

## Peterborough Health & Wellbeing Board Performance Report 2015

### Introduction

This combined action and delivery plan report sets out the key priority areas for delivery:

- Children and Young People
- Better Care Fund
- Health protection
- JSNA
- Health & Wellbeing Board Development and Scrutiny

The Health & Wellbeing Programme Board will scrutinise the reports submitted by each of the thematic leads.

For each key priority area, a RAG rating has been included to indicate if the indicators and actions are on track.

### Overarching Strategic Priorities

The Health & Wellbeing Programme Board is committed to delivering the overarching priorities as outlined in the Health & Wellbeing Strategy 2012-2015:

#### **Securing the foundations of good health**

*Objective: ensure that children and young people, including those with complex needs and disabilities, have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.*

#### **Preventing and treating avoidable illness**

*Objective: narrow the gap between those neighbourhoods and communities with the best and the worse health outcomes, whilst improving the health of all.*

#### **Healthier older people who maintain their independence for longer**

*Objective: Enable older people to stay independent and safe and enjoying the best possible quality of life.*

#### **Supporting good mental health**

*Objective: Enable good child and adult mental health through effective, accessible mental health promotion and early intervention and rapid response services to impact upon early signs of mental ill health or deterioration.*

**Better health and wellbeing outcomes for people with life-long disabilities and complex needs**

*Objective: Maximise the health and wellbeing opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age.*

## Report Layout

The report is set out under each of the key priority areas shown above.

Within each section the main thematic areas of focus are then shown with their associated performance indicators.

<b>Theme 1: Children and Young People</b>	
<b>Responsibility:</b>	Lou Williams
<b>OVERALL RAG RATING</b>	
<b>Outcomes:</b>	
<ul style="list-style-type: none"> <li>Improve the health and wellbeing of children and young people in the city</li> </ul>	
<b>Performance Indicators:</b>	
<ol style="list-style-type: none"> <li>Delivering the Healthy Child Programme</li> <li>Securing emotional health and wellbeing for children and young people</li> <li>Develop the Healthy Schools Programme</li> </ol>	

<b>Performance Narrative</b>
<p>The Healthy Child Programme:</p> <ul style="list-style-type: none"> <li>The perinatal pathway has been strengthened through an increase of CPN support through Increasing Access to Psychological Therapies [IAPT]. This will result in a named contact for GPs and an increase in training for midwifery and support for midwives and health visitors</li> <li>Quality of pre-school and child-minding settings continues to improve with 82% of child-minders and 83% of nursery and pre-school settings rated good or better</li> <li>Breastfeeding continuation rates remain on target at 45% and remained at or above target for the whole of 2014/15 - a significant gain on performance in the 2013-14 financial year</li> </ul> <p>Securing emotional health and wellbeing for children and young people:</p> <ul style="list-style-type: none"> <li>Waiting lists for tier 3 specialist services remain too long</li> <li>Increased investment into CAMH services has now been secured, to include an additional £600K recurring funding</li> <li>Partners are working on measures elsewhere in the system that may help to reduce pressure on specialist services</li> </ul> <p>Develop the Healthy Schools Programme:</p> <ul style="list-style-type: none"> <li>The incoming DPH, Dr. Liz Robin asked that plans are reviewed internally before undertaking follow up work with schools, mainly to ensure we have sufficient capacity to deliver the programme</li> <li>A workshop with schools is being held on 5<sup>th</sup> June to map current activities and any areas of duplication or gaps in delivery in order to inform the programme in the future</li> <li>An update will be provided verbally to the Board at the next meeting</li> </ul>
<b>Next Steps</b>
<p>The Healthy Child Programme:</p> <ul style="list-style-type: none"> <li>Will remain a theme reported on a quarterly basis to the Children and Families Joint Commissioning Board but will be more closely aligned to Early Help, which will no longer be a stand-alone theme</li> <li>The main priority is to secure the successful transfer of responsibility for commissioning of health visiting to the local authority in October 2015</li> </ul> <p>Securing emotional health and wellbeing for children and young people</p> <ul style="list-style-type: none"> <li>This area remains a proposed priority for the Children and Families Joint Commissioning Board and at next meeting, specifications for a CPN-led primary school facing team to assist in identifying emerging difficulties at an early stage and to support schools to meet needs, reducing the level of onward referrals in the process</li> </ul>

- Following on from this, investment in developing this service alongside a continuing review of pathways and resourcing levels in the wider system

Develop the Healthy Schools Programme:

- Completion of review of plans and priorities, informed by workshops with schools taking place on 5<sup>th</sup> June 2015 – further information will be available at the Board

#### **Key Considerations**

- Successful implementation of the transfer of the commissioning of health visiting services
- Development of the revised plan and priorities relating to Healthy Schools

<b>Theme 2: Better Care Fund</b>	
<b>Responsibility:</b>	Will Patten
<b>OVERALL RAG RATING</b>	
<b>Outcomes:</b>	
The BCF will contribute to Peterborough's vision for integration by focussing on initiatives that will help to prepare the system for a bigger change in the medium term by:	
<ul style="list-style-type: none"> <li>• Protecting existing social care services</li> <li>• Supporting the development of 7 day working and data sharing</li> <li>• Supporting the development of closer working, including development of joint assessments with an accountable lead professional</li> </ul>	
<b>Performance Indicators:</b>	
<ol style="list-style-type: none"> <li>1. Establish the UnitingCare partnership model</li> <li>2. Establishment of joint assessments and an accountable lead professional to support other elements of the system to align with the UCP integrated neighbourhood team model and fulfil Care Act requirements</li> <li>3. Establishment of a multi-agency team to lead our approach to integration and transformation in Peterborough, and the creation of an ideas bank to assist in piloting small scale integration projects</li> </ol>	

<b>Performance Narrative</b>
<p>As previously reported, Peterborough's Better Care Fund (BCF) has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the city. The BCF was announced in June 2013 and established in April 2015. The £11.9 million budget is not new money; it is a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and the City Council to provide health and social care services in the city.</p> <p>In order to receive approval for the BCF, Peterborough had to show how it would meet a number of statutory conditions, including the protection of social care services; a reduction in non-elective admissions to hospital; greater seven day working across health and social care services to support discharge; and support for information sharing between social care and health to improve coordination of people's care. Peterborough worked collaboratively with Cambridgeshire County Council (CCC), Peterborough &amp; Stamford Hospitals NHS Foundation Trust (PSHFT), CCG, UnitingCare (UC) and the voluntary sector to develop its BCF submission.</p> <p>The Section 75 Agreement between Peterborough City Council and the CCG, was developed, approved and in place by 1 April 2015 when BCF funding began. Formal governance arrangements for the BCF were also in place by April 2015.</p> <p><b>Establishing the UnitingCare Model (Older People and Adult Community Services Contract):</b>  There has been a significant amount of work preparing the contract and with Monitor in order to ensure everything was in place for the new service provider (UnitingCare) to commence the Older People and Adult Community Services (OPACS) contract. Service delivery under OPACS commenced on 1 April 2015. This contract forms a major part of our BCF plan. This is an outcomes based contract and two of its aims are to reduce non-elective hospital admissions and length of stay for people aged 65 years and over and for adults with long term conditions. The focus will increasingly be on care provision closer to home rather than the traditional reliance on secondary care. To achieve this there will be significant joint working across the health system, local authorities and the voluntary sector.</p> <p>There is continued good joint working between Peterborough and Cambridgeshire to ensure alignment across the CCG area in the development and delivery of our BCF plans. Initiation workshops have taken place on each of the five schemes detailed in our BCF submission. These workshops were jointly hosted with CCC, the CCG and attendees included representation from other relevant (existing and potential) delivery partners.</p>
<b>Next Steps</b>

Following the initial workshops, each scheme will move forward as follows:

- Data Sharing – a joint working group was established to develop a draft delivery plan. Areas of focus for the delivery were agreed and a scope and plan has been developed, which is currently out for review. The Project Scope outlines the priority areas for delivery over the next 3 years; this is based on current requirements and will be revised in order to reflect changing priorities. It has been agreed that in the first 12 months, a specific workstream of the project should focus on improving data sharing for the 5% cohort of patients identified by UnitingCare to be supported by the Integrated Neighbourhood Teams. Progress will be reported monthly to the Borderline & Peterborough Executive Partnership Board (BPEPB)
- Information, Advice and Guidance – further work is being undertaken to develop the approach and high-level planning. This work is identifying the synergies and differences across Cambridgeshire and Peterborough and the next step is for a core group to finalise and agree the detailed scope in detail; this will be informed by conversations regarding the broader programme that have taken place to date. The scope will be presented to both Cambridgeshire's and Peterborough's Executive Partnership Boards for consideration
- Ageing Healthily and Prevention – Public Health in Cambridgeshire have taken on the ownership to develop and drive this scheme. As the overall project sponsor, they have been tasked with developing greater detail for July 2015
- Seven Day Working – a follow up workshop for system partners in Peterborough took place; principles and activities were identified and a delivery approach and plan is being prepared. Attendees at the workshop included representatives from: Peterborough City Council's ASC Commissioning and Operations Teams; Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), (PSHFT); GP community; CCG; UC; The Ambulance Service; patient and carer groups; and the voluntary sector
- Person Centred Care – following a workshop held on 05<sup>th</sup> May with a range of partners (including UC, CCG and the voluntary sector), further work is being undertaken in the following areas:
  - **Integrated Neighbourhood Teams (MDTs)** – Scoping activity is underway on a review of social care involvement in current MDTs and how this might feed into a new model
  - **Risk assessment tool** – agreement that further work is required on how UC's use of the Rockwood Frailty Score can be supplemented/ adapted for wider use (given the currently exclusive medical context) and how this would be implemented/delivered

Work is being undertaken to ensure there are strong links between the BCF projects and the work of the System Resilience Groups (SRGs) and the outcomes of the 'Breaking the Cycle' weeks held in each acute provider area, in order to ensure triangulation of joint working across the system. Therefore as initial plans and project documentation is developed, BCF projects will be communicated with system partners to ensure synergies and opportunities are maximised.

#### Key Considerations

- The first quarterly monitoring return for NHS England was submitted on the 29 May 2015. This was shared with BPEPB for comments and approved. Given the significant joint working across Cambridgeshire and Peterborough, the returns between the two health and wellbeing board areas were closely aligned with one another. This first return covered the fourth quarter of 2014/15 and so largely related to the setting up of arrangements for the BCF.
- Separately to this return, the CCG – in line with other CCGs - has also had an opportunity to revise the BCF targets for a 1% reduction in non-elective admissions, in line with actual performance – or outturn - for 2014/15. The Q4 2014/15 plan was to achieve a 1% reduction when compared to 2013/14 Q4. The system actually saw a marginal reduction of 0.3% (14 admissions). Therefore the planned levels were not reached prior to the BCF coming into effect. There was a £67k performance payment attached to this quarter.

<b>Theme 3: Health Protection</b>	
<b>Responsibility:</b>	Liz Robin
<b>OVERALL RAG RATING</b>	
<b>Outcomes:</b>	
<ul style="list-style-type: none"> <li>The population's health is protected from communicable disease, environmental hazards and major incidents and other threats, while reducing health inequalities</li> </ul>	
<b>Performance Indicators:</b>	
<ol style="list-style-type: none"> <li>Build and improve relationships with the local PHE and NHS England representatives</li> <li>Review poor uptake of childhood immunisations</li> <li>Review the poor uptake of the bowel and cervical cancer screening programmes</li> <li>Provide an annual report on health protection to the HWB.</li> </ol>	

<b>Performance Narrative</b>
<ol style="list-style-type: none"> <li>The membership, terms of reference and governance of the Peterborough Health Protection Committee have been reviewed;</li> <li>A task and finish group on childhood immunisations was established and findings are reported to the HWB in June ;</li> <li>A task and finish group on bowel and cervical cancer screening uptake was established and reports to the HWB in June;</li> <li>The first annual report on health protection was received by the HWB in April 2015.</li> </ol>
<b>Next Steps</b>
<ol style="list-style-type: none"> <li>The task and finish groups on childhood immunisation and bowel and cervical cancer screening identified inequalities and barriers to uptake, particularly for migrant and deprived populations. The HWB is invited to support recommendations to address these issues and to review the progress and outcomes in a year.</li> <li>The Peterborough Health Protection Committee has agreed to explore closer working with the Cambridgeshire.</li> </ol>
<b>Key Considerations</b>
<ol style="list-style-type: none"> <li>Capacity and resources for the targeted outreach and the related recommendations of the Task and Finish groups.</li> <li>Salience and relationship (eg scope, timing) of this work to the development of the JSNA for migrant / Eastern European communities.</li> </ol>

<b>Theme 4: JSNA</b>	
<b>Responsibility:</b>	Liz Robin
<b>OVERALL RAG RATING</b>	
<b>Outcomes:</b>	
<ul style="list-style-type: none"> <li>The JSNA will describe the future health, care and wellbeing needed of Peterborough and will inform the joint health and wellbeing strategy, which lays out how we aim to address the needs identified.</li> </ul>	
<b>Performance Indicators:</b>	
<ul style="list-style-type: none"> <li>Define achievement improvements in health and wellbeing outcomes for the local community and support the delivery of these outcomes.</li> <li>Support the delivery of better health and wellbeing outcomes for the local community</li> <li>Work with partners to commission and provide interventions and services to meet these needs.</li> <li>Enable and improve decision making on health and care needs for commissioners in the local NHS and the local authority.</li> <li>Underpin the development and implementation of the joint health and wellbeing strategy</li> </ul>	
<b>Performance Narrative</b>	
<p>The Children and Young People's JSNA will be presented to the Health and Wellbeing Board on 18/06/2015, along with the underpinning JSNA Core Dataset. The JSNA Core Dataset will lay out the key health and care indicators for Peterborough and will provide an overview of our current performance against key population health measures. The Dataset will underpin the development of the second Peterborough Health and Wellbeing Strategy issues.</p> <p>There are currently 2 JSNAs in production:</p> <ul style="list-style-type: none"> <li>Cardiovascular disease JSNA. Due to be presented to the Health and Wellbeing Board in September 2015.</li> <li>Mental health in adults of working age JSNA. Due at Health and Wellbeing Board in December 2015.</li> </ul> <p>For both of these JSNAs Steering Groups have been held or convened, initial scoping and analytical work has been conducted and both are on track in terms of timescales for delivery to the Health and Wellbeing Board.</p> <p>The migrant worker and older people's primary prevention JSNAs are due to be delivered later (March 2016 Board) and scoping is not yet underway.</p>	
<b>Next Steps</b>	
<ul style="list-style-type: none"> <li>Present the Children and Young People's JSNA and the JSNA Core Dataset to the Health and Wellbeing Board on 18/06/15 and follow up on any comments made.</li> <li>Update the Core Dataset on a quarterly basis to reflect the changes made to the Public Health Outcomes Framework by Public Health England.</li> <li>Ensure that the cardiovascular disease JSNA and the mental health in adults of working age JSNA remain on track.</li> <li>Ensure that the scoping of the migrant worker and older people's primary prevention JSNAs.</li> </ul>	
<b>Key Considerations</b>	
<ul style="list-style-type: none"> <li>Is further core JSNA content needed to underpin the Health and Wellbeing Strategy?</li> <li>Referral of the key needs and recommendations from the Children and Young People's JSNA to the CYP Partnership Board. Identification of any partnership issues and issues that the Board considers will impact on delivery of the JSNAs.</li> </ul>	
<b>Theme 5: Health &amp; Wellbeing Board Development and Scrutiny</b>	



<b>Theme 5: Health &amp; Wellbeing Board Development and Scrutiny</b>	
<b>Responsibility:</b>	Wendi Ogle-Welbourn
<b>OVERALL RAG RATING</b>	
<b>Outcomes:</b>	
<ul style="list-style-type: none"> <li>Improved partnership delivery of the health and wellbeing strategy</li> </ul>	
<b>Performance Indicators:</b>	
<ol style="list-style-type: none"> <li>Review current Board membership</li> <li>Improve political engagement</li> <li>Maintain quality, cost and resource effectiveness</li> <li>Strengthen effectiveness of the health scrutiny commission</li> <li>Launch a communications campaign</li> </ol>	

<b>Performance Narrative</b>
<p>A paper is being presented to the Health and Wellbeing Board on 18<sup>th</sup> June recommending revised membership of the Health and Wellbeing Board and the reformation of the Programme board into a delivery board.</p> <p>Dr Liz Robyn is taking over lead responsibility for the Health Scrutiny and alongside the Director of People and Communities, has developed a presentation for the first Health Scrutiny of this municipal year that clearly identifies the role of the scrutiny committee and makes suggestions on the areas it should scrutinise to fulfil its responsibilities.</p>
<b>Next Steps</b>
<p>If the Health and Wellbeing Board agree to the recommendations about revised membership and reformation of the programme board, implementation will proceed and a refreshed communications strategy will be prepared and circulated to members for comment/approval.</p>
<b>Key Considerations</b>