas.

Health Inequalities

The Public Health Reference Group (PHRG), a multi-agency forum comprising key local stakeholders, had met the previous week to discuss how to progress work on health inequalities as its key priority for 2018/19. The discussion addressed scoping issues and what the Group could deliver in the short and longer term. Amongst the key issues to emerge were poverty, homelessness and the pressure on housing, especially within vulnerable groups and the role of the Drug and Alcohol Misuse Delivery Board (DADB), working in conjunction with Living Well and Community Safety Partnerships. Priorities included early help initiatives for young people, children and families and reducing drug-related deaths, addressing barriers which existed across housing and homelessness, mental health issues and the dual diagnosis of alcohol and substance misuse issues.

In discussion, Board members:

- welcomed the focus on early help for children and young people, but commented that the issue of 'county lines' (the criminal exploitation of children by gangs and organised crime to sell drugs, often travelling across county borders) needed to be dealt with first. Officers stated that the DADB would be receiving a presentation on 'county lines' at its next meeting;

- Paragraph 3.3: expressed some concern at the level of expectation being placed on Change Grow Live (CGL) to address socio-economic issues. Officers stated that the Clinical Commissioning Group would be supporting CGL in this work.

New and Growing Communities and Housing

The number and variety of new and growing communities and housing needed within the county created both opportunities and challenges across the public and private sector. The issue had been raised at the Health and Care Executive and other strategic groups. There was a wish amongst health service representatives to see the planning system simplified, whilst planning authorities were seeking simplification of health service provision. An officer report had been submitted to the Cambridgeshire Public Service Board, but no substantive progress had been made. A further report had been requested for October 2018, but there were differing views on how best to make progress. The views of the Board were sought on next steps.

The following comments arose in discussion of the report and the issues raised;

- The Chairman stated that this was a complex issue which was not always particularly well understood;

- A health service representative commented that large developments such as Northstowe required the provision of healthcare infrastructure such as a GPs surgery. However, they were not required to take account of the impact of the new community on wider health care services and infrastructure such as midwifery services and hospital care. They felt this was a policy issue as much as a practical one. The impact on health services of the additional demand created by those living in smaller, infill developments was also not yet taken into account when proposals for these types of developments were considered;

- The Vice Chairman stated that it should be possible to work out iterative liability costs as populations grew. Section 106 money might pay to build a GPs surgery in a new community, but it did not fund the staff needed to work in it or the impact on other healthcare services in the area. She did not feel that the Health and Care Executive Group was the right place for that discussion;

- A District Councillor commented that they were glad this issue had been raised as it demonstrated a dysfunctional way of working. Whilst the impact of small developments and infill housing might seem minimal, the cumulative effect could be significant. They questioned whether a more proactive role could be taken and suggested a case study;
- A District Councillor commented that health service information and figures were not getting to the Districts.

The Director of Public Health stated that the report taken to the Health and Care Executive had been quite operational. What was needed now was a careful analytical look at the system and to get some strong analysis done to take this forward. She undertook to share the information suggested by the Vice Chairman with District and City Council representatives to ensure that these bodies were fully sighted on the work.

Summing up, the Chairman stated that this issue went wider than solely chief executives and asked that the flavour of this discussion should be fed back to them. The Board really wanted to know how they would engage. There was also a role for District and City Council representatives in raising this issue with their respective Councils.

It was resolved to:

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

b) consider how the Living Well Partnerships might wish to work with the Health and Wellbeing Board and county-wide officer groups on these priorities.

88. CAMBRIDGESHIRE AND PETERBOROUGH SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE – PUBLIC ENGAGEMENT

The Director of Corporate Affairs for the Cambridgeshire and Peterborough Clinical Commissioning Group stated that the public engagement strategy had been refreshed to increase transparency and it was now more of a system communication plan. As part of this the STP Board was hoping to start meeting publicly from October/ November 2018 onward and the minutes of these meetings would be published. The need to do better in relation to public engagement around proposed changes to services was accepted, including the need to be more methodical and to provide feedback to those who were consulted. Amongst the suggestions was a three month formal consultation period for major service changes, but with the option of more targeted consultation where specific groups of service users were concerned. The possibility of holding some place-based events about the STP was also being considered, but there were some reservations that this might raise unnecessary concerns in those areas that local services might be affected. The alternative would be to include sessions about the STP in wider events. Any feedback from Board members on this would be very welcome.
(**Action: All Board Members**)

In the course of discussion:

- The Healthwatch representative commented on the need for on-going input and dialogue. The proposals looked promising and she suggested that it would be helpful to see a collection of shared learning examples in a year's time. She also suggested looking at the methodology of patient involvement so that this focused on patient-sensitive impact points;

- It was noted that Cambridge City Council should be included in the list of local government stakeholders included in the report;

- Paragraph 3.3: A County Councillor commended the principle of ensuring that the patient's voice was heard throughout service change planning and implementation, but questioned how this would be delivered in practice and cautioned about the need to avoid over-promising. The Director of Corporate Affairs acknowledged that including a patient representative on a Panel would not necessarily reflect the full spectrum of opinion amongst patients and agreed to reflect further on this.

It was resolved to:

a) note the strategy for external communication and engagement for the coming year.

89. FORWARD AGENDA PLAN

The Board reviewed the Forward Agenda Plan, noting that the September meeting would be held concurrently with the Peterborough Health and Wellbeing Board. The Chairman proposed that a report on the Cambridgeshire and Peterborough Combined Authority should go to that meeting to help understand the direction of travel in relation to the Health and Wellbeing Board's sphere of interest. This would include exploring what this meant for the Board and how it could contribute. He further proposed a report looking at David Behan's report on integration and best practice to see how lessons learnt could be applied locally.

Two members of the public sought to ask a question without having given the required notice. Officers offered to follow up the points raised outside of the meeting.

It was resolved to:

a) note the Forward Agenda Plan.

90. DATE OF NEXT MEETING

The Board will meet next on Thursday 20 September 2018 at 10.00am in the Council Chamber at Peterborough City Council, Town Hall, Bridge Street, Peterborough PE1 1HF. This meeting will be held concurrently with a meeting of the Peterborough Health and Wellbeing Board.

Chairman

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Agenda Item No: 7

HEALTH & WELLBEING BOARD ACTION LOG: AUGUST 2018

MINUTE & ITEM TITLE	ACTION REQUIRED / UPDATE	STATUS
Meeting Date: 21 September 2017		
Minute 11: Sustainability and Transformation Plan (STP) Update Report	To establish whether it would be helpful to arrange a general briefing session on the STP for newer members of the Board. **Action: ~~R Greenhill/ Aidan Fallon~~** **Update 24.10.17:** Four Board members asked to attend an STP briefing session. This has been arranged for Thursday 14 December 2017 from 12.30-1.30pm at Shire Hall. **Update 11.12.17/ 08.02.18:** The briefing session on 14 December to be re-arranged as two members unable to attend due to clashes with other meetings. Possible dates sent to Aidan 11.12.17 & 08.02.18. **Update 29.03.18:** The four Board members who had expressed interest in the briefing session contacted to check if they would still find it useful. Sessions are being arranged direct by the CCG for those members requiring one. **Update 10.05.18:** The offer of a briefing session will be extended to any new members of the Board following the meeting on 31 May 2018. **Update 14.06.18**: Email sent to new Board members asking if they would like to attend a briefing session on the STP. **Update 23.07.18:** Cllrs Cornwell, Harvey and Massey to attend a briefing session, details to be arranged direct.	**Completed**

	<u>Update 21.08.18</u>: A briefing meeting arranged for Thursday 6 September at Shire Hall. Catherine Pollard to deliver. **Action: J Coulson**	
Minute 12: JSNA Core Dataset 2017	To reflect on whether the Board's online presence might be enhanced to better disseminate valuable information such as the JSNA Core Dataset. **<u>Update 07.17.17</u>**: This has been discussed with the County Council communications team who could allocate a web-page to the Health and Wellbeing Board, under the 'Council' section of the website. **Action: Liz Robin** **<u>Updates 16.08.18 & 30.08.18</u>**: Further discussions taking place with the Communications Team's help. Web team identifying how page will be located and will link to other relevant sites.	**On-going**

Meeting date: 26 July 2018		
Minute 86: Better Care Fund Update	To reflect on where conversations regarding need and person-centred provision would best take place in the context of housing provision to bring some service users back within the county. **Action: Jan Thomas**	
	To provide a further update report including an evaluation of spend, the housing plan and the evidence base around assistive technology. This should also address the Integration and Better Care Fund Operating Guidance for 2017-19 and refreshed expectations for managing Delayed Transfers of Care for Health and Wellbeing Boards for 2018-19 which had been had been circulated to Board members the previous week. **Action: Will Patten**	**Completed**

	<u>Update 10 .08.18</u>: A further report on the BCF/iBCF will be taken to the next meeting of the Health and Wellbeing Board on 20 September 2018. The point on assistive technology will be picked up separately as is more of an operational issue.	
Minute 86: Delayed Transfers of Care (DTOCs)	To include an update on the 12 week summer plan in the next report on DTOCs. **Action: Caroline Townsend/ Amy Page** **<u>Update 31.08.18</u>:** This will be covered in the September Board report.	**Completed**
	To include figures relating to readmissions and failed discharges in a future report. **Action: Caroline Townsend/ Amy Page** **<u>Update 31.08.18:</u>** This will be covered in the September Board report.	**Completed**
	To follow up how evidence gained from patient experience could best be utilised, both now and in the future, through discussions with Healthwatch. **Action: Amy Page** **<u>Update 31.08.18:</u>** Amy has had discussions with Sandie Smith, CEO of Healthwatch and a Healthwatch representative will join the Discharge Programme Delivery Group from the next meeting.	**Completed**
	To revise and recirculate Appendix 1 of the report to make it more clear. The Vice Chairman suggested that this might include the use weekly situation report numbers. **Action: Amy Page**	**On-going**

Minute 88: Cambridgeshire and Peterborough Sustainability and Transformation Plan Update – Public Engagement	To provide feedback on the possibility of holding some place-based events about the STP. Some reservations were expressed that this might raise unnecessary concerns in those areas that local services might be affected and Members were asked for their views. The alternative would be to include sessions about the STP in wider events. **Action: All Board Members** **<u>Update 16.08.18:</u>** An email sent to all Board members inviting them to send their feedback to Jessica Bawden.	**Completed**

THE PETERBOROUGH HEALTH AND WELLBEING BOARD THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
20 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning and Charlotte Black, Service Director: Adults and Safeguarding	
Peterborough City Council Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Caroline Townsend, Head of Commissioning Partnerships and Programmes	Tel.07976 832188

DELAYED TRANSFERS OF CARE (DTOC) UPDATE

RECOMMENDATIONS	
FROM: Director of Commissioning and Service Director, Adults and Safeguarding	**Deadline date:** *N/A*
The Peterborough Health and Wellbeing Board are asked to note and comment on the report and appendices. The Cambridgeshire Health and Wellbeing Board are asked to note and comment on the report and appendices.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Boards to provide an update on Delayed Transfers of Care (DTOC) performance across the system.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to provide an overview of the joint approach and current performance relating to Delayed Transfers of Care (DTOC) across Peterborough and Cambridgeshire.

2.2 This report is for the Peterborough Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.3.9:

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.

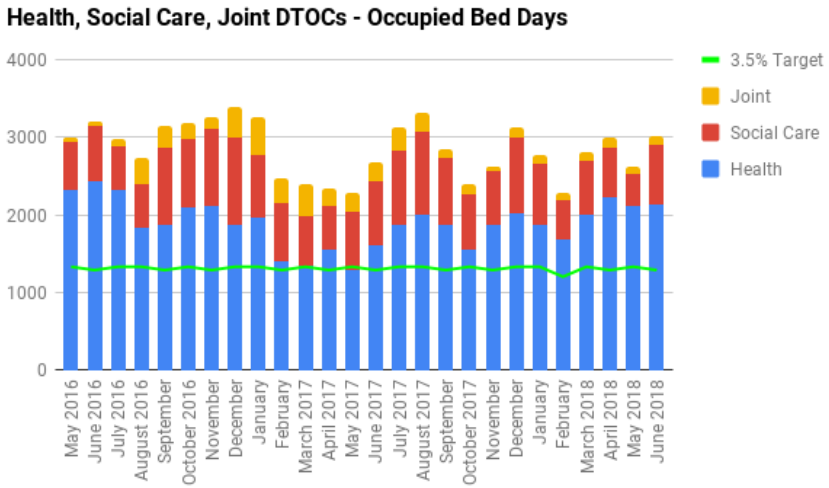
3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

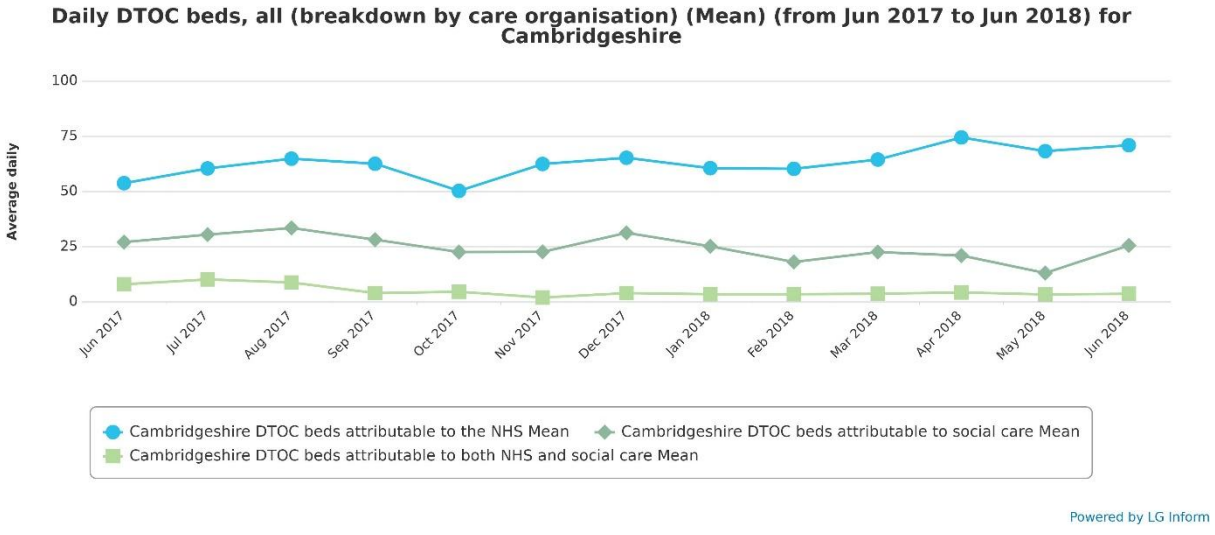
4.1 Delayed Transfers of Care (DTOCs) - Cambridgeshire Performance

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



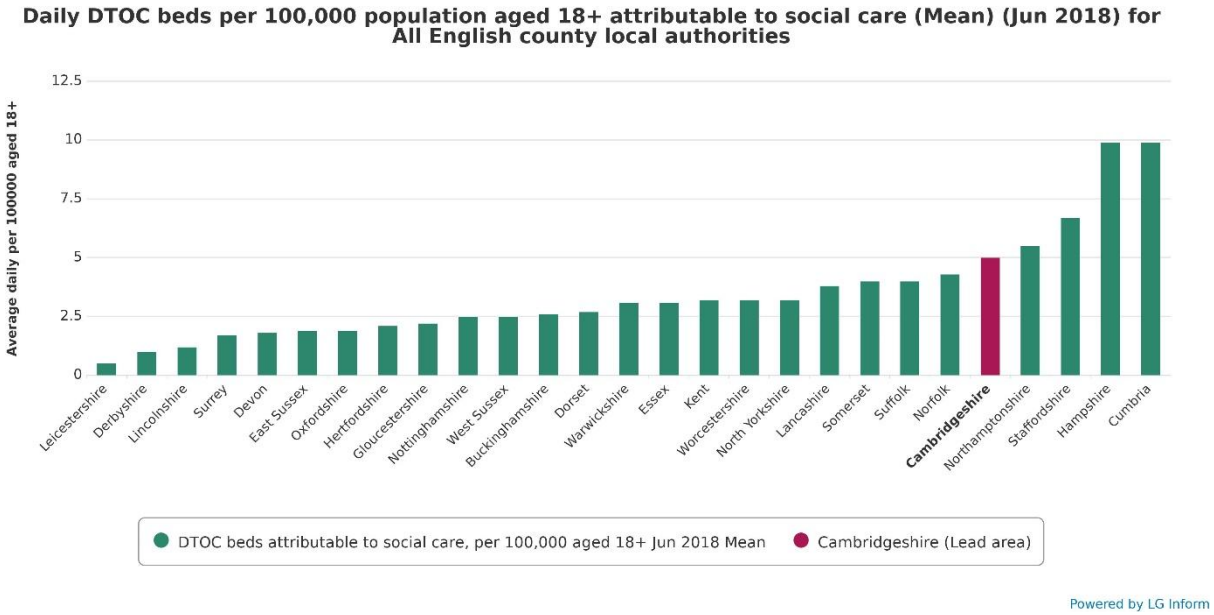
During June, 81% of delayed days were within acute settings. 70.8% of all delayed days were attributable to the NHS, 25.5% were attributable to Social Care and the remaining 3.7% were attributable to both NHS and Social Care. The below graph shows the trend of DTOCs, by attributable organisation.

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



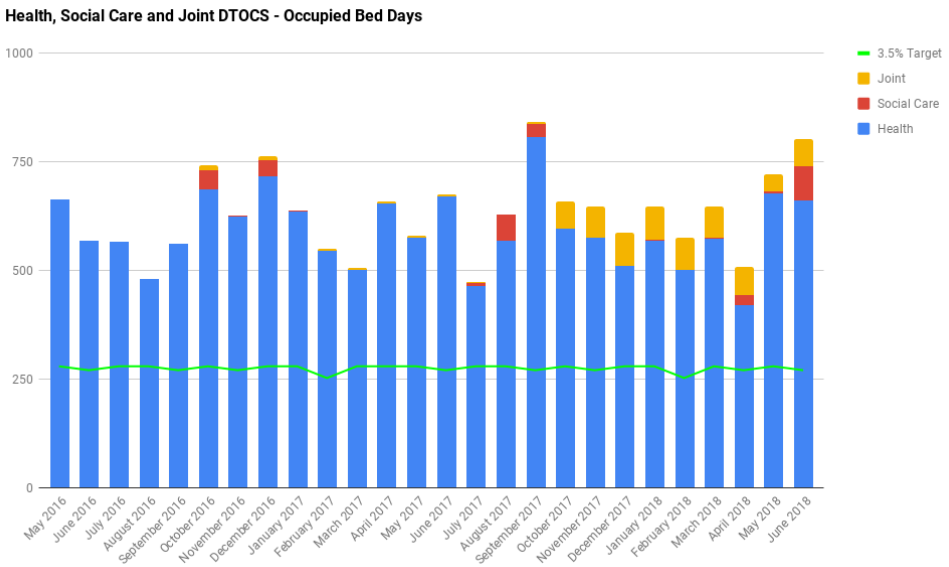
For June 2018 Cambridgeshire, compared to all single tier and county councils in England, is ranked 146 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of

151 given to the area with the highest rate. It is ranked 142 on the rate of delayed days attributable to the NHS, and 134 on the rate of delayed days attributable to social care. The below graph shows how Cambridgeshire compares with other county local authorities.



4.2 Delayed Transfers of Care (DTOCs) - Peterborough Performance

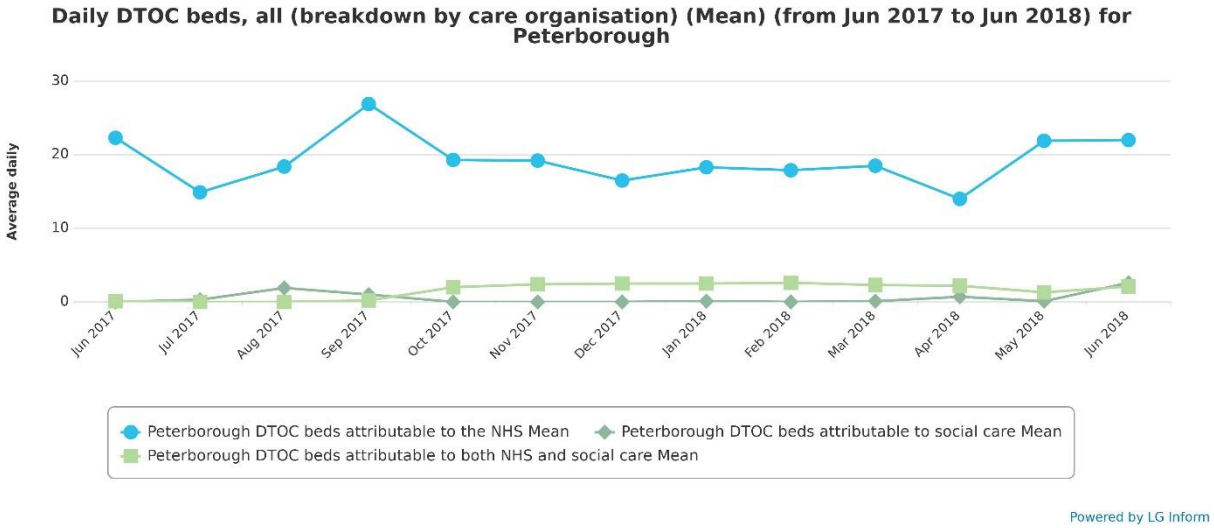
Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Peterborough against the 3.5% target, highlighting that performance is significantly underperforming against target.



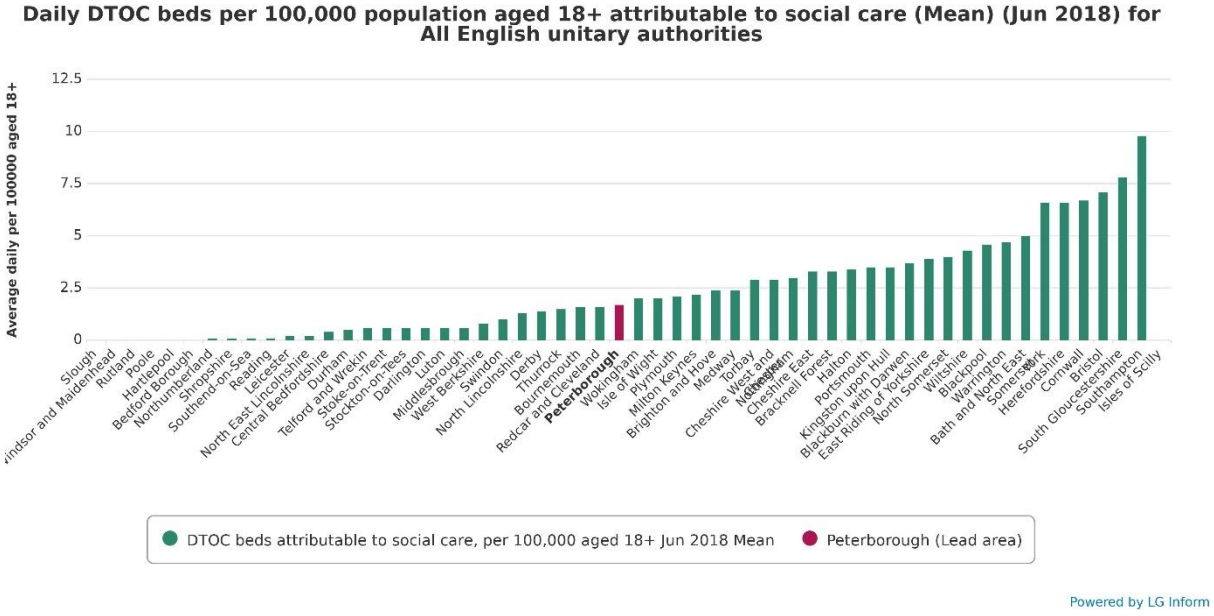
During June, 73% of delayed days were within acute settings. 82.2% of all delayed days were attributable to the NHS, 9.8% were attributable to Social Care and the remaining 8.0% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. Between August 2017 and June 2018 we have seen a 15% increase in in NHS attributable delays and a 33% increase in social care attributable delays. There was a significant increase in community bed delays in June

2018, with 79 social care attributable delays in non-acute settings. Prior to this social care performance was exceptionally low, averaging 7 bed delays per month, with many months recording zero delays.



For June 2018 Peterborough, compared to all single tier and county councils in England, is ranked 144 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 145 on the rate of delayed days attributable to the NHS, and 68 on the rate of delayed days attributable to social care. The below graph shows how Peterborough compares with other county local authorities.



4.3 Impact of Community Bed Delays on June DTOC Performance

The NHS England DTOC statistics comprise two elements:

- acute bed delays; and
- non-acute delays (community and mental health bed delays)

DTOCs in June for acute beds remained steady for Peterborough and increased slightly for Cambridgeshire. However, in relation to non-acute delays, there were significant increases in Cambridgeshire (260%) and Peterborough (438%), which account for a significant increase in social care delays for June. This marked increase resulted from a bulk referral of community bed

patients into Adult Social Care (ASC), following a review of patients within community bedded facilities. The Councils have worked closely with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to review these patients to ensure they are being discharged to the right pathway of care, as a number of these patients weren't previously known to the Councils. This has also highlighted a growing issue with the lack of process to jointly validate non-acute delays prior to figures being submitted nationally to NHS England.

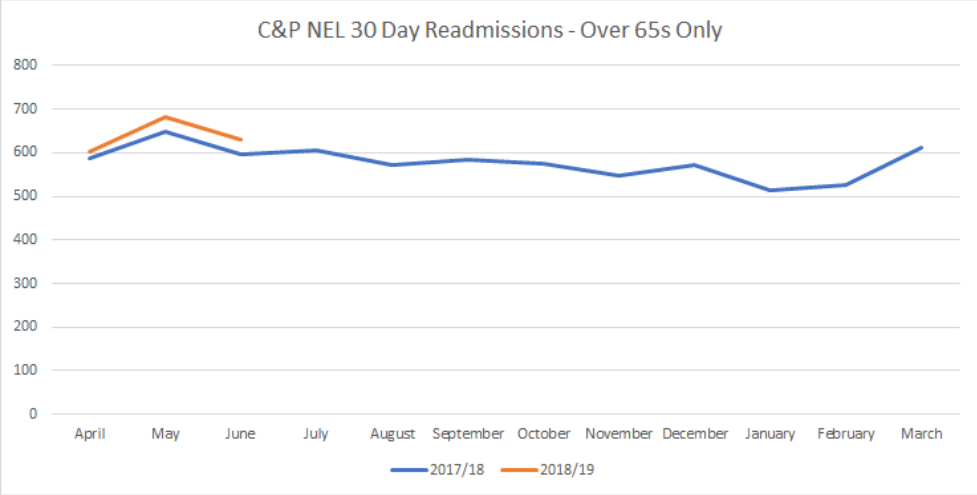
4.4 NHS England national data, which provides a detailed overview of DTOC performance for the whole local authority footprint, is only available currently for June 2018. Appendix 1 provides information on more recent performance across each of the three acute settings. The below table summarises performance against the 3.5% target for each acute footprint as at 19th August 2018.

Site:	Current week (we 19/8/18)	Baseline Position*	Previous week (we 12/08/18)
CUH	7.7%	8.6%	9.0%
HH	8.1%	8.0%	6.7%
PCH	5.3%	6.4%	5.8%

**The baseline position has been agreed as the average position of the 6 weeks prior to the beginning of August.*

4.5 **Readmissions and Failed Discharge Performance**

The below graph shows the trends of readmissions within 30 days of discharge for patients over 65 years of age. At June 2018, there has been an increase of 4.5% in readmissions across all three acutes compared to the same period last year. This is relatively comparative to the increase in non-elective admissions seen in over 65s (3.8% increase at June 2018, compared to the same period last year).



4.6 **System working to improve DTOC performance**

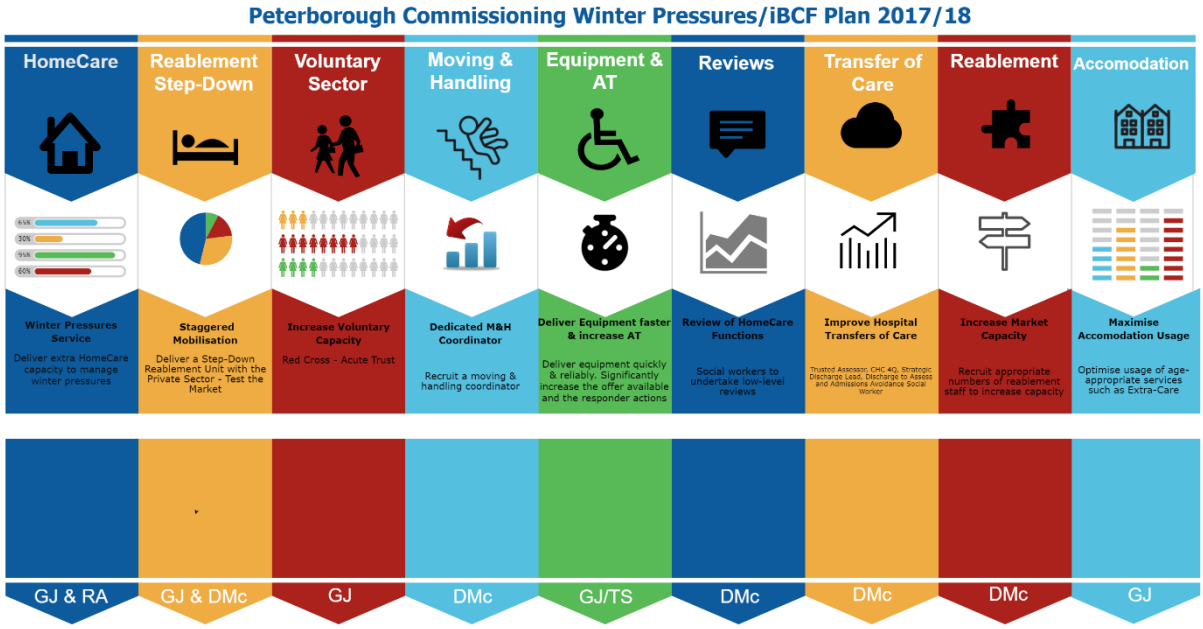
NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges. A range of operational forums have been established to co-ordinate our system wide activities to enable timely hospital discharge. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system.

4.7 *iBCF Investment to Support DTOC Pressures*

There was significant investment from the Improved Better Care Fund (iBCF) to support a range of initiatives to reduce DTOCs.

Cambridgeshire

Peterborough



Key updates on these initiatives are outlined below:

- **Reablement Capacity:** Investment from the iBCF was made to increase reablement capacity by 20% and recruitment has established the teams at nearly full capacity.
- **Reablement Flats:** Additional capacity was commissioned across Eden Place, Ditchburn, Doddington Court and Clayburn Court to provide support to patients requiring a further period of recovery before returning home following hospital discharge.
- **Community Equipment:** additional investment in the provision of equipment to support the provision of equipment to enable people to manage as independently as possible in the home of their choice.

- **Dedicated Social Worker at Addenbrookes Hospital to support self-funders:** recruitment of a dedicated worker to support individuals who self-fund their care through the hospital discharge process.
- **Locality Review Backlog:** social worker capacity was recruited to address the backlog of reviews within the Cambridgeshire locality teams in order to avoid admission to hospital and ensure individuals are receiving the right level of care to meet their outcomes within the community.
- **Strategic Discharge Lead:** a coordinating social worker discharge lead has been established in Addenbrookes, Hinchingbrooke and Peterborough City hospital. This has supported greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning.
- **Trusted Assessor:** the service was commissioned from Lincolnshire Care Association (LINCA) and provides trusted assessments on behalf of care homes, to reduce unnecessary discharge delays in Addenbrookes and Peterborough City Hospital.
- **Voluntary Sector Support:** additional capacity from the British Red Cross was commissioned in Peterborough City Hospital to provide admissions avoidance support in the Emergency Department and low level reablement support to support discharge.
- **Moving and Handling Coordinator:** An occupational therapist is based with Peterborough City Hospital to support better prescription of and access to community equipment to support admissions avoidance and hospital discharge.
- **Admissions Avoidance Social Worker:** a dedicated social worker is supporting admissions avoidance in the emergency department of Peterborough City Hospital.

4.8 A system-wide evaluation of iBCF funded DTOC initiatives is currently being undertaken to inform the future approach. The outcomes and recommendations of this review will be available late September.

12 Week Programme Priority Actions

A 12 week priority programme of work has been agreed with health and social care partners to support delivery of the 3.5% target. This comprises seven key enabling workstreams of activity, as outlined below:

Workstream 1: Delivery of Integrated Discharge Service (IDS)

- Both North West Anglia Foundation Trust (NWAFT) and Cambridgeshire University Hospital NHS Foundation Trust (CUHFT) are progressing with rollout of the Integrated Discharge Service. The service will go live in Peterborough City Hospital on 3rd September and HInchingbrooke and Addenbrookes on the 10th September.
- Training days on all sites have now commenced, and successful workshops were held for all key staff.
- Printed materials are being circulated to all wards and departments with key information and messages.

Workstream 2: Referral process for complex discharge support

- Review of the assessment notification and discharge notification forms has been undertaken, with a view that these will reduce unnecessary delays in discharge process. A Standard Operating Procedure has been published to support the use of the new format referral forms and upload of the referral forms to the IT systems at each hospital is progressing.
- The Continuing Health Care hospital discharge pathway is being remodelled. A business case for the reworked pathway is being finalised, with a view to it being presented for governance approvals mid-late September. The aim is to have the reworked pathway in place during the autumn.

Workstream 3: Robust operational management

- SAFER is a practical tool to reduce delays for patients in adult inpatient wards. The SAFER bundle blends five elements of best practice.
    - S - Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.
    - A – All patients will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.
    - F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.
    - E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.
    - R – Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (>7 days – also known as 'stranded patients') with a clear 'home first' mind set.
    - S - Senior Review. All patients should have a senior review before midday.

  The NWAFT team have engaged with the national NHS Emergency Care Improvement Support Team (ECIST) to agree the approach to implementing the SAFER bundle. Further meetings have been scheduled to define the process, agree the Standard Operating Procedure and training materials. CUHFT plan to do a pilot relaunch of SAFER across elderly wards, with roll out to the rest of the organisation by the end of October.

Workstream 4: Discharge to Assess

- An initial system workshop was held in August to review the discharge to assess pathway. A Task and Finish group has been established to take this forward and ensure that there is a robust discharge to assess pathway in place, which meets the needs of patients and reduces unnecessary delays in discharges.

Workstream 5: Demand and Capacity Modelling

- An audit of referrals through the Intermediate Care Tier and reablement is currently underway to determine whether patients have been placed on the correct pathway.
- Review of the pathway for non-weight bearing patients is underway to address difficulties identified. Task and finish groups are now established to take this work forward and propose a new pathway for these patients.
- An integrated health and social care brokerage service is being established, to deliver a single point of managing placements of care to the market. This will enable home care and care home capacity to be more efficiently managed and enable the best price for care to be obtained.

Workstream 6: Performance and Reporting

- A workshop was held in July to identify blockages in the regular reporting and supply of data from providers, and propose solutions to resolve these issues.
- A new performance report, which will include a greater degree of granularity and be split by Local Authority will be in circulation by the end of August.
- A remodelled trajectory is now in place all acutes, with key actions and milestones providing assurance around the planned improvements in performance (see Appendix 2).

Workstream 7: Effective partnership working

- The discharge programme team are aligned more closely with the urgent care team, with attendance at both Accident and Emergency Delivery Board meetings to ensure a whole system / pathway approach can be taken in our planning assumptions and modelling.

- The multi agency Delivery Group, which oversees the programme of work, continues to meet fortnightly, with weekly teleconferences in place to ensure traction of delivery of the programme plan.

4.9 *Additional System-wide Initiatives*

A number of admission avoidance interventions have been implemented, including joint iBCF/STP investment in falls prevention and stroke prevention projects. Both Councils have established Adult Early Help services and continue to work with primary care and CPFT's neighbourhood Teams to identify people whose needs may be escalating or may be vulnerable to hospital admission. CCC is currently piloting two pilot 'Neighbourhood Care Teams' in Soham and St Ives, where new ways of working with system partners are being developed to prevent needs escalating and enable timely discharge.

The Council is working intensively with the independent care home market to increase supply to home care provision. Homecare was recommissioned in Cambridgeshire, jointly with the CCG, by a Dynamic Purchasing Arrangement and came into effect in November 2017. The DPS framework re-opens every 3 months for new providers to apply. Since the launch of the new framework, home care providers have increased from 28 to 74. The Council engages with non-active providers on an ongoing basis to ensure available capacity is being maximised. A new joint homecare framework is currently being commissioned in Peterborough. The focus of this is to improve the quality of service delivery, increase capacity within the marketplace and ensure a suitably skilled and trained workforce to meet the challenges associated with keeping service users within their own homes for as long as possible, now and in the future. In addition, a review of market capacity data and intelligence is being undertaken to address the geographical disparity of homecare provision across the county. Subsequent engagement with providers will inform the development of a strategy to increase capacity in areas of low supply in a sustainable way.

5. CONSULTATION

5.1 The programme of work has been developed in conjunction with health and social care partners. The Discharge Programme Delivery Group, which provides oversight for delivering this work has multi-agency representation. A representative from Healthwatch is now also part of this group.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Improved DTOC performance to support delivery of the national 3.5% target.

DTOC trajectories have been established across each acute setting, as outlined in Appendix 2.

7. REASON FOR THE RECOMMENDATION

7.1 The recommendation is for the Health and Wellbeing Boards to note and comment on the contents on this report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None

9. IMPLICATIONS

Financial Implications

9.1 None

Legal Implications

9.2 None

Equalities Implications

9.3 None

10. BACKGROUND DOCUMENTS

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

10.1 UNIFY DTOC published data https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/
Better Care Fund Plans 2017-19 for Cambridgeshire and Peterborough

11. APPENDICES

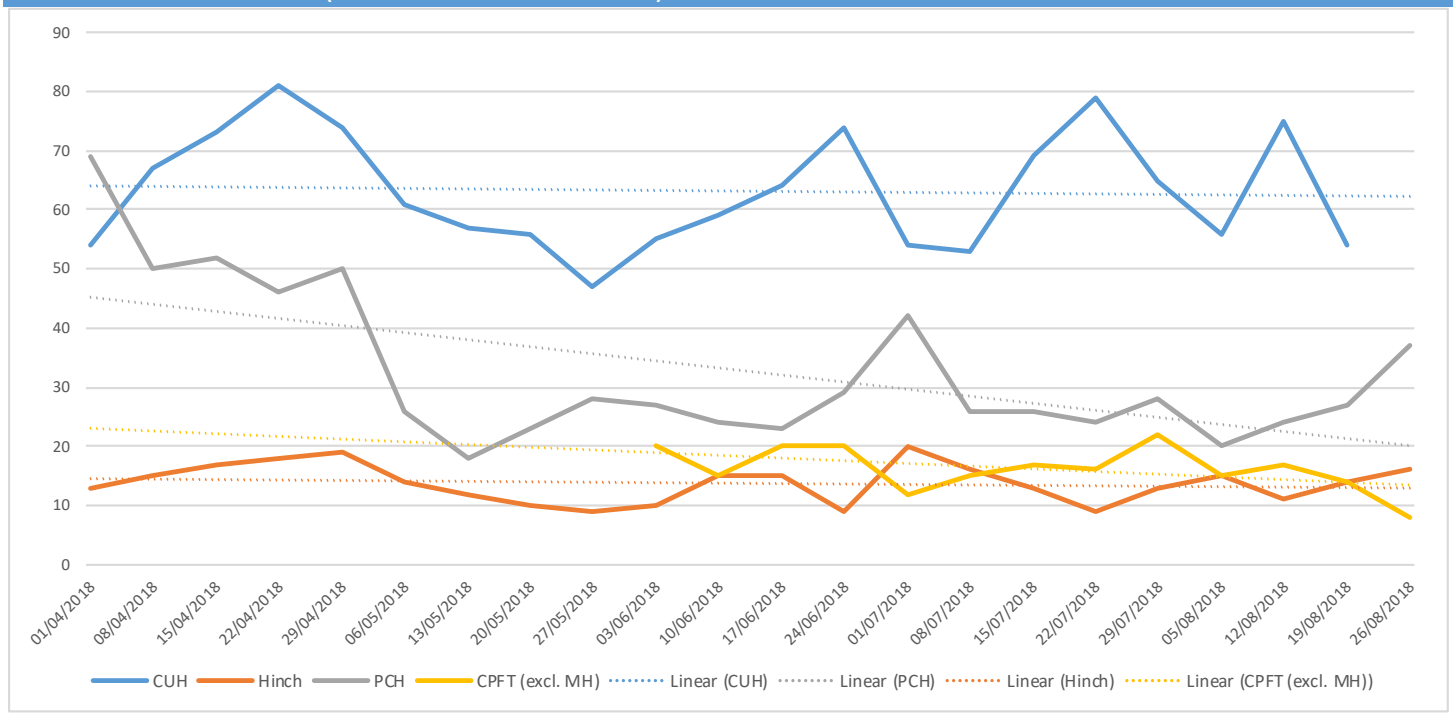
11.1 Appendix 1 - Weekly DTOC Performance Report
Appendix 2 - DTOC Trajectories

CAMBRIDGESHIRE AND PETERBOROUGH DISCHARGE TRANSFORMATION PROGRAMME

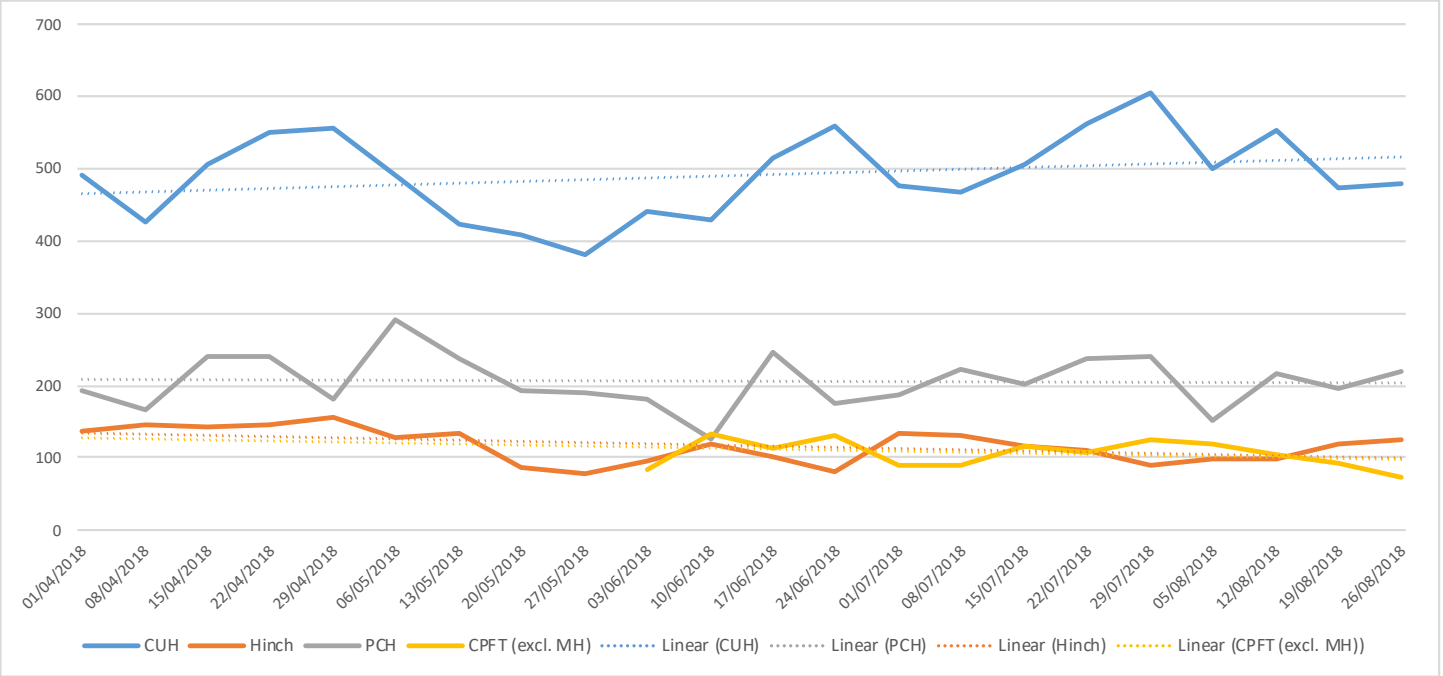
Delayed Transfers of Care - Weekly SITREPs at Addenbrookes Hospital, Peterborough City Hospital and Hinchingbrook Hospital
Week end date: 26th August 2018

Please note this is a flash report taking the last week's available data and appending to historic data. Therefore, any amendments from the source will not be reflected here.
Figures are based on days delayed each week from Mon - Sun
Data for Cambridgeshire CCG area.

A. PATIENTS DELAYED BY TRUST (THURSDAY MIDNIGHT SNAPSHOT) - ALL LA s BY WEEK

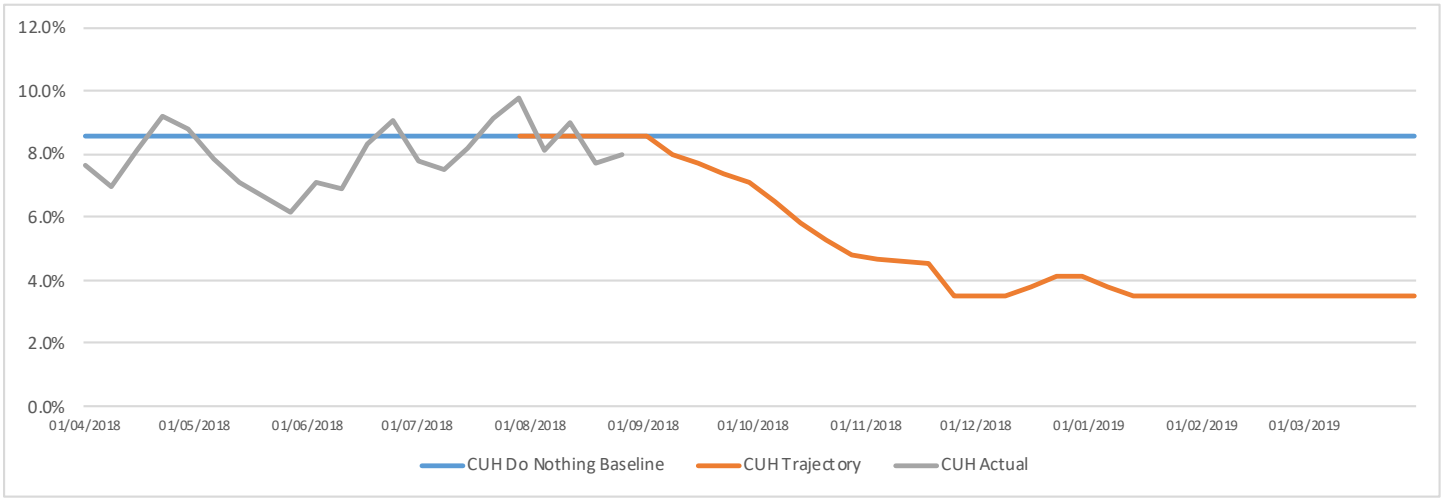


B. BED DAYS LOST BY TRUST (WEEK TOTAL) - ALL LA s BY WEEK

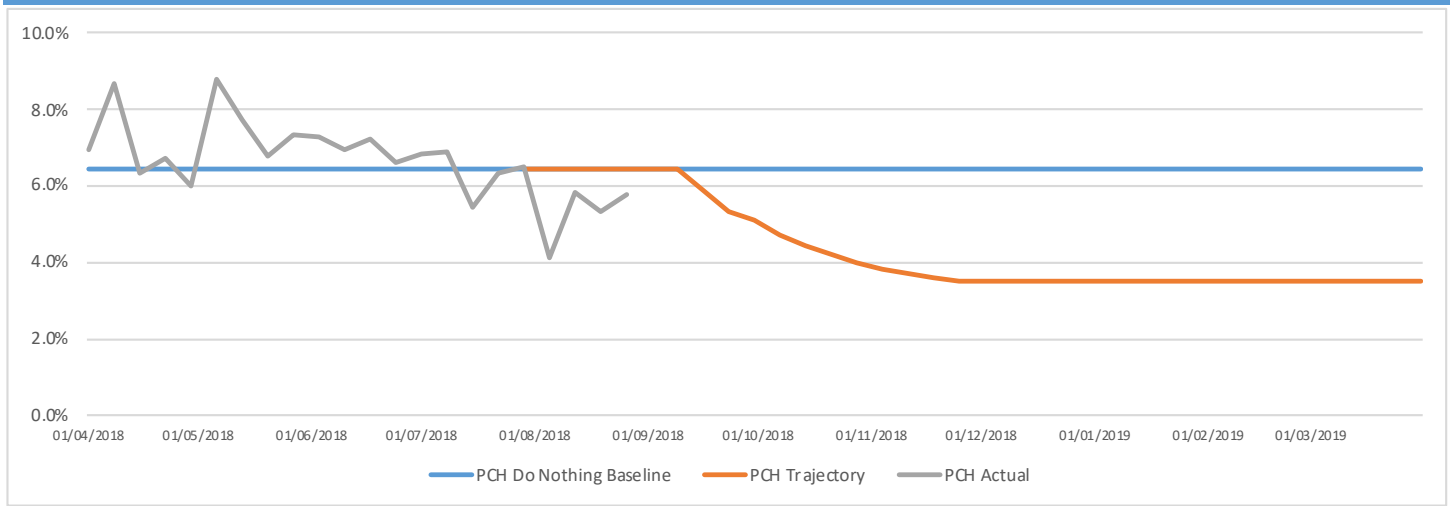


C. BREAKDOWN BY SITE - ACTUAL VS. TRAJECTORY

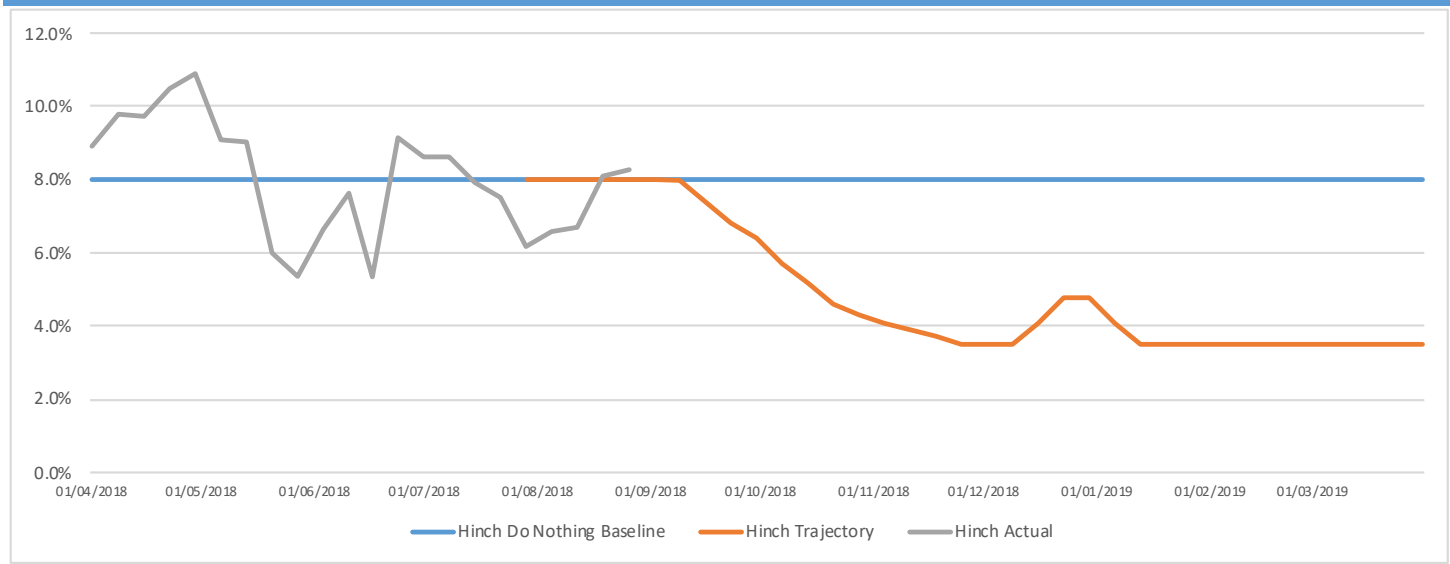
Ci: ADDENBROOKES HOSPITAL



Cii: PETERBOROUGH CITY HOSPITAL

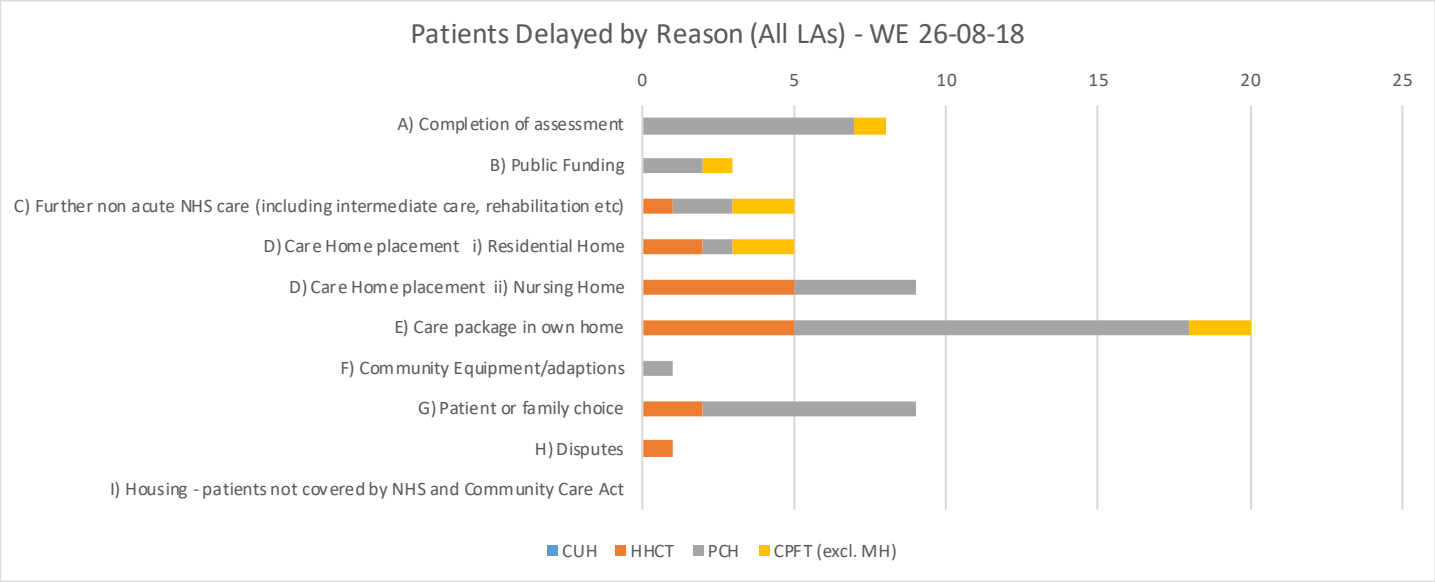


Ciii: HINCHINGBROOK HOSPITAL

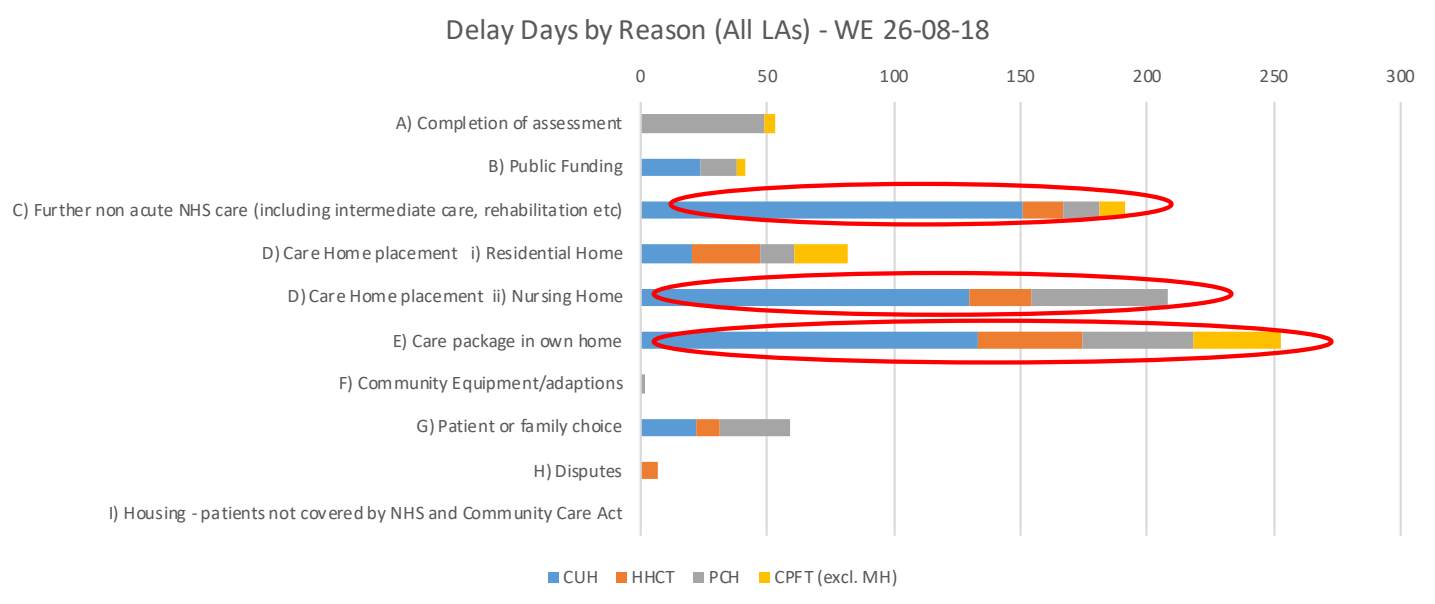


D. DELAYS BY REASON

Di. PATIENTS DELAYED BY REASON (All LAs - WE 26-08-18)

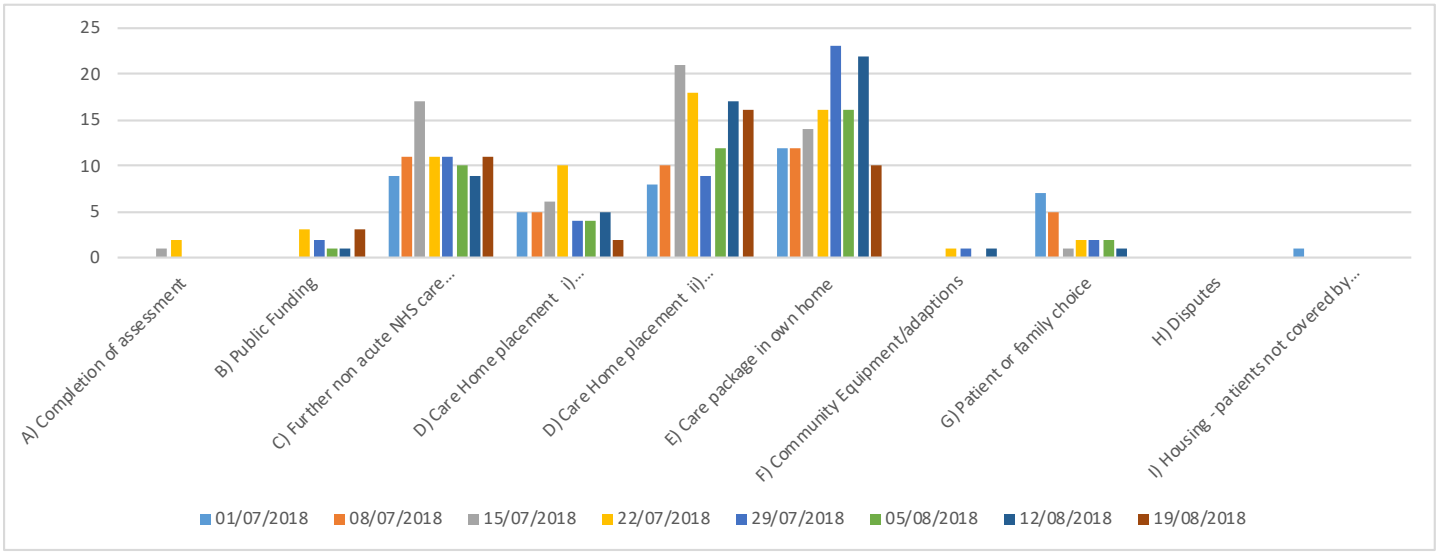


Dii. DAYS DELAYED BY REASON (All LAs) - WE 26-08-18

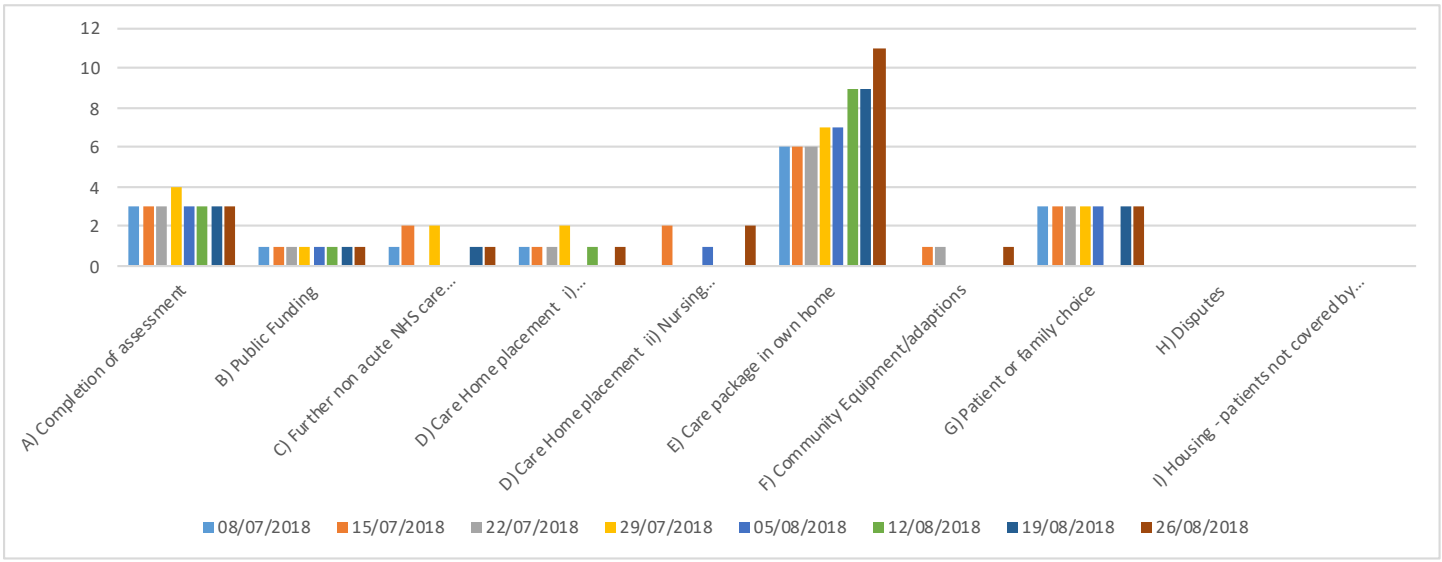


E. DELAYS BY REASON - WEEKLY TREND (last 8 weeks)

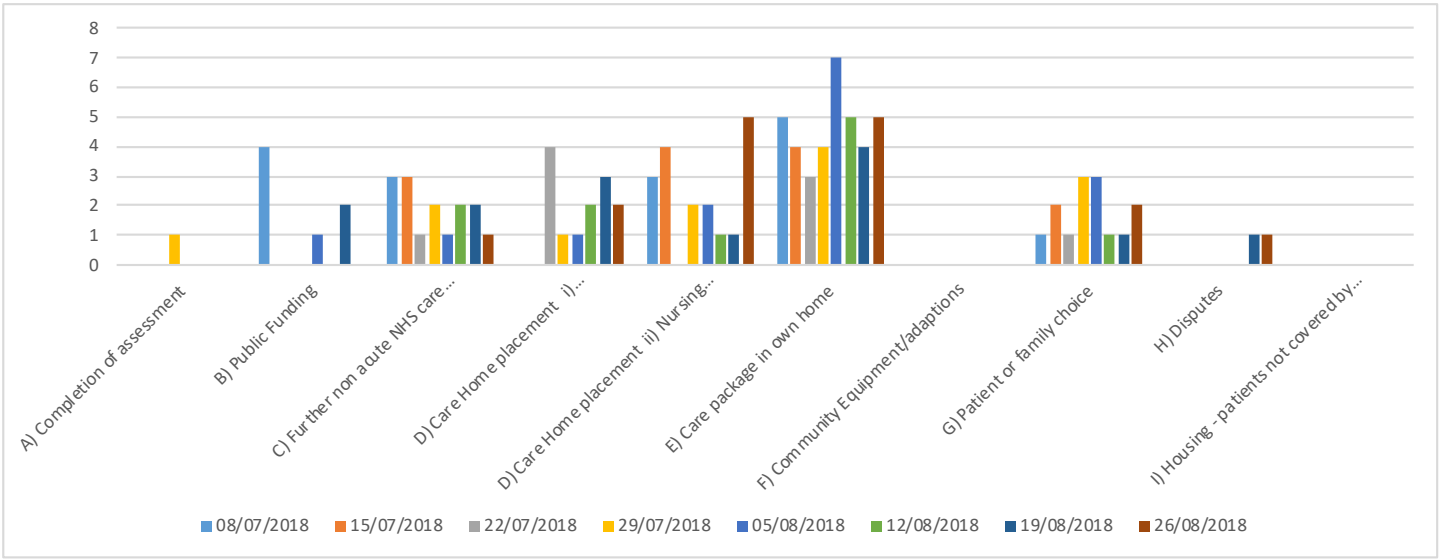
Ei. PATIENTS DELAYED BY REASON (C&P ONLY) - CUH BY WEEK



Eii. PATIENTS DELAYED BY REASON (C&P ONLY) - PCH BY WEEK

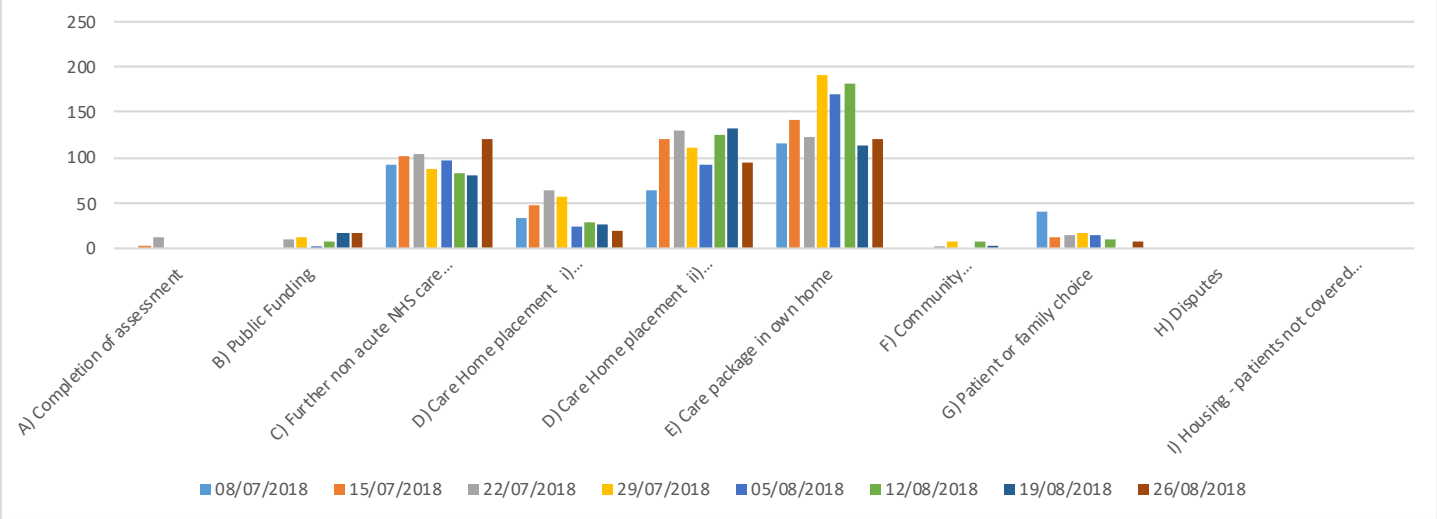


Eiii. PATIENTS DELAYED BY REASON (C&P ONLY) - HH BY WEEK

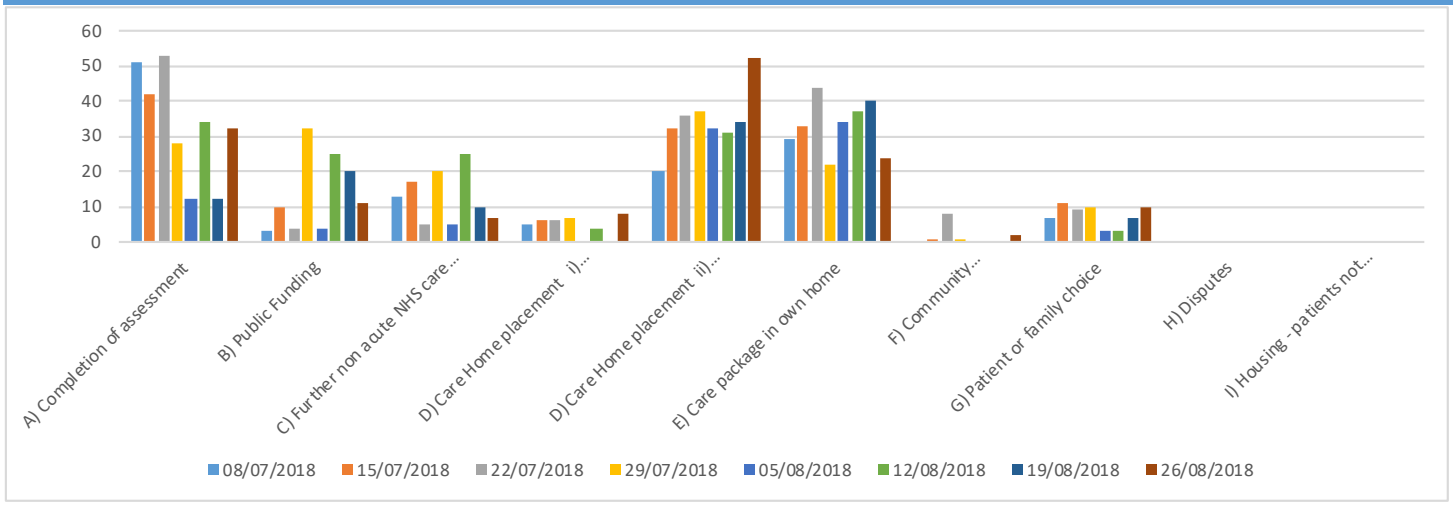


F. DAYS DELAYED BY REASON - WEEKLY TREND (last 8 weeks)

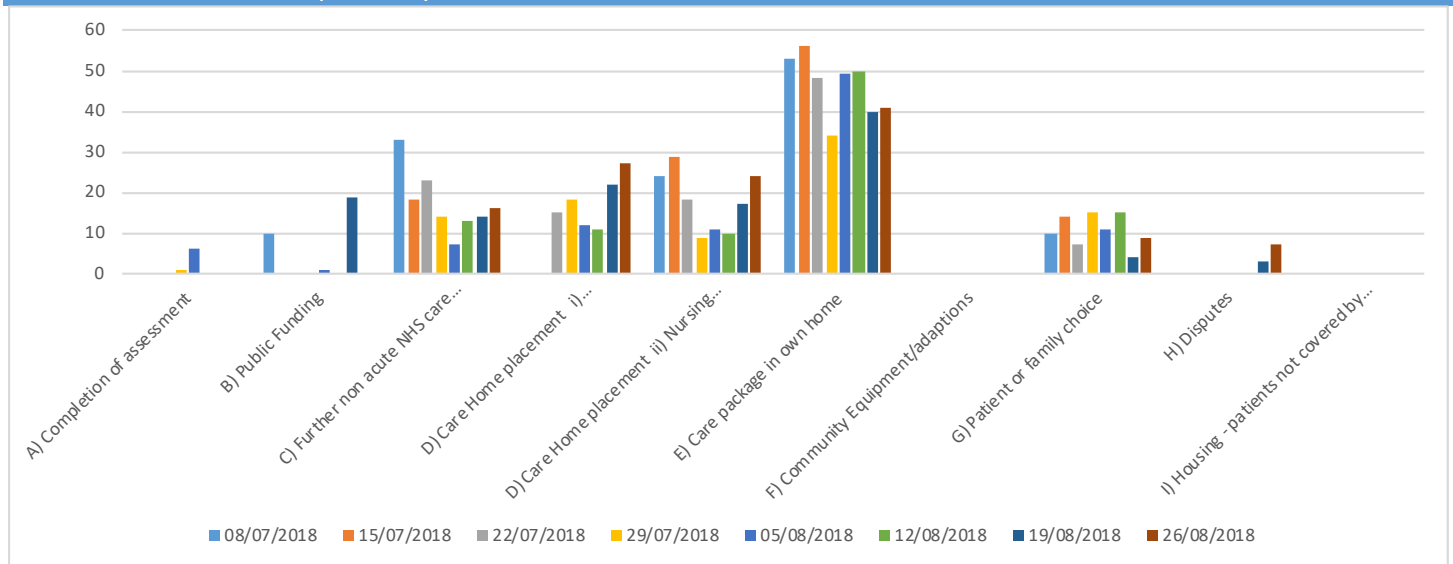
Fi. DAYS DELAYED BY REASON (C&P ONLY) - CUH BY WEEK



Fii. DAYS DELAYED BY REASON (C&P ONLY) - PCH BY WEEK



Fiii. DAYS DELAYED BY REASON (C&P ONLY) - HH BY WEEK



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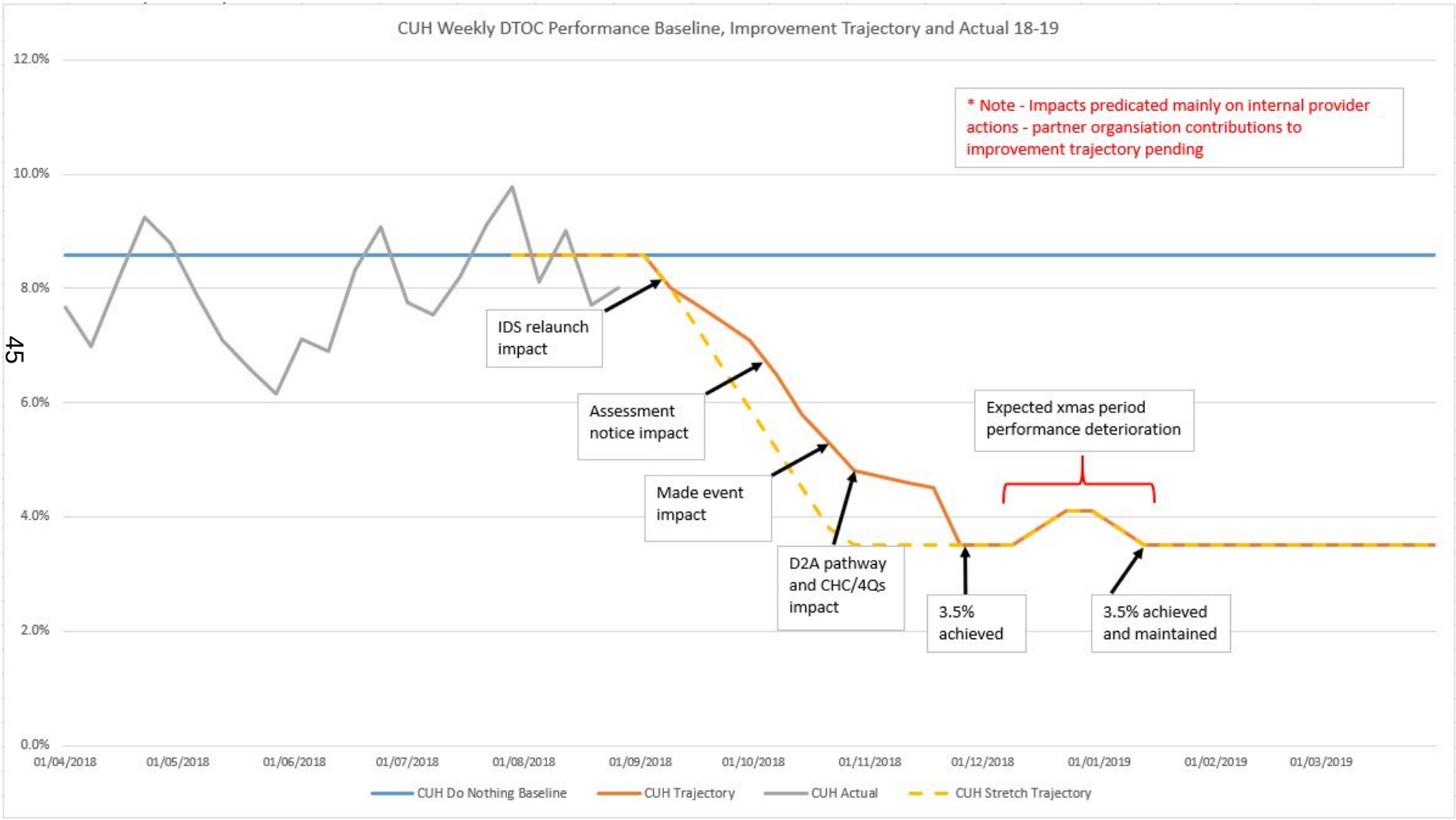
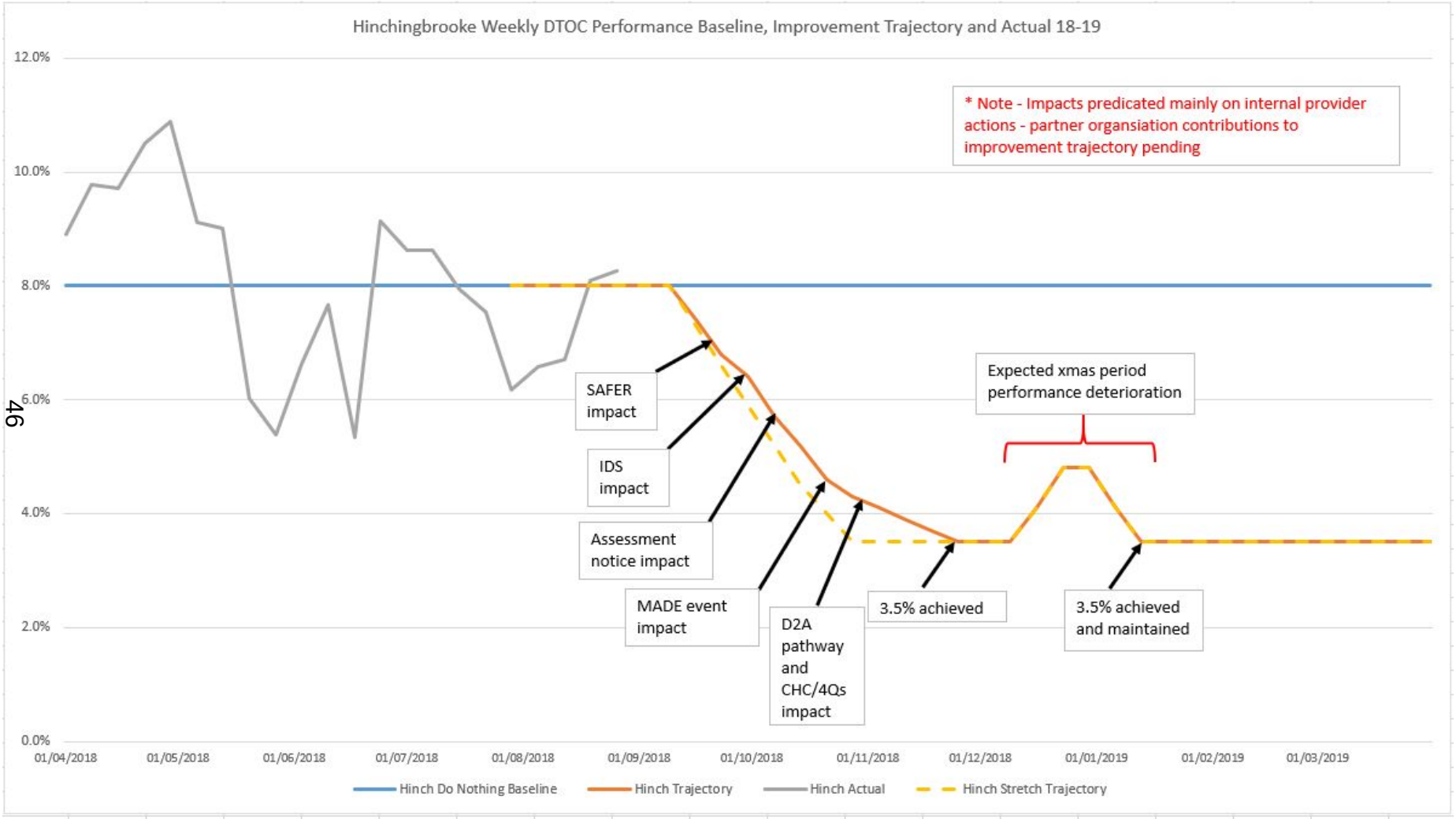
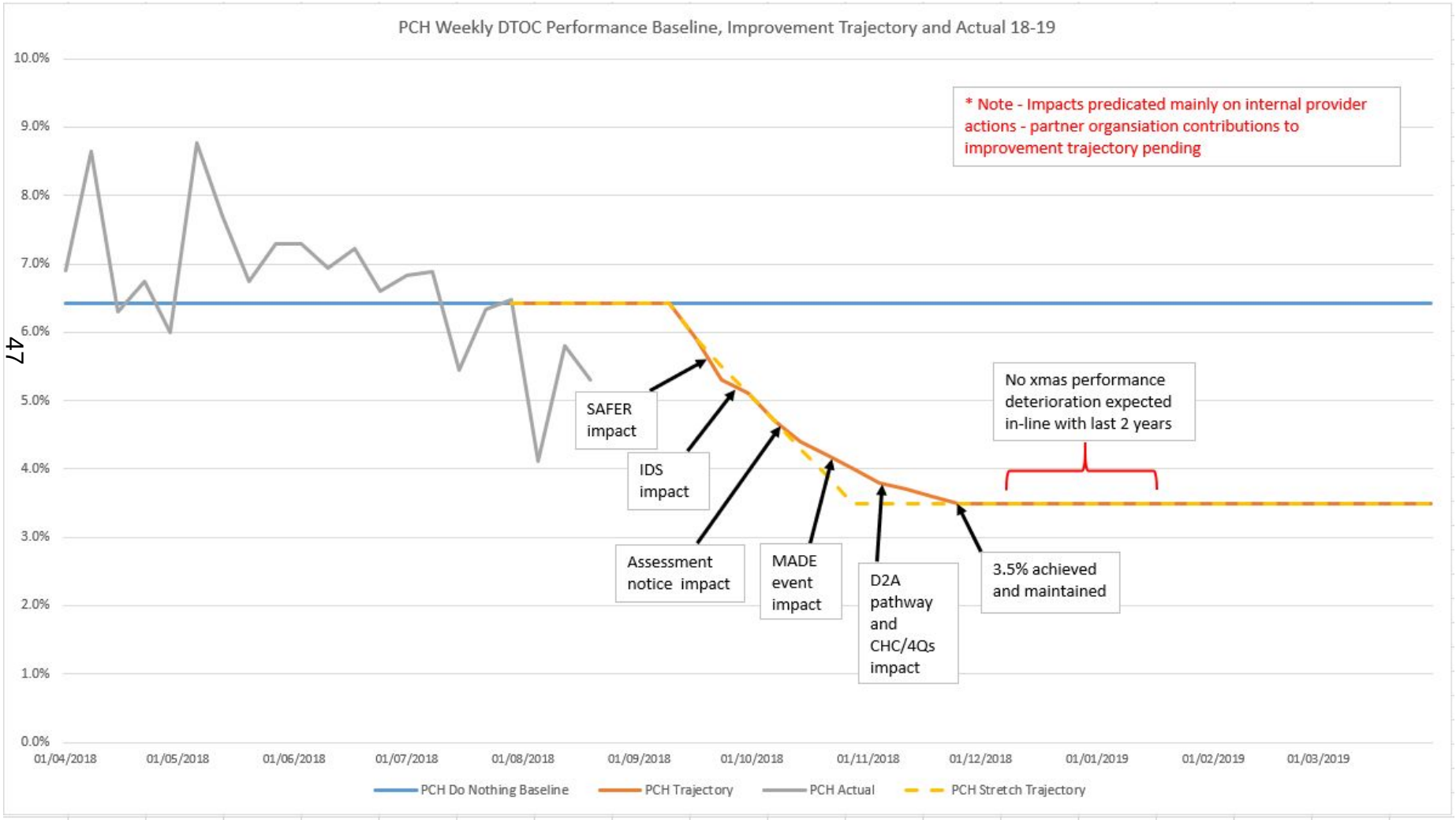
CUH DTOC Trajectory 18-19



Hinch DTOC Trajectory 18-19



PCH DTOC Trajectory 18-19



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THE PETERBOROUGH HEALTH AND WELLBEING BOARD THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 9
20 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Will Patten, Director of Commissioning	
Peterborough City Council Cabinet Member(s) responsible	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Caroline Townsend, Head of Commissioning Partnerships and Programmes	Tel.07976 832188

BETTER CARE FUND – INTRODUCTION OF NEW GUIDANCE

RECOMMENDATIONS	
FROM: Director of Commissioning	**Deadline date:** *N/A*

The Peterborough Health and Wellbeing Board is asked to note and comment on the report and appendices.

The Cambridgeshire Health and Wellbeing Board is asked to note and comment on the report and appendices.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Boards following the publication of the refreshed Integration and Better Care Fund (BCF) Operating Guidance for 2017-19

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide an overview of any key changes for 2018-19.
The publication of the refreshed Integration and Better Care Fund (BCF) Operating Guidance 2017-19 has limited impact on current BCF 2017-19 plans and does not require any formal action by the Health and Wellbeing Boards' members.

2.2 This report is for the Peterborough Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.3.6 '*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. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

4.1 The refreshed Integration and Better Care Fund (BCF) Operating Guidance for 2017-19 was published on 18th July 2018.

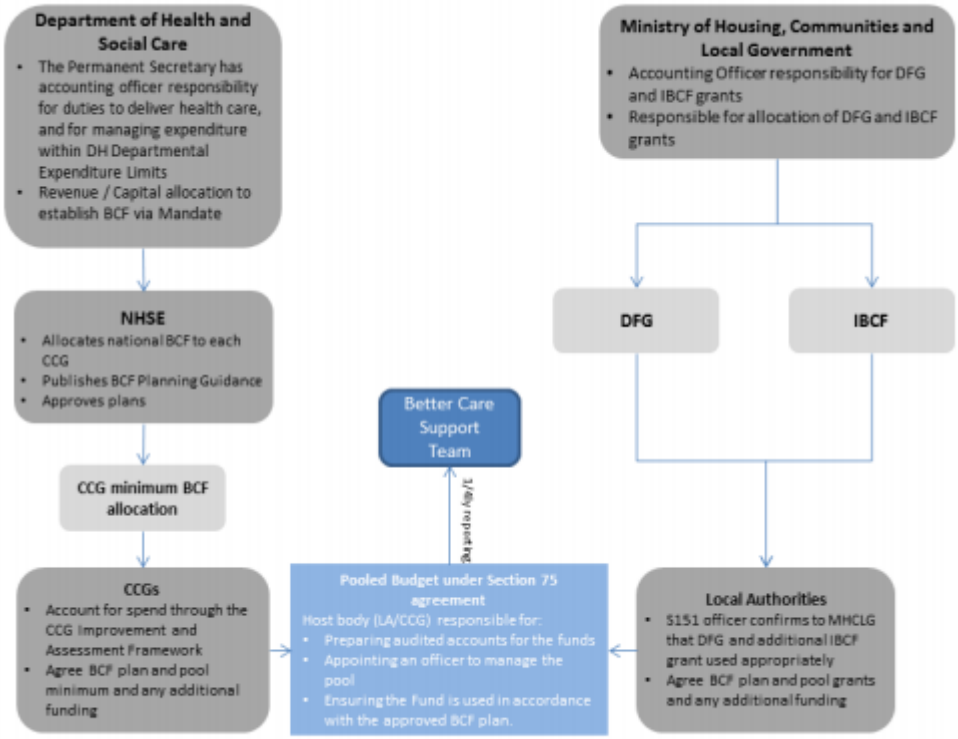
4.2 Both Cambridgeshire and Peterborough submitted BCF plans for 2017-19 to NHS England on the 11th September 2017 following Health and Wellbeing Boards approvals and subsequently received full approval from NHS England in December 2017. These plans cover a two year period and there is no requirement to submit new plans for 2018-19.

4.3 The Integration and BCF Operating Guidance for 2017-19 has been refreshed and continues to provide the framework for the ongoing requirements of the BCF and Improved Better Care Fund (iBCF) as we continue to implement 2017-19 plans throughout 2018/19. There has been minimal change to the operating guidance and the key changes relate to:

- Clarification on the funding arrangements for the BCF and iBCF
- How BCF metrics can be reviewed and refreshed for 2018-19
- Guidance on the NHSE and NHSI national ambition for Reducing Length of Stay by 25% and how this impacts on BCF plans
- Graduation from the BCF

4.4 ***Clarification of the funding arrangements for the BCF and iBCF***

The below diagram sets out the accountability arrangements and flow of funding for the BCF.



In summary, at a national level:
There are three funding streams associated with the BCF, all of which must be transferred into a section 75 pooled budget agreement:

- The BCF funding for CCGs, which is part of NHS England's budget allocation.
- The Improved Better Care Fund (iBCF), which is paid to Upper Tier Local Authorities by the Ministry of Housing, Communities and Local Government (MHCLG).
- The Disability Funding Grant (DFG), which is paid to Upper Tier Local Authorities by MHCLG.

Accountabilities for these funding streams are set out below:

- The NHS England Accounting Officer (the Chief Executive) is accountable for the effective use of the BCF funding allocation to CCGs made by NHS England 3 via the reporting requirements set out in NHS England's mandate from Government.
- LAs (section 151 officers) will be the accountable body, under the terms of their grant agreements, for the DFG and iBCF grant funding that comes from MHCLG. Section 151 Officers (Chief Finance Officers) in local authorities are required to certify that the additional iBCF (the 2017 Spring Budget money) is being used exclusively on adult social care in 2018-19.

4.5 ***Review and refresh of BCF metrics for 2018-19***

There continue to be four national metrics that we are required to report on quarterly in relation to our BCF plans. The below outlines the metrics and the impact of the refreshed guidance on them:

- **Delayed Transfers of Care (DTOC):** targets for 2018-19 will be set nationally and there is an expectation that these targets will replace those submitted in our 2017-19 plans. There is an expectation that we will deliver to target by September 2018 and then continue to maintain or exceed performance. The provisional targets that have been published nationally indicate a slight relaxation of targets across Peterborough and Cambridgeshire, particularly in relation to NHS attributable delays. Although, our national BCF performance will be monitored against these targets, locally system leaders continue to commit to delivery of the 3.5% target; performance of which will exceed BCF expectations. Appendix 1 provides a more detailed overview of the methodology and proposed changes to the DTOC metrics for Peterborough and Cambridgeshire.
- **Non-Elective Admissions:** targets were set for 2018-19 as per the CCG Operating Plans for 2017-19. If any revisions are made to the CCG Operating Plan baseline for 2017-19 this will be sourced nationally from UNIFY data and will be updated automatically.
- **Admissions to residential homes in over 65s:** targets were set for 2018-19 as part of our 2017-19 plans and there is no national requirement to refresh these metrics.
- **Over 65s who are still at home 91 days after discharge from hospital into reablement or rehabilitation services:** targets were set for 2018-19 as part of our 2017-19 plans and there is no national requirement to refresh these metrics.

In addition, a revised guide for counting DTOCs will be published in the coming months, for implementation in October 2018. This aims to bring greater clarity on the process for recording and attributing DTOCs, with a view of reducing the degree of variation across the country.

4.6 ***Length of Stay***

NHS England and NHS Improvement recently set out the ambition for reducing the number of people in hospital who experience an extended stay of 21 days or more by 25%. Local CCGs have been asked to work with local authority partners to agree the local ambitions to support this. BCF plans will support delivery of this reduction through a continued focus on delivering the DTOC expectations (there are no additional BCF metrics being introduced relating to length of stay) and through implementation of the High Impact Change Model (with a particular focus on length of stay to be given in relation to systems to monitor patient flow, seven day services and trusted assessors).

4.7 ***Graduation***

Graduation from the BCF, is an opportunity for areas with advanced integration established to progress beyond the BCF, offering an opportunity for less reporting and oversight. A first wave of expressions of interest in graduation were called for in April 2017. Following discussion locally, including at the Extraordinary Cambridgeshire Health and Wellbeing Board on the 27th April 2017, Cambridgeshire and Peterborough did not submit an application for graduation. Following this round of expressions of interest, there has been no national progression of the graduation process. The refreshed Integration and Better Care Fund Operating Guidance 2017-19 outlines that the first wave of shortlisted areas for graduation will hopefully be confirmed during 2018/19.

National partners will then work with shortlisted areas to test readiness for graduation and co-design the graduation model.

5. CONSULTATION

5.1 None

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 None

7. REASON FOR THE RECOMMENDATION

7.1 The recommendation is for the Health and Wellbeing Boards to note and comment on the contents on this report.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None

9. IMPLICATIONS

Financial Implications

9.1 None

Legal Implications

9.2 None

Equalities Implications

9.3 None

10. BACKGROUND DOCUMENTS

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

10.1 Integration and Better Care Fund (BCF) Operating Guidance for 2017-19

11. APPENDICES

11.1 Appendix 1 - Provisional BCF DTOC metrics briefing note

Better Care Fund

Cambridgeshire & Peterborough

Provisional Delayed Transfers of Care (DTOC) Metrics 2018-19

Briefing Note

Background

The Government's Delayed Discharge Programme Board, chaired by DHSC with representation from other partners including MHCLG, NHSE, NHSI, LGA and ADASS, has agreed to refresh the BCF DTOC ambitions for 2018-19. DTOC ambitions in 2018-19 will be centrally set, but the methodology has been revised in order to reflect the progress made in 2017-18 and to simplify the methodology from last year.

NHS England have informally shared the draft provisional ambitions with local areas. Formal publication of DTOC ambitions is expected through the BCF Operating Guidance for 2018/19, which is expected imminently.

This briefing provides an explanation of the revised methodology and the impact on the local BCF DTOC targets for 2018-19.

Recommendations

1. The Quarter 3 baseline information has been reviewed and we agree locally with the figures published in the Provisional DTOC ambitions.
2. Familiarisation of the new provisional 2018/19 DTOC targets and understand how they fit with local ambitions to deliver the 3.5% target, so we have a clear local articulated target trajectory that we are working to as a system.

National DTOC ambition

The national expectation for 2018-19 is that the number of hospital beds occupied by people whose transfer has been delayed should not average more than 4,000 by end September. This national expectation reflects the Government's Mandate to NHS England for 2018-19 setting an ambition for reducing DTOC, to be met through partnership working between the NHS and local government. This national expectation represents a similar overall ambition to the 2017-18 mandate, which set a deliverable using a different measurement -that delays should not be more than 3.5% of occupied beds. This change is intended to give a clearer read across to local Health and Wellbeing Board (HWB) published performance metrics which are expressed as an average number of people delayed per day.

DTOC ambitions continue to be set at a HWB level as part of BCF plans and are split between Social Care, NHS and Joint delays.

Outline methodology

The DTOC ambitions have been calculated:

- using a 3 month baseline based on Quarter 3, 2017-18 UNIFY data (instead of 1 month as was used in the previous year)
- to deliver the national mandate ambition of fewer than 4,000 daily delays
- to express ambitions in 'delays per day' consistent with the unit utilised in the NHS Mandate and the standard published DTOC metrics.
- to give a specific ambition for each HWB area, comprised of expectations for social care, NHS and joint delays
- cover delays in discharge from Acute, Community and Mental Health trusts.
- based on three bands for social care and NHS delays. These bands are based on the level of DTOCs in each HWB per 100,000 18+ population. The ambitions themselves are expressed as daily delays across the HWB area
- reductions are weighted within each band so that the greatest level of reduction is expected from areas that have the highest levels of delays currently.

The bands utilised in the methodology are as follows:

Baseline	Bands utilised to calculate reductions to arrive at ambitions
NHS	
DTOC rate below 5.5 daily delays per 100,000 18+ population	Maintain that rate
DTOC rate between 5.5 and 7.9 daily delays per 100,000 18+ population	Reduce to 5.5 daily delays per 100,000 18+ population
DTOC rate over 7.9 daily delays per 100,000 18+ population	Reduce delays by 30%
Adult Social Care	
DTOC rate below 2.6 daily delays per 100,000 18+ population	Maintain that rate
DTOC rate between 2.6 and 4.3 daily delays per 100,000 18+ population	Reduce to 2.6 daily delays per 100,000 18+ population
DTOC rate over 4.3 daily delays per 100,000 18+ population	Reduce delays by 40%

What does this mean for Peterborough and Cambridgeshire DTOC metrics?

Peterborough

The Quarter 3 baselines are based on publicised UNIFY data. During October-December 2017, there were a total of 1893 delayed bed days across the Peterborough Local Authority footprint, this equates to an average rate of 20.6 daily delays. The below table provides a breakdown of NHS, Social Care and Joint attributable delays, as well as the per 100,000 population conversion[1].

[1] Peterborough revised 2016 population mid-estimate 147,820 as per NHS England Provisional DTOC Ambitions Guidance.

	Q3 BCF baselines	
	Daily delays	daily delays per 100,000 population
NHS	18.3	12.4
Social Care	0	0
Joint	2.3	1.5
Total	**20.6**	**13.9**

Based on this level of performance in Quarter 3, the following target methodology has been applied to set the 2018/19 provisional DTOC ambitions, which we are expected to deliver by September 2018:

- NHS DTOC rate is above 7.9 daily delays per 100,000 18+ population: we are expected to reduce delays by 30%
- Social Care DTOC rate is below 2.6 daily delays per 100,000 18+ population: we are expected to maintain performance
- Joint DTOC rate: we are expected to maintain performance.

The 2018/19 provisional DTOC targets are outlined in the table below.

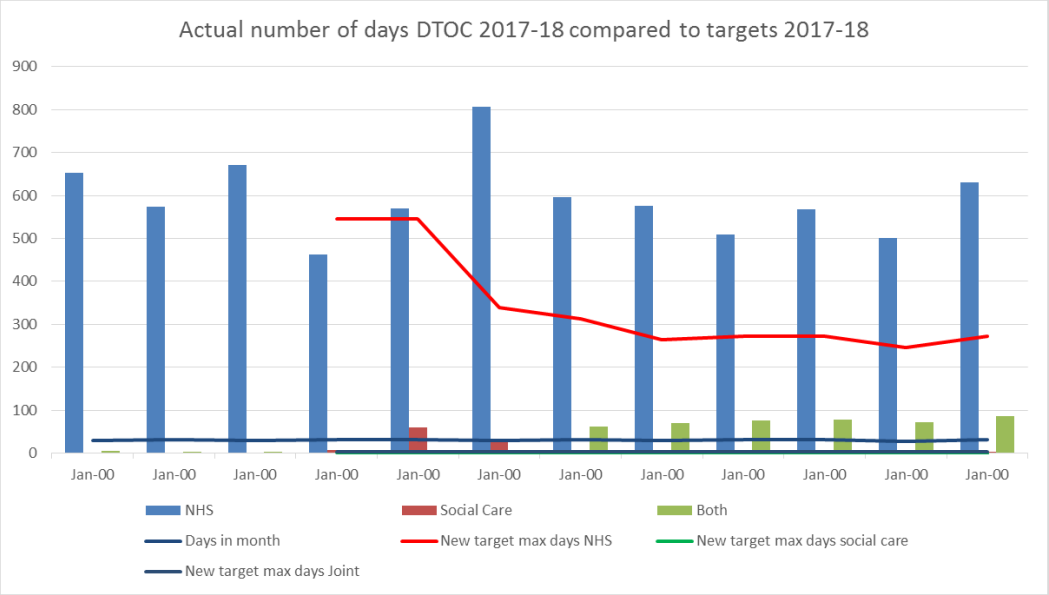
	2018/19 BCF Target - Daily delays
NHS	12.8
Social Care	0
Joint	2.3
Total	**15.1**

2017/18 targets were aligned to the 3.5% DTOC acute footprint target[2]. In terms of comparison against 2017/18 metrics, the new target impact is outlined below:

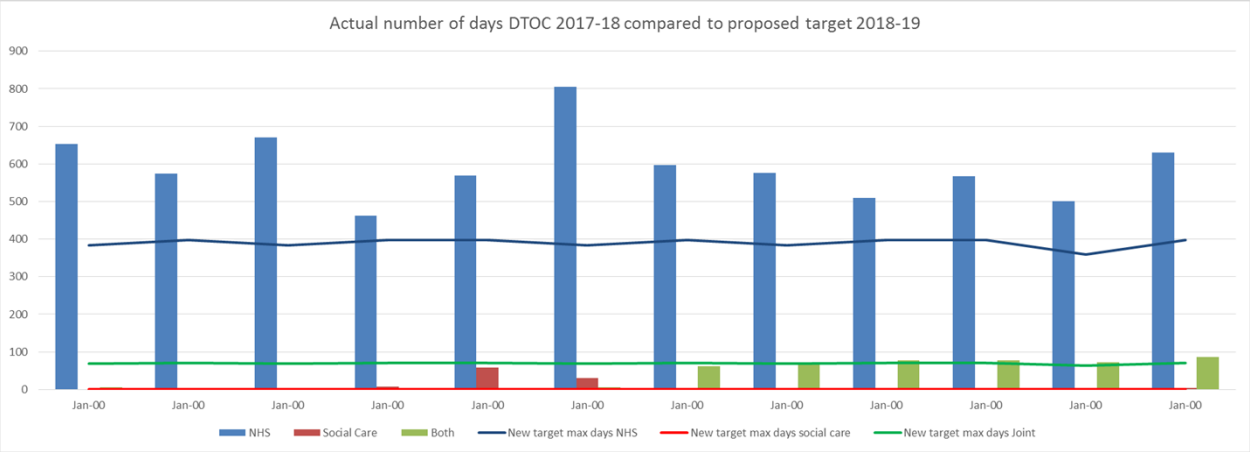
- Continued maintenance of the Social Care attributable delays target (2017/18 target equated to a rate of 0 daily delays);
- Relaxation of the NHS attributable delays target (2017/18 target equated to a rate of 8.8 daily delays);
- Relaxation of the Joint attributable delays target (2017/18 target equated to a rate of 0.1 daily delays).

The below graph outlines actual DTOC performance in 2017/18 against 2017/18 BCF DTOC targets.

[2] NHS England published Integration and Better Care Fund Planning Requirements 2017-19 outlined that the NHS England Mandate for 2017-18 set a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).



The below graph provides a comparison of how 2017/18 performance would map against the provisional 2018/19 BCF DTOC targets.



Cambridgeshire

The Quarter 3 baselines are based on publicised local authority footprint UNIFY data. During October-December 2017, there were a total of 8143 delayed bed days across the Cambridgeshire local authority footprint, this equates to an average rate of 88.5 daily delays. The below table provides a breakdown of NHS, Social Care and Joint attributable delays, as well as the per 100,000 population conversion[3].

[3] Cambridgeshire revised 2016 population mid-estimate 510,855 as per NHS England Provisional DTOC Ambitions Guidance.

	Q3 BCF baselines	
	Daily delays	daily delays per 100,000 population
NHS	59.3	11.6
Social Care	25.6	5
Joint	3.6	0.7
Total	**88.5**	**17.3**

Based on this level of performance in Quarter 3, the following target methodology has been applied to set the 2018/19 provisional DTOC ambitions, which we are expected to deliver by September 2018:

- NHS DTOC rate is above 7.9 daily delays per 100,000 18+ population: we are expected to reduce delays by 30%
- Social Care DTOC rate is above 4.3 daily delays per 100,000 18+ population: we are expected to reduce delays by 40%
- Joint DTOC rate: we are expected to maintain performance.

The 2018/19 provisional DTOC targets are outlined in the table below.

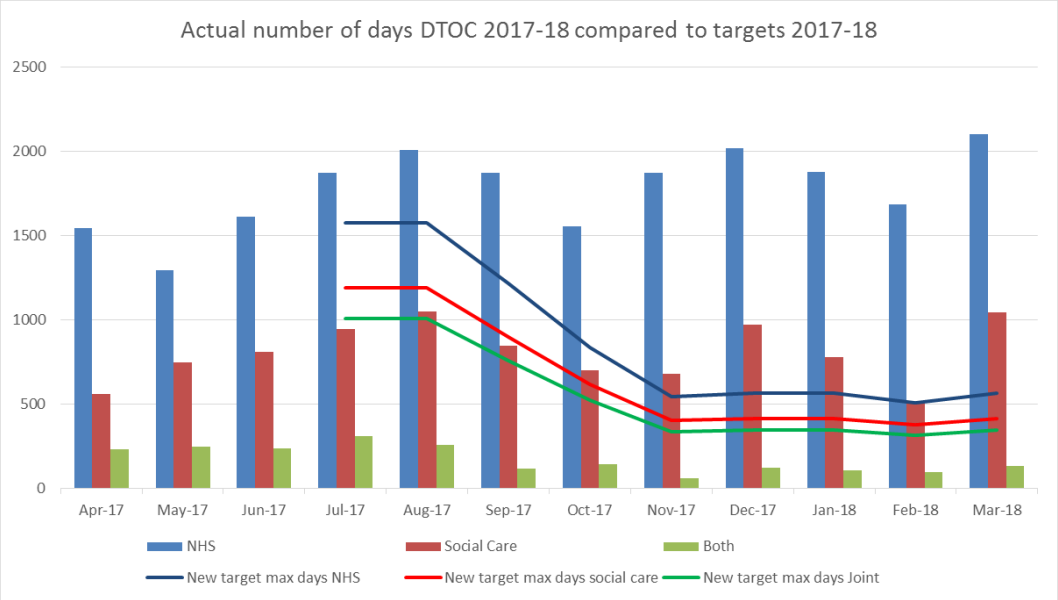
	BCF Target
NHS	41.5
Social Care	15.3
Joint	3.6
Total	**60.4**

2017/18 targets were aligned to the 3.5% DTOC acute footprint target[4]. In terms of comparison against 2017/18 metrics, the new target impact is outlined below:

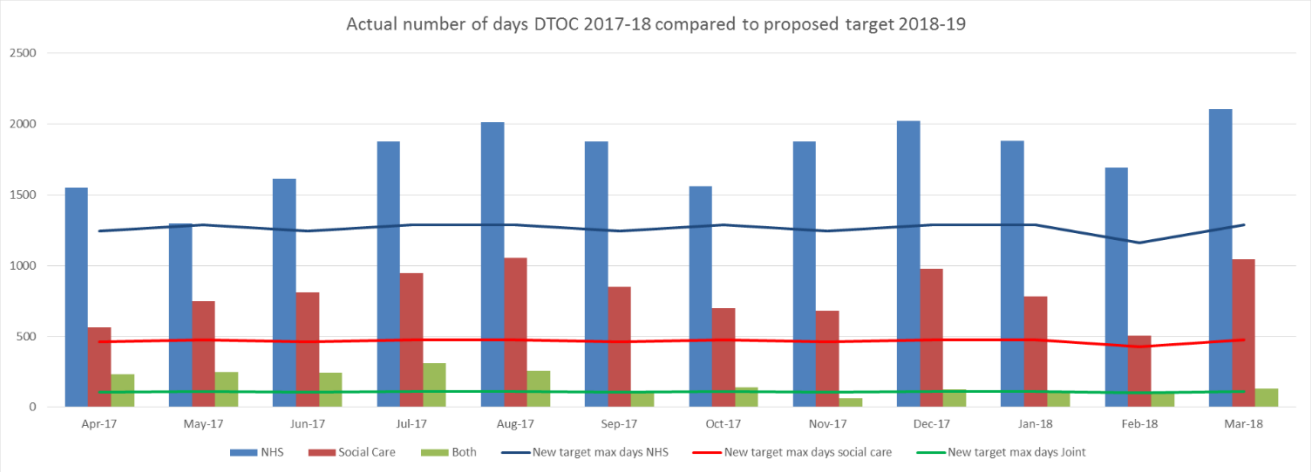
- Marginal relaxation of the Social Care attributable delays target (2017/18 target equated to a rate of 13.5 daily delays);
- Relaxation of the NHS attributable delays target (2017/18 target equated to a rate of 18.2 daily delays);
- Harsher target for Joint attributable delays due to strong performance in quarter 3 (2017/18 target equated to a rate of 11.3 daily delays).

The below graph outlines actual DTOC performance in 2017/18 against 2017/18 BCF DTOC targets.

[4] NHS England published Integration and Better Care Fund Planning Requirements 2017-19 outlined that the NHS England Mandate for 2017-18 set a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equates to the NHS and Local Government working together so that, at a national level, delayed transfers of care are no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).



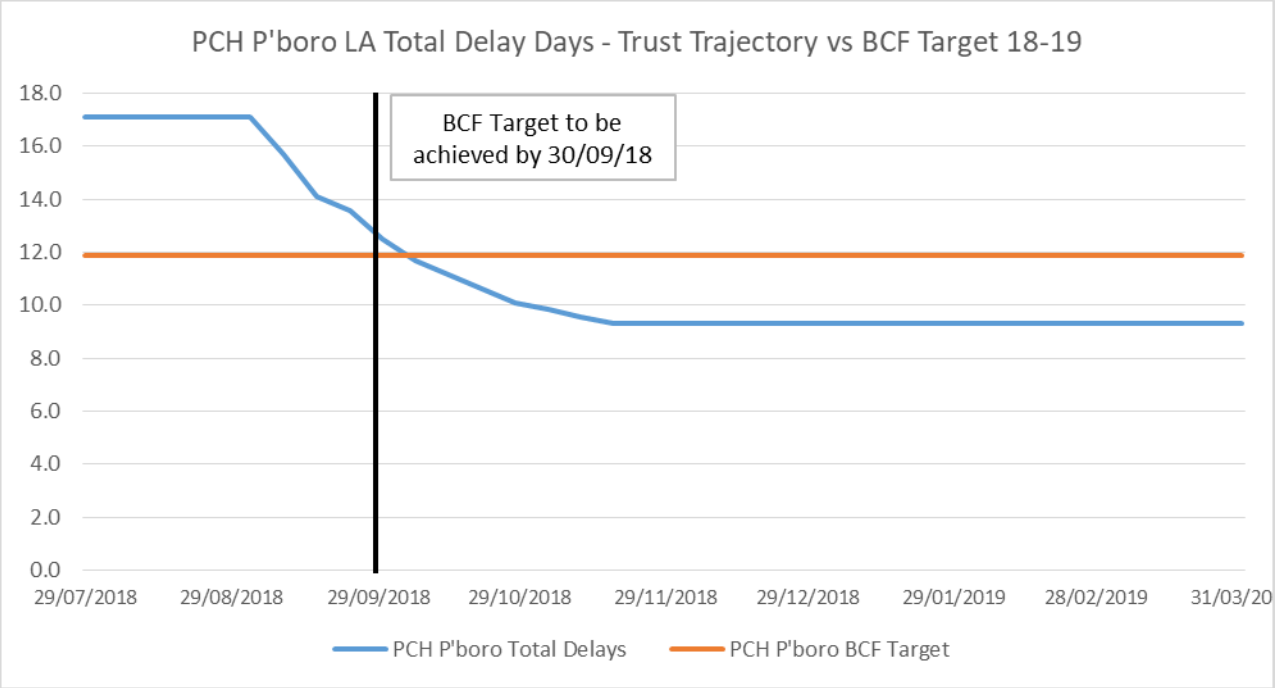
The below graph provides a comparison of how 2017/18 performance would map against the provisional 2018/19 BCF DTOC targets.



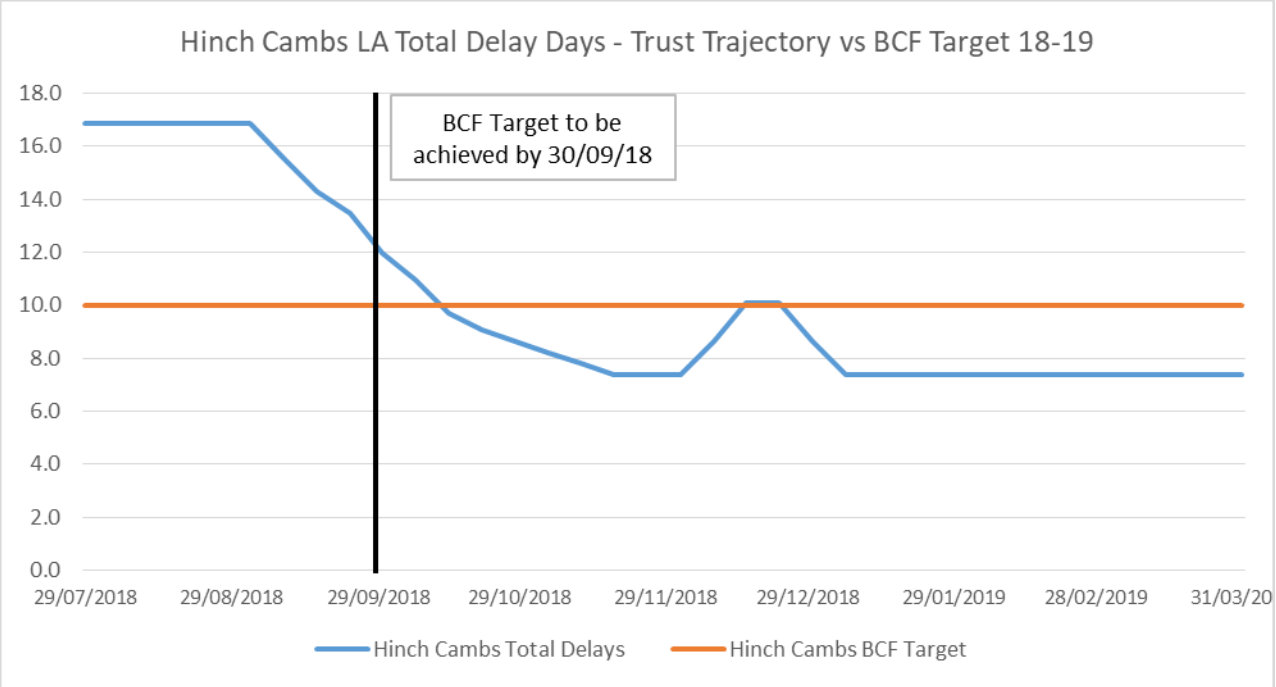
Summary

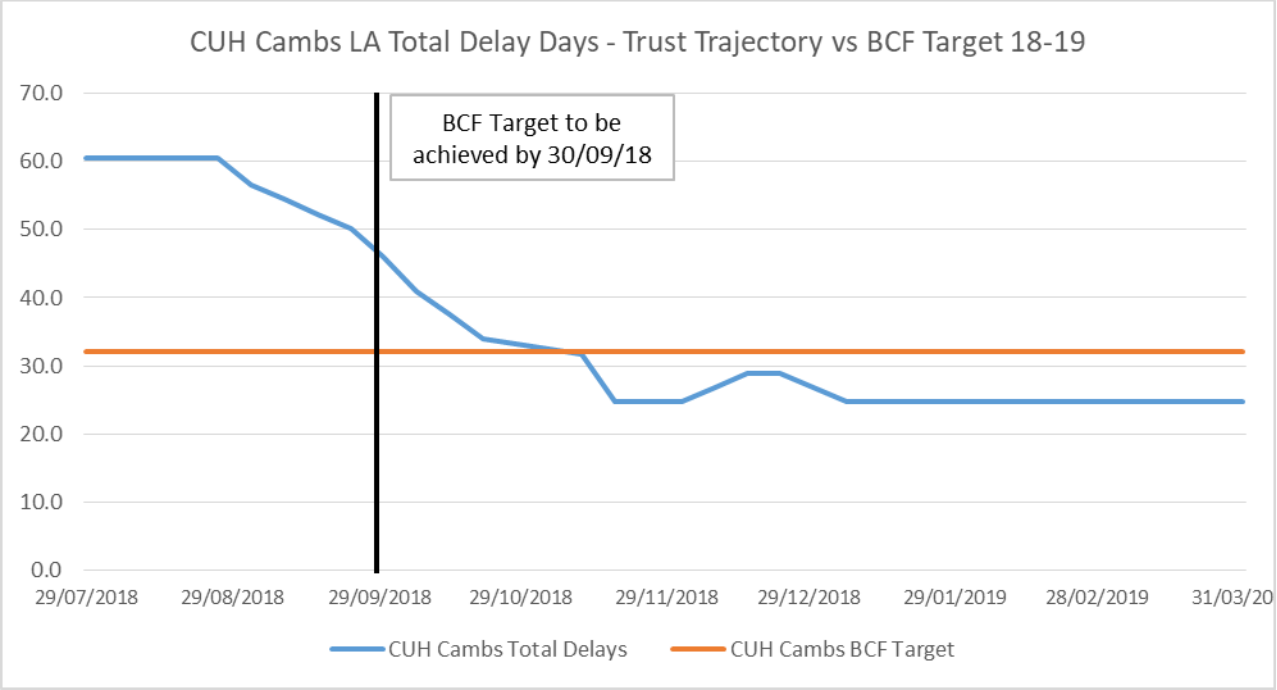
The DTOC expectations for each Health and Wellbeing Board area for 2018/19 are being set nationally and our local Better Care Fund performance will be monitored against these revised targets, some of which represent a relaxation of 2017/18 targets. However, irrespectively, as a system we have senior leadership commitment to deliver the 3.5% locally and this will continue to be our local ambition for DTOCs. Delivery of 3.5% locally will exceed the BCF national expectations, though based on agreed local trajectories for each of the acute footprints, we are unlikely to hit the BCF targets by the end of September, missing this by a few weeks, as outlined in the below comparison graphs.

Peterborough



Cambridgeshire




CUH Cambs LA Total Delay Days - Trust Trajectory vs BCF Target 18-19
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
BCF Target to be achieved by 30/09/18
29/07/2018
29/08/2018
29/09/2018
29/10/2018
29/11/2018
29/12/2018
29/01/2019
28/02/2019
31/03/20
CUH Cambs Total Delays
CUH Cambs BCF Target

THE PETERBOROUGH HEALTH AND WELLBEING BOARD THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 10
20 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn & Liz Robin	
Peterborough City Council Cabinet Member(s) and Cambridgeshire County Council Committee Chairs responsible:	Cllr Lamb, Cabinet Member for Public Health Cllr Smith, Cabinet Member for Children's Service Cllr Ayres, Cabinet Member for Education, Skills and University Cllr Bywater Chair of Children's Policy and Service Committee Cllr Hudson, Chair of Health Policy and Service Committee	
Contact Officer(s):	Wendi Ogle – Welbourn, Exec Director People and Communities Liz Robin, Director of Public Health	Tel: 01733 863749 Tel: 01733 207175

IMPACT OF THE EARLY YEARS SOCIAL MOBILITY PEER REVIEW ON THE WORK OF SERVICES COMMISSIONED BY THE CAMBRIDGESHIRE AND PETERBOROUGH JOINT CHILD HEALTH COMMISSIONING UNIT

RECOMMENDATIONS	
FROM: Wendi Ogle-Welbourn and Dr Liz Robin	**Deadline date:** *N/A*

It is recommended that the Peterborough Health and Wellbeing Board

- Note and comment on recommendations from the Early Years Social Mobility Peer Review
- Note and comment on plans to develop an Early Years Strategy which will support the wider redesign and integration of relevant children, young people and families services

It is recommended that the Cambridgeshire Health and Wellbeing Board:

- Note and comment on recommendations from the Early Years Social Mobility Peer Review
- Note and comment on plans to develop an Early Years Strategy which will support the wider redesign and integration of relevant children, young people and families services

1. ORIGIN OF REPORT

1.1 This report is submitted to the Peterborough and Cambridgeshire Health and Wellbeing Boards following:-

The Early Years Social Mobility Peer Review and consequent Joint Child Health Commissioning Units plans to review the delivery of Health Visiting and School Nursing, Children Centres, Early Years Education and Early Help Services across Cambridgeshire and Peterborough.

2. PURPOSE AND REASON FOR REPORT

2.1 To provide Peterborough and Cambridgeshire Health and Wellbeing Boards with information on and opportunity to comment on The Early Years Social Mobility Peer Review and consequent Joint Child Health Commissioning Units plans to review the delivery of Health Visiting and School Nursing, Children's Centres, Early Years Education and Early Help Services across Cambridgeshire and Peterborough.

The Joint Child Health Commissioning Unit has been working with the providers of health visiting, school nursing services and children's centres, to review the delivery of the Healthy Child programme; the purpose being to consider a more integrated approach to delivery and achieve the savings required in response to reductions in the public health grant and the ongoing local authority's financial challenges.

The Local Government Association have been looking to develop an early years sector led improvement offer and Cambridgeshire and Peterborough were one of only two areas selected to pilot an Early Years Social Mobility Peer Review.

Following the peer review the Joint Child Health Commissioning Unit has reviewed its approach to the delivery of a more integrated Healthy Child Programme, to take into account recommendations from the review.

2.2 This report is for the Peterborough Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.3.5.:

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.

2.3 This report links to the Peterborough Children in care Pledge: Health - We will support you to live a healthier lifestyle and ensure you are offered regular health checks and supported to attend these.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

4.1 The peer review was undertaken by experienced officer peers, whose make-up reflected the requirements and focus of the review. The review team were asked to focus on three key lines of enquiry in relation to early year's social mobility: Leadership; Wider Child Family & Health Services; Partnerships.

Early years social mobility focuses on differences in early childhood development linked to more general socio-economic disadvantage, which are associated with inequalities in communication skills and readiness to start and succeed at school.

The approach involved reviewing a range of documentation and data from across services in both local authorities, interviews with a range of staff and they also undertook visits to observe practice in child care settings. Inevitably it was not possible to cover all potential material in the time available, and one omission was the political oversight and scrutiny carried out by the Cambridgeshire County Council Health Committee.

Recommendations from the peer review:

- Carry out a mapping exercise around needs, services and expertise across the different locations.

- Develop a multi-agency early years / 0-5 strategy and clarify governance arrangements.

- Develop an integrated 0-5 outcomes framework which specifically references speech, language and communication with aspirational targets to enable the identification of trends, deficiencies and areas of good practice.

- Review the service specification and delivery model of the community health offer pre-birth to age 5, including the role of the Family Nurse Partnership.

- Ensure that the Speech & Language Therapy offer is easily accessible for families, particularly for those who are disadvantaged and where services are not being accessed by parents.

- Ensure all practitioners are engaging with the Early Help offer at the earliest opportunity and that the Integrated Review is embedded consistently to promote positive outcomes, and appropriate timely early intervention.

- Afford high priority to the Social Mobility Offer Area in Fenland and East Cambridgeshire to drive innovation in the wider early year's system.

The Wisbech Literacy Project, Early Help in Peterborough and the START Programme in Peterborough were highlighted as very positive with words used such as dynamic and transformational.

The Review identified that there is strong committed leadership across both Peterborough and Cambridgeshire, recognising that the shared Executive Management Team arrangement provides a platform to share ideas, good practice and achieve better outcomes for children. It also identified that political leaders across both local authorities are committed to ensuring that children have the best start in life.

In response to the recommendations of the peer review the Joint Child Health Commissioning Board met with providers of health visiting, school nursing, children's centres, early year's education and early help.

It was agreed that following the peer review and desire to deliver more integrated services that need to be provided for less money we needed to consider a more transformational approach.

We agreed:

- Current service delivery to achieve public health, community health, social care and early education outcomes to be considered together and not separately
- Development of appropriate governance of a transformational programme to deliver outcomes
- Development of an early years strategy
- Research into 'what works' to deliver the outcomes we want
- Development of a design group and stakeholder events

Our overall objective being to deliver services that have the best chance of achieving the outcomes we want, that represent the best value for money; that do not duplicate, but complement each other and improve service users experiences.

5. CONSULTATION

5.1 In developing an Early Years Strategy and the transformation of services there will be

engagement with a wide range stakeholders, including service users, staff and wider health, education and social care and housing services.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The outcome of the Peer Review demonstrates that there is a commitment to prioritise early years, including speech language and communication needs across the whole system and good multi-agency work. This provides the opportunity to bring all the strands together in a multi-agency strategy for early years to ensure that all children in Peterborough and Cambridgeshire have the best start in life.

7. REASON FOR THE RECOMMENDATION

7.1 Although the peer review was not an inspection it provided a critical friend approach to challenge the local authorities and their partners in assessing their strengths and identifying their own areas for improvement. Having been given this opportunity, reflecting on the recommendations to move forward and improve outcomes, should be considered a priority.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None

9. IMPLICATIONS

Financial Implications

9.1 Services will need to be designed and developed within a reducing resource envelope.

Legal Implications

9.2 None

Equalities Implications

9.3 The work of the Joint Child Health Commissioning Unit, with providers of Health visiting, School nursing, Children's Centres, Early year's education and Early Help services will ensure robust needs analysis that will identify and address equality issues and challenges.

9.4 Vulnerable groups such as children in care, those with special educational needs and disabilities will be considered within the Early Years Strategy.

10. BACKGROUND DOCUMENTS

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

10.1 Peterborough & Cambridgeshire Early Years Social Mobility Pilot Peer Review Final Report.

11. APPENDICES

11.1 Appendix 1 - Peterborough & Cambridgeshire Early Years Social Mobility Pilot Peer Review Final Report.

Local Government Association

Peterborough & Cambridgeshire Early Years Social Mobility Pilot Peer Review

24-27 July 2018

Feedback Report

1 Executive Summary

There is strong, committed leadership across both Peterborough and Cambridgeshire. The shared Executive Management Team arrangement provides a platform to share ideas, good practice and achieve better outcomes for children from the respective early years/early help services. There are challenges, including recruitment and retention of professional staff and budget reductions but this also provides opportunities to deliver services in different ways.

The lack of a multi-agency early years strategy means that not all partners understand how early years, early help and early support join together with the aim of ensuring that services are provided to families in a way that is right for them. There are examples of good practice in settings that can be shared with other providers.

Political leaders across both local authorities are committed to ensuring that children have the best start in life. However, there is a lack of challenge, or scrutiny at a political level around the early years agenda. There is an opportunity to ensure that the proposed multi-agency strategy is scrutinised across a range of governance arenas.

Data has been used to inform innovative projects but there is potential to use data in a more meaningful way. The Wisbech Literacy project was a good example of data being used to show the impact of withdrawing the project on literacy levels. The project has been reintroduced and rolled out to three other areas.

The START programme in Peterborough is transformational and could be used as a model for future projects in terms of governance, planning and community engagement.

There is a lack of clarity around strategic leadership in health which creates issues for accountability and responsibility. Community health provision for 0-19 services is delivered by two providers, with two different approaches and midwifery services provided by three others. There is an opportunity to look at the delivery models, identifying the best practice from each and ensuring that the right resources are targeted to the right areas to achieve Better Births and Best Start outcomes.

Where services work together there is a positive impact on children and their families. There are some good examples where Early Years Area Special Educational Needs Co-ordinators (SENCOs) and Portage Home Visitors have made a real difference to people's lives.

The recent review of the Speech and Language Therapy service has resulted in the introduction of a credible new approach, based on the Balanced System model. However, practitioners in a variety of other services expressed concern about access to routine advice, and to service drop-ins. The 'drop-in' model does not seem to be consistent and access to some drop-in clinics is challenging due to lack of available slots and this has an impact on disadvantaged families.

The Integrated Review at age 2 to 2½ years is not consistently being applied across the two local authority areas. This is partly due to health visitor capacity.

Training for staff involved in Early Years across both local authorities is seen as good but different charging mechanisms may be a barrier to access. Childminders would benefit from access to the full range of courses.

Early Help Assessments and requests for Education, Health and Care Plans (EHCPs) are being used as a referral mechanism for services by some practitioners. This may be due to the lack of understanding around thresholds or the role of settings in early intervention. The number of EHCPs completed before Reception is low across both local authorities and parents felt that early identification in the early years settings was a contributory factor.

Partners want to get things done and there are good working relationships around school clusters. A willingness to work together and share learning has created a positive culture with the aim of improving outcomes.

Early Help in Peterborough is dynamic and it is embedded across all services. Strategies are in place for 2020 when the Troubled Families funding ends to ensure the services are sustainable.

There are opportunities to work with the Library Service to improve language and literacy. The Fenland and East Cambridgeshire Social Mobility Opportunity Area should also be a driver for innovation.

Overall there is a commitment to prioritise early years, including speech, language and communication needs across the whole system and good multi-agency work at practitioner and setting level. There is an opportunity to bring all the strands together in a multi-agency strategy for early years/0-5s to ensure that the children in Peterborough and Cambridgeshire have the best start in life and are 'school ready'.

2 Summary of the peer review approach

The fundamental aim of the review is to help councils and their partners work together to improve outcomes for children.

It is important to remember that a review is not an inspection; it provides a critical friend approach to challenge the councils and their partners in assessing their strengths and identifying their own areas for improvement. The approach involved reviewing a range of documentation and data; interviewing a range of staff from early years settings, council and health commissioners, parent representatives and provider organisations. Visits to settings were carried out alongside a range of focus group sessions. It is important to recognise that the findings are based on this range of activity. Peterborough and Cambridgeshire together with their partners are encouraged to reflect on what the findings mean in relation to the area as a whole.

The peer team

Peer reviews are delivered by experienced officer peers. The make-up of the peer team reflected your requirements and the focus of the peer review. Peers were selected on the basis of their relevant experience and expertise and their participation was agreed with you. The peers who delivered the peer review at Peterborough and Cambridgeshire were:

- **Lead peer** – Sarah Newman, Deputy Director, Children's Services, Portsmouth City Council
- **Operational Peer Early Years –** Stephanie Douglas, Head of Service, Early Years, Doncaster MBC

- **Operational Peer – Education –** Rebecca Sherwood, Executive Headteacher, Kintore Way Nursery School & Children's Centre, Bermondsey
- **Health Peer** – Sarah Baker, LGA Health Associate
- **Specialist Peer** – Ben Lewing, Senior Adviser, Early Intervention Foundation
- **Review Manager** – Jill Emery , LGA

3 Scope and Focus

On the 12th December, 2017, the Department for Education (DfE) launched *Unlocking Talent, Fulfilling Potential: A plan for improving social mobility through education*. Over the course of five ambitions the DfE social mobility action plan sets an overarching vision of no community left behind. Ambition One is to close the word gap in the early years. Strong foundations in early years enable children to start school in a position to progress. Gaps in development are most effectively tackled at the earliest opportunity, focussing on key early language and literacy skills, so that all children can begin school ready to thrive.

A key strand within the DfE social mobility action plan is a focus on sector led improvement across Early Years provision, driven through peer challenge and support. The DfE is working with the Local Government Association (LGA) to develop the sector led improvement offer and in particular to stimulate local discussion about how the councils and their partners can become more effective in delivering improved outcomes for children at this crucial stage in their development

Peterborough and Cambridgeshire councils, through their shared senior management teams, expressed an interest to be one of the pilots for this Early Years Social Mobility Peer Review. The specific purpose of these reviews is to look at speech, language and communication.

The peer review team were asked to focus on three key lines of enquiry:

Leadership

- Lead members and senior leaders understand the population, the challenges they face and the impact that the provision of a good early years offer, focused on language and communication development can have

Wider Child, Family & Health Services

- There is an effective model of support for all children including disadvantaged families to be school ready and which is widely communicated, understood and accessible
- There is a shared approach across all services to tackle the barriers that disadvantaged families face and there are strategies in place to address these

Partnerships

- There is a shared vision for early years delivery and a common understanding of the challenges, opportunities and what works including resources being targeted at those children and families with the greatest needs
- Partners (including the voluntary sector organisations) join up different initiatives and projects to ensure families and children experience services that are joined up and seamless

4 Main Findings

4.1 Leadership

There is a strong commitment to put children and families at the centre of an early years system that makes sense for them. We heard from a range of senior leaders and practitioners, all of who talked passionately about the work they do and what they are aiming to achieve. The aim is to be ambitious, innovative and creative through system leadership.

There are dynamic and creative practitioner teams who are keen to learn and work together to make a difference. We saw examples of good practice in the two early years settings that were visited by the team. The early years teams who support schools and early years providers, have begun to work collaboratively to provide a 'joined-up' offer for providers across both the sector and both local authorities. Similarly, the support brokered for children with complex needs at transition points by the Portage Home Visitors and the early years practitioners in both health and education was exceptional in Peterborough. The right families were accessing the children's centre and it was a hive of activity. There was evidence of good multi-agency work to support disadvantaged families. The learning environment was well thought out and promoted the use of natural open-ended resources, children were highly motivated and were observed independently accessing resources.

The 'place based' approach is assisting creative thinking across both authorities and we saw how this could be an opportunity to broaden thinking across traditional boundaries of geography and professional disciplines. A good example was the Wisbech literacy project that has now been rolled out to three other areas.

Elected members are working well together to ensure there is an effective early year's offer across the two authorities. Although this joint working is relatively new there was a consensus that 'politics are left at the door and it is about children'. There is a political willingness to explore new ways of working. Members are involved in the Education Shared Programme Board which works across the two local authorities to look at ways education services can be improved.

There is a shared understanding of the challenges including:

- the recruitment and retention of social workers, teachers and health visitors,
- inequalities in areas of deprivation and
- reducing budgets, creating opportunities to deliver differently.

The priority actions identified by local partners using the Early Intervention Foundation's Maturity Matrix are supported by this review.

There is a lack of a holistic early years strategy that reflects the key elements of Better Births, Healthy Child Programme and Early Years Foundation Stage. We heard that there are challenges within this, and comments made included:

- 'Early years – we fumble with it- we need to bring it together'
- 'The early years agenda needs a push'
- 'School readiness is a joint agenda – health, local authority and community, and it starts at the earliest point – pre-birth'
- 'Are we all clear what our strategies and priorities are and are we moving in the same direction'
- 'We need to avoid 'narrowing the gap' fatigue and going for a quick fix'

- ‘We need to take risks – it’s the only way to survive’

An early years strategy would clarify the graduated offer across universal, targeted (Universal Plus) and specialist (Universal Partnership Plus) provision but needs to be aligned with the emerging Special Educational Needs and Disability (SEND) strategy. It will also be an opportunity to create a shared language so everyone understands what early years means and outcomes for all aspects of early years are clear.

The multi-agency governance and scrutiny arrangements for the whole 0-5 agenda are unclear. There has been no political scrutiny around early years in either authority either by a Scrutiny Committee in Peterborough or at a committee level in Cambridgeshire. Health scrutiny appears to be absent in relation to early years. Scrutiny and challenge should form an integral part of the multi-agency early years strategy with links to the joint Safeguarding Children’s Board and Health and Wellbeing Board.

There is some confusion across the workforce about the relationship between early years, early support and early help in Cambridgeshire – the model is clear but the implementation and delivery is less well understood.

The use of data to explore what is working and to secure funding for community initiatives is good. One example we heard about was the Wisbech literacy project set up to promote home learning for disadvantaged children. By analysing data it was identified that following the withdrawal of the initial scheme, literacy levels dropped in this group. The project has now been reintroduced following investment and includes a further three local areas. Data is also used to good effect in sufficiency planning.

We did find that there is a wealth of data across the system that could be used to better effect to identify vulnerable cohorts and influence shared decision making. This is an opportunity to identify gaps and what could be done differently. The team was really impressed with the START initiative in Peterborough which is considered transformational with good governance, strategy, planning and community engagement. Practitioners are referencing this initiative in their practice to engage families in driving school readiness and it was promoted in the Queensgate shopping centre. There is a question about how it is being promoted with the ‘hard to reach’ groups for example the traveller community.

There is a lack of clarity about the strategic lead for health and the interface between the Clinical Commissioning Group (CCG), Director of Public Health (DPH) and Community Health providers. The peer team found it difficult to identify who the strategic lead was and this was reinforced through our interviews with staff and partners.

The way that the two community health providers operate is different. For example in Cambridgeshire there is a focus on achieving the Best Start mandated checks which might impact on meeting other aspects of service delivery. Joint working with GP’s is different in each area with greater alignment in Cambridgeshire and a geographical approach in Peterborough. There is a good opportunity to rethink the service specification, delivery model and outcome framework for community health provision as it is being brought together across the 2 local providers. This will help identify what is needed in the workforce and what will work best in achieving ‘Working Together’ arrangements. However, it will be important to ensure that health visitors across Peterborough and Cambridgeshire are fully involved in the redesign.

Currently Cambridgeshire health visitors do not feel they are involved in future planning.

4.2 Wider Child, Family & Health Services

The team heard that when the system works together the impact for the child and family is a positive experience. One particular example was from a childminder in Peterborough. The cohesive support and advice she had received from a range of early years services had proved invaluable in enabling her to confidently provide care for a child with complex needs over an extended period of time.

Early Years Area SENCOs and Portage Home Visitors in Peterborough are valued across settings and this is supported by Family Voice in Peterborough who represents parents and carers of children with Special Educational Needs and Disabilities. Children with SEND are accessing nursery provision and generally able to attend the school of their choice.

The unborn baby panel is highlighted as a good multi-agency approach across both authorities. The panel brings together social workers, legal advisors, health visitors and children centre staff to discuss how unborn babies can have the best start in life with the necessary support.

This leads to the question of how 'early' early intervention is or should be in Cambridgeshire and Peterborough, both in the terms of the life course and the development of problems. The pre natal and ante natal periods are critical to achieving this. Some speech, language and communication needs are influenced by what happens before children are born, and intervening at the age of 3 may seem more like late intervention. Other speech, language and communication needs can be met through support from universal or targeted services rather than waiting until an issue becomes a problem that needs a more specialist intervention. A consistent understanding should be part of the local approach to an early years strategy and provide clarity around when early intervention should start across services and settings.

Investment has been secured to relaunch the Wisbech Project to promote home learning environments and this will be offered in another three areas.

Every Child A Talker (ECAT) and ELKLAN training are seen as strengthening the skills of practitioners to support speech and language within the children's centres and settings across both local authority areas

There is a good quality training offer across both local authorities although the Private, Voluntary and Independent (PVI) sector does experience difficulties attending training due to the need to maintain staffing ratios. Childminders would also benefit from full access to the courses on offer. The different charging mechanisms across the two local authorities need to be reviewed to ensure access is equitable.

Although the voice of the parent is strong there was limited evidence of the voice of the child and this could be stronger to inform the early years offer. We heard that both authorities were getting the views of older children but there was no evidence of the voice of 0-5 year olds. The START leaflet examples had comments from children that did not seem appropriate for the pre-school age group.

There was evidence that some settings are using Early Help Assessments and Education and Health Care Plan requests as a referral mechanism for services rather than understanding their role in the early intervention system. This would appear to be an issue around the understanding of thresholds for services. This will need to be clarified to ensure that families have access to the right services at the right time. The revised threshold document for both authorities should begin to address this as long as it is communicated and understanding is checked, across all partners and settings.

The role of the Family Nurse Partnership is not well integrated in either the early years or early help offer with take up rates being particularly low with only 20% of those eligible receiving the service. Attrition rates are also high.

The recent changes to the Speech and Language Therapy Service have had mixed reviews. Although the concept of the Balanced System model is sound, the delivery mechanisms are causing difficulties for some parents, particularly those who are disadvantaged with limited income. We were told that parents could attend drop-ins, only to be told there were no slots available and had to return on another day. Similarly, due to lack of transport and cost some parents were unable to access the clinics. This has the capacity to delay interventions or cause parents not to attend at all. There was also a perceived lack of understanding of the role partners need to play in the new service arrangements.

Concerns were expressed from the workforce about the availability of perinatal mental health services. Lack of support for those mothers who need mental health support will have a significant impact on the experience of the baby and young children at a formative stage of their lives.

Safeguarding leads for Early Years are promoting a joined up approach to child protection. Appropriate safeguarding training is available through both the safeguarding board and the early years training but it is essential that this is accessible for childminders..

The Integrated Review is not yet embedded consistently and in some areas is dependent on health visitor capacity especially in Cambridgeshire. In Peterborough the model is much stronger across the early years setting and therefore there is recognition by the workforce that the process can be effective.

The number of EHCPs completed before Reception year are low in both Peterborough and Cambridgeshire. In Peterborough there were no EHCPs completed at age 2 and only 1 at age 3. There is then a significant rise at age 4 with 26 and 58 at age 5. In Cambridgeshire there were 12 at age 2, 27 at age 3, 118 at age 4 and 158 at age 5.

Parents felt that there are issues with early identification in the early years settings and practitioners are not starting the process early enough. The question is whether they should be completed earlier so early support is provided for young children with SEND.

There is also a need to understand the gap in the SEND offer for 0-2 year olds in Cambridgeshire. In discussion, this was perceived to be the role of health. There was a lack of clarity as to the pathway a parent would follow to receive support. Similarly, both authorities should consider reviewing the process for parents to sign up for the 2 Year Old Entitlement to childcare. Take up is lower than the national

average and feedback from parents and practitioners indicated that the sign up process was a barrier to take up due to the complexities of the systems.

4.3 Partnerships

We found that practitioners are keen to get things done and there is good professional engagement around school clusters in both local authority areas Transition was seen as a positive experience and we were told that parents said ‘we had wonderful transition’. Another positive comment was that the ‘transitions speed dating was really useful’.

There is a positive culture across both authorities and a willingness to share learning and work together to improve outcomes. This offers an opportunity to consider an integrated, consistent offer of support to early years settings, across both local authorities, including workforce development. There are also challenges that will need to be addressed in terms of a language, culture and the diverse nature of the two areas.

The approach to early help in Peterborough is dynamic and there are strategies in place to be sustainable post Troubled Families funding 2020. Early help is embedded across all services and it provides a seamless service for families.

Public Health is leading an integrated bid to promote early literacy to support school readiness which involves health partners and the two local authorities.

There is a joint commissioning arrangement for children’s services which is overseen by the Executive Director – People and Communities, Public Health and the CCG.

There are some high performing settings who are developing networks and offering peer support and there are opportunities to expand this further to drive innovation particularly in the specialist sector. Private, Voluntary and Independent providers of early years services want be involved in, and consulted on, new ways of working.

There is an exciting opportunity to work with the library services who are very keen to engage in the 0-5 agenda. Libraries hold data about usage of service which could provide rich information for targeting support in areas where library services are not being accessed. Libraries already provide a place-based approach to language and literacy which is not being fully maximised, particularly in early years.

The work of the Fenland and East Cambridgeshire Social Mobility Opportunity Area can be a significant driver in terms of funding for innovation in the development of communication, language and reading in the early years and support for those with SEN and this should be explored. The model can also be used to roll out to other areas.

Key early years indicators are not yet driving aspirational outcomes.

5 Key Messages

- There is real energy to prioritise early years provision across the whole system and this can be used to promote aspiration for children and system leadership
- Strong leadership across the two local authorities is promoting a learning culture which should enable the authorities and their partners to bring together best practice and share this across the local area.
- The conceptual model of Speech and Language Therapy Services is rational but the delivery needs to be reviewed to ensure that children from disadvantaged families can access services.

- Observed practice across two early year settings was impressive. There was clear information available which was accessible for families, good intervention and the impression that the right families have access to the right services
- There was evidence of good multi-agency working through a number of early intervention panels which was enabling families to access services at an early stage.
- There needs to be strong leadership across **all** partners to deliver the early years/0-5 agenda and in particular health.
- The aspiration for the 0-5s which is clear at a leadership level is not yet being clearly articulated to frontline practitioners and settings.

6 Recommendations

From the peer team findings there are some key recommendations for the local authorities and their partners:

- Carry out a mapping exercise around needs, services and expertise across the different locations to support 'place based' working and capacity planning
- Develop a multi-agency early years/0-5 strategy and clarify the governance arrangements to ensure that challenge and formal scrutiny is built into the delivery and it is clear where accountability and responsibility sits.
- Develop an integrated 0-5 outcomes framework which specifically references speech, language and communication with aspirational targets to enable the identification of trends, deficiencies and areas of good practice.
- Review the service specification and delivery model of the community health offer pre-birth to age 5, including the role of the Family Nurse Partnership to ensure that resources are appropriate and directed to the identified areas of need
- Ensure that all practitioners are engaging with the Early Help offer at the earliest opportunity and that the Integrated Review is embedded consistently across both local authority areas to promote positive outcomes in terms of health and wellbeing and learning and development, in order to facilitate appropriate and timely early intervention
- Ensure that the SALT offer is easily accessible for families, particularly for those who are disadvantaged and that where services are not being accessed by parents, checks are made to ensure that the child's needs are being met.
- Afford high priority to the Social Mobility Offer Area in Fenland and East Cambridgeshire to drive innovation in the wider early years system

7 Next Steps

The Local Government Association would be happy to discuss how we could help you further through Rachel Litherland, the LGA's Principal Adviser, e-mail Rachel.litherland@local.gov.uk Tel: 07795 076834 or Andrew Bunyan, Children's Improvement Adviser, e-mail Andrew@abdcs.co.uk Tel 07941 571047

Thank-you to everyone involved for their participation. In particular, please pass on thanks from the review team to Helen and other team members for help prior to the review and during the on-site phase.

THE PETERBOROUGH HEALTH AND WELLBEING BOARD THE CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 11
20 SEPTEMBER 2018	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director, People and Communities, Peterborough and Cambridgeshire Councils	
Peterborough City Council Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald, Cabinet Member for Integrated Adult Social Care and Health	
Contact Officer(s):	Charlotte Black, Service Director Helen Gregg, Partnership Manager	Tel.01733 863618

HEALTH & SOCIAL CARE SYSTEM PEER REVIEW

RECOMMENDATIONS	
FROM: Wendi Ogle-Welbourn, Executive Director, People and Communities, Peterborough and Cambridgeshire Councils	**Deadline date:** *N/A*

It is recommended that the Peterborough Health and Wellbeing Board consider the content of the report and raise any questions

It is recommended that the Cambridgeshire Health and Wellbeing Board consider the content of the report and raise any questions

1. ORIGIN OF REPORT

1.1 This report is submitted to the Peterborough and Cambridgeshire Health and Wellbeing Boards following a proposal presented to both Health and Wellbeing Boards at their joint meeting held on 31 May 2018.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to update Cambridgeshire Health and Wellbeing Board and the Peterborough Health and Wellbeing Board members with progress on preparing for the LGA Health & Social Care System Peer Review.

2.2 This report is for the Peterborough Health and Wellbeing Board to consider under its Terms of Reference No. 2.8.2

2.8.2.1. To bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wellbeing of the community.

2.8.2.2 To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents.

2.8.2.3 To influence commissioning strategies based on the evidence of the Joint Strategic

Needs Assessment.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	**NO**	If yes, date for Cabinet meeting	N/A

4. BACKGROUND AND KEY ISSUES

4.1 Please refer to the HSC System Peer Review Briefing (Appendix 1) which includes background information to the Care Quality Commission (CQC) Local System Area Reviews, a link to CQC's Beyond Barriers Report (which details their findings from the 20 area reviews carried out), the scope and key lines of enquiry for the peer review and details on the peer review team members.

From the 20 areas reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems. Health and care services can achieve better outcomes for people when they work together.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

In light of the findings CQC have made the following four recommendations to local and national leaders including government:

1. An agreed joint plan that sets out how older people are to be supported and helped which in turn, guides joint commissioning decisions over a multi-year period
2. A single framework for measuring the performance of how agencies collectively deliver improved outcomes for older people
3. The development of joint workforce plans with more flexible and collaborative approaches to staff recruitment, retention and development
4. New legislation to allow CQC to regulate systems and hold them to account for how they work together to support and care for older people.

The purpose of the peer review is to help direct us to meet the first 3 recommendations and to prepare us for a local system area review.

The onsite programme takes place between 24 and 27 September (please refer to Appendix 2 for the current draft programme).

During the onsite programme, peers will visit the Cambridge University Hospital in Cambridge and the City Care Centre in Peterborough, during which they will look at live patient records, visit wards and observe a range of meetings. The peer team will also undertake a case file audit before they arrive onsite.

5. CONSULTATION

5.1 A proposal was presented to the Health & Care Executive on 21 June and was approved.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 It is anticipated the peer review will assist in helping the health and social care system prepare for a possible CQC area review.

7. REASON FOR THE RECOMMENDATION

7.1 Although the peer review is not an inspection it provides a critical friend approach to challenge the local authorities and their partners in assessing their strengths and identifying their own areas for improvement.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 None

9. IMPLICATIONS

Financial Implications

9.1 There are no financial implications. The peer review cost is being covered by the Local Government Association.

Legal Implications

9.2 There are no legal implications.

Equalities Implications

9.3 There are no equalities implications.

10. BACKGROUND DOCUMENTS

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

Beyond Barriers Report
https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

11. APPENDICES

11.1 Appendix 1 HSC peer review briefing
Appendix 2 HSC draft programme

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HEALTH & SOCIAL CARE PEER REVIEW
DATES: 24-27 SEPTEMBER 2018

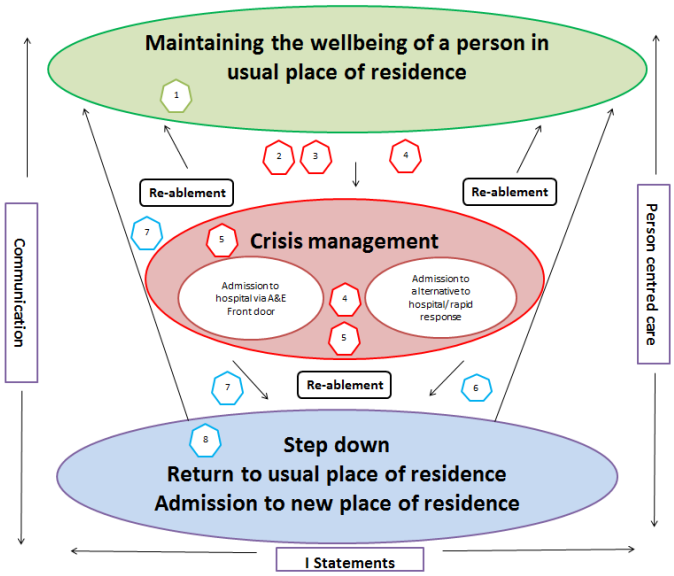
BACKGROUND

Following the budget announcement of additional funding for adult social care in 2017, the Care Quality Care Commission (CQC) was requested by the Secretary of State for Health to undertake a programme of local system area reviews.

20 area reviews were undertaken in 2017/18. The reviews were system wide and looked at the quality of the interface between health and social care and the arrangements and commitments in place to use the Better Care Fund to reduce delays in transfer of care. The scope also considered:

- How do people move through the system and what are the outcomes for people?
- What is the maturity of the local area to manage the interface between health and social care?
- How can this improve and what is the improvement offer?

Below is a diagram showing the main operational themes:



The reviews looked specifically at how people move between health and social care with a particular focus on people over 65 years old and what improvements could be made. They included services such as:

- NHS Hospitals
- NHS community services
- Ambulance services
- GP practices
- Care homes
- Residential care services

The reviews also considered pressure points such as:

- Maintenance of people's health and wellbeing in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP / urgent care centres / community health services / social care
- Varied access to alternative hospital admission
- Ambulance interface

- Voluntary sector interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to and transfer from reablement and intermediate care tier services

CQC have now published their final report: Beyond Barriers. The report identifies the following common themes:

https://www.cqc.org.uk/publications/themed-work/beyond-barriers-how-older-people-move-between-health-care-england

In the systems reviewed, CQC found individual organisations working to meet the needs of their local populations. But they did not find that any had yet matured into joined-up, integrated systems.
Health and care services can achieve better outcomes for people when they work together. Joint working is not always easy.

The health and social care system is fragmented and organisations are not always encouraged or supported to collaborate.

An effective system which supports older people to move between health and care services depends on having the right culture, capability and capacity.

CQC looked for effective system-working and found examples of the ingredients that are needed. These include:

- A common vision and purpose, shared between leaders in a system, to work together to meet the needs of people who use services, their families and carers
- Effective and robust leadership, underpinned by clear governance arrangements and clear accountability for how organisations contribute to the overall performance of the whole system
- Strong relationships, at all levels, characterised by aligned vision and values, open communication, trust and common purpose
- Joint funding and commissioning
- The right staff with the right skills
- The right communication and information sharing channels
- A learning culture

Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.

In the local systems reviewed, people were not always receiving high-quality person-centred care to meet their needs, or getting their care in the right place.

Peer Review
Peer reviews are a constructive and supportive process with the central aim of helping areas to improve. They are not an inspection nor award any form of rating judgement or score. Reviews are delivered from the position of a 'critical friend' to promote sector led improvement.

The peer challenge process is a learning process and will help the health and social care system to assess its current achievements and to identify those areas where it could improve.

Following a scoping discussion with the Local Government Association (LGA), the following two questions and supporting key lines of enquiry have been agreed by the Health Care Executive:

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

KLOEs

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

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

KLOEs

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

Programme

The peer review dates are 24-27 September 2018. The peer team will interview system leaders, commissioners, service leads, operational staff, service users and carers. The peers will also review written documents from strategic plans to randomly selected case files regarding service users.

PEER REVIEW TEAM

CATHY KERR -CO-TEAM LEADER

A Director with over 8 years' experience as statutory Director of Adult Social Services (DASS) and extensive work in both the NHS and local government over a career of 35+ years. I have managed significant operational services and budgets, and led major change programmes; hospital resettlement, health and social care integration, and most recently establishing a single Adult Social Services 'shared service' to serve two local authorities. I describe myself as outward looking, with a readiness to try new ways of working, and a commitment to high quality support, and delivery.

I trained many years ago as a social worker, and gained front line experience in 2 London boroughs, before moving into more senior roles outside London, initially in NHS provider services, then as senior NHS commissioner, before moving back into local government as Assistant Director with responsibility for establishing and managing integrated services. I was DASS for 2 London Boroughs until April 2017, where again the integration of health and care – and wider partnerships- was a key part of my role.

Since leaving my recent role as DASS, I have worked as a Care and Health consultant choosing assignments which allow me to use my expertise – particularly around integration – to support care and health systems. Key assignments in the last year:

- Special Advisor on the Care Quality Commission (CQC) Area Reviews. I supported CQC in developing the review methodology and acted as Special Advisor on 11 out of the 20 reviews. The reviews focus on the 'patient journey' and how services work together to support people to stay in their own homes; to 'step up' at time of crisis; and 'step down' following hospital admission. I have taken particular responsibility for 'well led' aspects of the reviews, interviewing and engaging with front line staff and senior leaders, including elected members and chief officer staff from local government, the NHS and partner organisations. Feedback, from both CQC and local systems, has confirmed that my supportive and open approach has been instrumental in ensuring positive outcomes for local systems.
- Association of Directors of Adult Social Services (ADASS). I have undertaken a number of assignments including; developing a new leadership programme with partner Newton; I ensured ADASS needs were met and the first programme was implemented to plan in Spring 2018; representing ADASS in national NHSE led programme on DTOC / BCF – supporting the continued development of joint working at a national level; providing specialist support on behalf of ADASS in recent high risk case of major care provider failure; currently leading review of ADASS policy function.

KATHERINE FOREMAN-CO-TEAM LEADER

An experienced board level clinician with an extensive knowledge of acute, community, primary care, mental health and social care. Hands on experience of undertaking CQC, Local System Reviews across England. Strong track record of focusing on improving safety, quality and ensuring robust governance of organisations. Politically aware of the challenges of supporting complex transformational change across health and social care to improve patient care.

Career history

Care Quality Commission - Specialist Advisor (Local System Reviews)

- Participated in 10/20 LSRs, in the capacity as a health adviser, in recognition of my understanding of whole system approach to integrating services.
- Working collaboratively with other Specialist Advisers including Local Authority Chief Executives and DASSs focusing on governance, leadership, capability to deliver services, looking for innovative

solutions, financial awareness, understanding local need and partnership working to deliver solutions.
- Understanding of complex whole system working and using High Impact Change Model, DTOCs, and other improvement approaches

Faculty of Medical Leaders and Managers -Executive Coach
- Led a team of coaches who delivered a national NHS England coaching programme for doctors.
- Supported CCGs and STP leaders by coaching senior staff.

Healthskills – Leadership and Organisational Development Consultancy- Lead Consultant
- Led a team of 6 consultants focused on strengthening the frailty pathways across 3 London CCG's.
- Facilitated several large and small -scale events focusing on dementia and care planning in primary care.
- Wrote a London CCG's, Primary Care Educational and Development Strategy.
- Facilitated NHS England events focusing on improving care in care homes.

Topeka Healthcare Ltd – owner of independent consultancy -Managing Director
- Facilitated strategic discussions across health and social care focused on dementia and frail older people.
- Organisational development lead for a CCG, supporting clinical leaders to make transitions to strategic roles.
- Designed and facilitated board development programme for a Foundation Trust in Lincolnshire.
- Designed and delivered leadership development, using action learning for clinicians in a Community Trust.

Medway Clinical Commissioning Group -Independent Registered Nurse – Governing Body
- Chaired Safeguarding & Quality Committee across 3 CCGs in North Kent for 2 years.
- Chaired Quality, Finance and Performance Committee since 2015 involving Local Authority.
- Participated in strategic meetings including, STP, Board to Board, and NHSE Assurance meetings.
- Member of Primary Care Commissioning Committee, Conflicts of Interest Group and Audit Committee
- Focus on robust challenge regarding governance, integrating services and improving the quality and safety of services for local people.

NHS South of England Head of Improvement
- Member of National Improvement Advisory Board. Led a regional clinical change programme and coached Directors of Nursing.
- Member of team supporting the development of the NHS Change Model and NHS Change Day, published research on 'Delivering Change the NHS' with University of Sussex.

Care Services Improvement Partnership - South East Director of Service Improvement and Relationship Management
- Designed and led executive development programmes for clinical leaders and non-clinical directors resulting in delegates having a greater understanding of innovative models of care, focusing on how to integrate services and drive improvement and transformation,
- Developed a strategic joint commissioning programme to develop organisational competencies.
- Improvement Advisor to a Cabinet Office programme. Resulting in £1.8m savings.

Colchester PCT -Director of Service Improvement

Advisory roles -**NICE**

LISA CHRISTENSON

I have worked in the public sector for 39 years in local government, the voluntary sector and in the NHS. Since 1986, I have worked exclusively in the field of health and social care delivery, management and as a leader across the health and social care sectors. Most of my work has been in areas and systems that have challenging characteristics in terms of need, capacity, performance and impact on outcomes for service users. My roles have included:

- Manager of a voluntary organization providing supported housing to adults with learning difficulties in Haringey. (HAIL).
- Director of older people's services in Bradford Community Health NHS Trust
- Director of community health services in Bradford Community Health NHS Trust;
- Executive Director in Hackney Council (with responsibility for health partnerships and social services);
- Director of Social services and Health Improvement at Lambeth Council;
- Director of Social Services at Norfolk County Council;
- Director of Children's Services at Norfolk County Council.

In all my roles, I have worked across boundaries between health, social care and the voluntary and independent sectors to try to ensure the citizen is kept at the centre of things and that services take responsibility for fitting themselves together to meet the whole needs of the individual.

When I took early retirement in July 2013, I worked in the health and social care sectors as an independent consultant doing short term pieces of work.

In July 2016 I started working as a consultant social care lead in the Emergency Care Improvement Programme (ECIP) which is part of NHSI. The focus of this team is to work with hospitals and their partners to improve the journey and outcomes for patients who need to use acute hospital services in an emergency, by improving flow and reducing delays in treatment and discharge when acute treatment is complete.

Delay creates harm for those in the hospital and increases risk for those who may need acute care but struggle to get access because the system is over-heating with pressure due to delays in various parts of the system. I have found that my skills and experience in working in challenged, complex, health and social care systems to lead improvement and create a culture of partnership and trust, has been put to good use in my work in the ECIP team.

Since 2018 I have been directly employed by NHSI as an Improvement Manager (social care) in the Emergency Care Improvement Support Team (previously known as ECIP) working largely with systems in the Midlands & East.

ROSE O'KEEFE

I am employed to manage the discharge team at Kings who work across an average of 500 beds in an acute hospital trust based in inner London. I am the lead for the Trust in relation to the weekly DTOC meetings that take place with our local social care providers and for any escalations/discussion with the respective CCG's (Lambeth/Southwark). A large part of my role is working jointly with health and social care across the interface of discharge pathways in particular representing the Trusts position in relation to Discharge to Assess initiatives. I am a nurse by background with 29 years of experience in various acute hospitals in London.

Career achievements

I previously worked as a Risk and Governance manager which I found to be hugely rewarding and insightful. It ensures that I can look and process, pathways and policy in a variety of ways. I have worked on many joint initiatives with Lambeth/Southwark health and social care (SLIC) including a project on a designated elderly care ward which resulted in improving the quality of the discharge experience whilst reducing length of stay. I am proud of the twice yearly discharge market place events where I lead on ensuring internal teams and external partners are brought together to update the hospital staff about discharge pathways, referrals, and process to meet the individuals who make this happen for our patients. I have a swathe of nursing experience which I utilise in most aspects of the role and service that I deliver for the Trust. Discharge to Assess has been particularly successful with 95% of CHC assessments taking place outside of the hospital setting and has also delivered a length of stay reduction on average of 10 days. I have made a big contribution to making this work at the Denmark Hill site. I have been the joint lead in the development of an educational framework (levels 1, 2 & 3) for the ward multidisciplinary teams, to deliver discharge planning pathways training and including clarity on roles and responsibilities. We are about to commence Trusted Assessor with some of our local care homes and this will be an exciting initiative which will further demonstrate how integration works for patients.

Experience

I have experience of working jointly with health and social care to reduce the blockages to patient discharge- for example ensuring there is a 'choice' policy in relation to care home placements. I am the lead for this policy (having been part of the working group to produce it) in the hospital setting and ensure coordination with the local authority or CCG to work together to deliver a safe discharge destination. I have participated in audit exercises in relation to discharge, the quality being delivered and identifying some of the blockages to discharge pathways. Highlighting to LAs CCGs from the audit work the possible service changes required. I regularly attend site huddles and ward morning board reviews to ensure patient flow in the wider and assist with unblocking discharge pathways- using my external network to help assist and facilitate more timely discharges. I have experience of working closely with the Homeless team, Overseas visitor team and No Recourse teams to help expedite patient discharges that are particularly complex and often difficult to navigate. I remain curious and interested in the current role I deliver and would look forward to the opportunity to participate in peer review as I feel I have a lot of operational experience to draw on and as well would learn a great deal that I could bring back to my organisation.

TANYA MILES

I am a qualified Social Worker registered with the Health and Social Care Council and a qualified Nurse. I have worked in ASC for over 20 years, including 11 years as a practising Social worker. I have undertaken leadership roles for the past 12 years which have included Team leader for an Integrated Health and Social Care Learning Disability team, Service Manager for Community Operational teams and now Head of Adult Social Care for the last 2 years. I am acutely aware of the pressures in Health and Social care and understand the importance of working collaboratively to achieve the best outcomes for individuals.

I have a proven track record of leading Shropshire Adult Social Care through radical and unprecedented transformation in the delivery of ASC. We created a new vision and strategy which resulted in the 'Shropshire Operating Model' and we have been cited as leaders in the transformation of ASC. It was a bold and radical strategy based on experience and a strong commitment to do something different in response to the unprecedented demands on ASC and reducing budgets. We are now 4 years on and achieving better outcomes for Shropshire residents, improved performance results and have made Shropshire one of the top ASC services nationally.

Shropshire Council has recently been identified as one of the most improved Local Authorities for DTOC targets and we have been invited to a roundtable discussion with the Secretary of State for Health and Social Care to discuss how we have achieved over 91% reduction in delayed transfers of care from April 2017 to March 018 by using a similar approach as with the operating model (collaboration, creativity, innovation, trying things out). The central reason that has created the difference and necessary change is strong, effective leadership. Communication, empowerment, direction and are the central themes that have enabled an approach which has become embedded throughout Adult Social Care (ASC). I have also led on a radical approach to IBCF, providing innovative solutions and collaborative approach. Ideas from the teams resulted in exciting, untried initiatives such as 2 Carers in a Care and generated enthusiasm in staff, encouraging team identity and working towards a common purpose and goal to enable dramatic improvements in DTOC. As Head of ASC, I am very proud of our achievements and welcome the opportunity to share my knowledge and experience

AVRIL MAYHEW

Avril Mayhew is a Senior Adviser within the Care and Health Improvement Programme and has the lead for DTOC improvement. She is currently works with national partners to coordinate and deliver a programme of support to councils and system partners that helps improve patient flow and reduce delayed transfers of care. As part of her role she has delivered on site support to approximately 25 systems in the last 18 months.

Her previous role was as Head of Service at Royal Borough of Kingston upon Thames where she reported to the Executive Head of Adult Social Care and was responsible for the development and delivery of a wide portfolio of services for Older and Disabled Adults.

This included:

- Head of Learning Disability services with operational responsibility for Community Learning Disability social work team; brokerage service; user involvement facilitators; service development; and lead responsibility for learning disability commissioning and quality assurance. She had budgetary responsibility of £17 million. Avril also significantly developed her project management and service resdesign skills with a leading role in the transfer of Learning Disability provider services to a Social Enterprise.

- Older People's services: head of service for short and medium term support, assessment, urgent duty work and all new referrals to the Service, hospital discharge, safeguarding enquiries and investigations, homecare and reablement services, occupational therapy and equipment provision, mobile meals and telecare equipment.
- Other key achievements include the successful set up and operations of new teams and services in 2011, following major service redesign in the Council. This involved a review of internal management and governance structures and processes to create more effective service delivery, and the successful delivery of key national and local indicators including promotion of self-directed support and increase in personal budgets, reablement support and reductions in delayed transfers of care from hospital.

Current Position(s) Start Date – June 2015
Senior Adviser, Adult Social Care - Local Government Association (LGA)

Previous Position(s)
Service Manager - Adult Learning Disability Services - Royal Borough of Kingston upon Thames Feb-11 to Jun-15

Project Manager - Transforming Adult Social Care - Royal Borough of Kingston upon Thames Nov-08 to Feb-11
Principal Officer - assessment and care management - Royal Borough of Kingston upon Thames Jan-08 to Nov-08
Senior Practitioner (Adult Social Care) - Royal Borough of Kingston upon Thames Nov-06 to Jan-08
Team Manager - Older People's team - London Borough of Camden Jan-01 to Nov-06

Peer Challenge Experience: Project Dates
London Borough of Sutton – Peer Review Commissioning September 2014
London Borough of Hillingdon – Transition/Preparing for Adulthood March 2015
Manchester City Council – whole system review ASC April 2015
Rotherham MBC - Bespoke Adult Commissioning Feb 2017
Northumberland Council- Rapid Adults Peer Review 1 Sept 2016
Sheffield City-Adult Social Care CBO Peer Challenge-28 June-01 July
Berkshire West – DTOC peer review January 2018
Hospital to Home programme – Executive Peer visits June to September 2017
CQC Local Area Review – Hampshire, Specialist Advisor

LIZ GREER- REVIEW MANAGER
Liz is an Adviser, Adult Social Care with the LGA, and leads on the management and mitigation of risk in ASC and supports Avril on improving patient flow and reducing delayed discharge. Liz recently completed an evaluation of all national partners' DTOC support offers.

Liz has worked in human services in the public/not for profit sector at local, national & regional level for more than thirty years. Liz has substantial Programme and Project Management experience requiring coordination and management of multiple, simultaneous activities and projects in various locations on time, to plan and within budget. Liz is an experienced trainer, facilitator and action researcher, with membership of the Chartered Institute of Personnel and Development and professional qualifications in teaching, training, performance coaching and psychology with research methods.

Prior to joining the LGA, Liz was Care Act Programme Manager for North East ADASS, and has recent employment experience with the CQC, Healthwatch, Voluntary Organisations Network North East and Health Education England for the Northern Deanery. Liz has excellent verbal and written communication skills with a track record of designing and delivering original evaluations, reports, practice guidance and policy briefings as well as articles for publication and conference presentations on key social care and policy issues

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CAMBRIDGESHIRE AND PETERBOROUGH HEALTH AND SOCIAL CARE PEER REVIEW
24-27 SEPTEMBER 2018

TIME	WORKSTREAM 1	WORKSTREAM 2	WORKSTREAM 3
Day 1: Monday 24 September 2018			
09:00	**Opening Presentation**		
10:30	**Subject: whole system approach / leadership** Chief Executive Officer and Chief Finance Officer, North West Anglian Foundation Trust	**Subject: whole system approach / leadership** Chief Executive Cambridge University Hospital / STP Area Officer	**Subject: whole system approach / leadership** (Executive Director, CCC/PCC and Deputy Chief Executive
11:30	**Subject: whole system approach / leadership** Chief Officer, Cambridgeshire & Peterborough CCG	**Subject: whole system approach / leadership** Chief Executive, Cambridgeshire & Peterborough Foundation Trust	**Subject: whole system approach / leadership / operational** Service Director, Cambridgeshire and Peterborough Councils, Jackie Galwey, Debbie McQuade
12:30	**LUNCH**		
13:30	**Subject: Chief Operating Officer – whole system approach** Chief Operating Officer, North West Anglia Foundation Trust	**Subject: Chief Operating Officer – whole system approach** Director of Operations, Cambridgeshire & Peterborough Foundation Trust	**Subject: Chief Operating Officer – whole system approach** Chief Operating Officer, Cambridge University Hospital Director of Integrated Care, CUH
14:30	**Subject: whole system approach to commissioning** Service Director (CCC / PCC), (Assistant Director, CCC/PCC)	**Subject: Digital interconnectivity and systems**	**Subject: Transformation Strategic Overview**
15:45	**BREAK** **BASE ROOM**		

16:00	**Subject: strategic overview of working together with the voluntary community sector**	**Subject: whole system approach of the Sustainability & Transformation Partnership/ System Delivery Unit**	**Subject: Strategic Commissioning, LWP, Mental Health, Early Intervention & Prevention**
17:15	**TEAM EVALUATION BASE ROOM**		
18:00	**Daily Feedback from Peer Review Team**		

TIME	WORKSTREAM 1	WORKSTREAM 2	WORKSTREAM 3
Day 2: Tuesday 25 September 2018			
08:30	**TEAM MEETING BASE ROOM**		
09:15	**Subject: System approach to Safeguarding**	**A&E Delivery Boards Focus Group (NWAFT /CUH)**	**ARRIVAL TIME: APPROX. 08:00** VISIT TO CAMBRIDGE UNIVERSITY HOSPITAL
10:30	**Adults Safeguarding Board Members Focus Group**	**Subject: Inter agency co-ordination of supporting patients out of hospitals**	
11:45	**Subject: Discharge to Assess (senior operational focus group)**	**GP Forum**	
13:00	**LUNCH BASE ROOM**		
13:30	**Independent Sector Providers Focus Group (home care and residential)**	**Subject: working together to support people to recover at home and promote independence** *Intermediate tier services focus group (including reablement, intermediate care, community OTs, JET, Step up / Step Down)*	
14:45	**Chairs of Health & Wellbeing Boards**	**Lead / Committee Members**	
15:45	**BREAK BASE ROOM**		
16:00	**Public Health (CCC/PCC)**	**Patient Forum Focus Group**	**Subject: quality and patient safety (inc provider monitoring, escalation of concerns, patient outcomes)**

17:15	**TEAM EVALUATION** **BASE ROOM**
18:00	**Daily Feedback from Peer Review Team**

TIME	WORKSTREAM 1	WORKSTREAM 2	WORKSTREAM 3
Day 3: Wednesday 26 September 2018			
08:30	**TEAM MEETING BASE ROOM**		
09:15	**Subject: communications across the system (strengthen and improve information and advice to patients)**	**Subject: Services to prevent admissions (where appropriate)** (North Alliance, CPFT Neighbourhood Teams, MDTs, VCS)	**ARRIVAL TIME: APPROX. 10:00** VISIT TO CITY CARE CENTRE ADDRESS: PETERBOROUGH
10:30	**Subject: whole system approach to supporting people in communities Communities Focus Group**	**VCS Network Meeting**	
11:45	**Subject: working together to tackle workforce issues across the system Workforce Focus Group**	**Focus group about innovation and developments to achieve high impact changes** *E.g. Home service delivery model, Neighbourhood cares* *Trusted Assessor/OT Double Up Project/Falls/Assistive Technology*	
13:00	**LUNCH BASE ROOM**		
13:30	**Subject: BCF Integration Vision, Overview of Programme and Budgeting**	**Continuing Health Care Meeting**	
14:45	**Chief Finance Officers Focus Group**	**Subject: working together to analyse / react to data, information sharing**	
16:00	**BREAK BASE ROOM**		

16:15	**Learning Disability focus group**	**Innovations / Pilots / New Developments** **Double up OTs**	**Healthwatch Directors Focus Group**
17:15	**TEAM EVALUATION** **BASE ROOM**		
18:00	**Daily Feedback from Peer Review Team**		

TIME	WORKSTREAM 1	WORKSTREAM 2	WORKSTREAM 3
Day 4: Thursday 27 September 2018			
08:30	**TEAM EVALUATION BASE ROOM**		
11:00	**TRAVEL**		
12:00	**Feedback (Peer Review Team),**		
13:00	**DEPART**		

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Updated on: 11 September 2018 **Agenda Item 12**

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2018/2019

MEETING DATE	ITEM	CONTACT OFFICER
Monday 10 December 2018	● Adult Social Care Survey ● Health & Wellbeing Strategy Reporting o A) Six monthly Performance Update o B) Annual outcomes metrix report - Ryan O'Neil o c) Renewing the Health and Wellbeing Strategy ● Integrated Social Care Peer review feedback ● Long Term Conditions Joint Strategic Needs Assessment ● Combined Authority - & Health and Wellbeing Boards ● Annual Public Health Report **For information**: Better Care Fund Update	Jacqui Cozens Helen Gregg Charlotte Black / Helen Gregg Angelique Mavrodaris Pearl Roberts Liz Robin Caroline Townsend/Will Patten
Monday 18 March 2019	Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset **For information**: Better Care Fund Update Health & Wellbeing Strategy Performance Update	 Will Patten Helen Gregg

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Agenda Item No: 13

CAMBRIDGESHIRE HEALTH AND WELLBEING BOARD
FORWARD AGENDA PLAN

Updated 10.09.18

MEETING DATE	ITEM	REPORT AUTHOR	
20 September 2018, 10.00am, Peterborough City Council, Town Hall, Bridge Street, Peterborough PE1 1HF	To be held concurrently with the Peterborough Health and Wellbeing Board		
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 7 September 2018**
	Minutes of the Meeting on 26 July 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Better Care Fund/ Improved Better Care Fund: Introduction to New Guidance	Will Patten/ Caroline Townsend	
	Delayed Transfers of Care: Deep Dive	Charlotte Black/ Will Patten	
	Impact of the Early Years Social Mobility Peer Review on the work of Services commissioned by the Cambridgeshire and Peterborough Joint Child Health Commissioning Unit	Wendi Ogle-Welbourn/ Liz Robin	
	Cambridgeshire and Peterborough Health and Care Integration Peer Review	Charlotte Black/ Helen Gregg	
	Agenda Plan		

MEETING DATE	ITEM	REPORT AUTHOR	
22 November 2018, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 9 November 2018**
	Minutes of the Meeting on 20 September 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral – Cambridge Dementia Action Alliance	
	BCF/iBCF: Evaluation and Out of County Housing	Will Patten/ Caroline Townsend	
	The Combined Authority and the Health and Wellbeing Board	Pearl Roberts	
	Living Well Partnerships Update	Jess Bawden (co-ordinating)	
	Safeguarding Adults Board Annual Report 2017/18 and Local Safeguarding Children Board Annual Report 2017/18	Jo Procter/ Russell Wate	
	Annual Public Health Report	Liz Robin	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan		

MEETING DATE	ITEM	REPORT AUTHOR	
31 January 2019, 10.00am, Kreis Viersen Room, Shire Hall, Cambridge			
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 18 January 2019**
	Minutes of the Meeting on 22 November 2018	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral - Care Network Cambridgeshire	
	Better Care Fund: Update	Charlotte Black	
	Adult Social Care Self-Assessment	Charlotte Black	
	Suicide Prevention Strategy 2017-20: Review of the Executive Summary and actions	Kathy Hartley	
	Campaign to End Loneliness	Andy Nazer & Angelique Mavrodaris	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan		

MEETING DATE	ITEM	REPORT AUTHOR	
28 March 2019, 10.00am, Council Chamber, Shire Hall	To be held concurrently with the Peterborough Health and Wellbeing Board		
	Apologies and Declarations of Interest	Oral	**Reports to Richenda Greenhill by Friday 15 March 2019**
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
	Community Resilience	Adrian Chapman	
	Joint Strategic Needs Assessment (JSNA) Core Data Set	David Lea	
	Sustainability and Transformation Plan	tbc	
	Cambridgeshire and Peterborough Combined Authority	tbc	
	Outcome of the Health and Social Care Peer Review	tbc	
	Health and Wellbeing Board Strategy Refresh	Liz Robin	
	Agenda Plan		
30 May 2019, 10.00am, venue tbc			
	Notification of the Chairman/ Chairwoman	Oral	**Reports to Richenda Greenhill by Friday 17 May 2019**
	Election of a Vice Chairman/ Chairwoman	Oral	
	Apologies and Declarations of Interest	Oral	

MEETING DATE	ITEM	REPORT AUTHOR	
	Minutes of the Meeting on 31 January 2019	Oral	
	Action Log Update	Richenda Greenhill	
	Person's Story	Oral	
	Better Care Fund: Update	Charlotte Black	
	Performance Report on Progress with the Cambridgeshire Health and Wellbeing Board's Three Priorities for 2018/19 *(standing item for all Cambs only Board meetings)*	Liz Robin	
	Agenda Plan		

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