Public Document Pack

PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY 27 MARCH 2014
1.00 PM

Bourges/Viersen Room - Town Hall
Contact – Gemma.george@peterborough.gov.uk, 01733 452268

AGENDA

Page No

1. **Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of the Meeting held on 16 January 2014** **3 - 10**

4. **Submission of Petition in Relation to the Hydrotherapy Pool**
   For the Board to receive a petition.

COMMISSIONING ISSUES

5. **Commissioning Intentions - Priorities for 2014/15** **11 - 56**
   The Board is requested to note and comment on the Commissioning Intentions of the City Council.

6. **NHS 5 Year Stakeholder Planning 2014 - 2019** **57 - 60**
   The Board is requested to note the update on the development of the 5 Year Strategic Plan.

7. **NHS England / Local Board**

   (a) **Update on the Healthy Child Programme 0-5** **61 - 64**
   The Board is requested to consider the recommendations contained within the report.

   (b) **Primary Care Strategy Update**
   Verbal update item.

   (c) **Procurement to Optimise use of Peterborough and Stamford Hospitals NHS Foundation Trust's Estate and to Minimise its Long Term Deficit** **65 - 68**
   The Board is requested to consider the recommendations contained within the report.

There is an induction hearing loop system available in all meeting rooms. Some of the systems are infra-red operated, if you wish to use this system then please contact Gemma George on 01733 452268 as soon as possible.

8. Clinical / Local Commissioning Groups

(a) Better Care Action Plan **69 - 96**
The Board is requested to consider the recommendations contained within the report.

9. Children's Services

(a) Joint Child Health and Wellbeing Commissioning Unit
Verbal update item.

10. Adult Social Care

(a) Section 256 Agreement Relating to Social Care Funding 2013-14 **97 - 118**
The Board is requested to consider and comment upon the s256 agreement.

OTHER ITEMS

11. Health and Wellbeing Board Safeguarding Protocol **119 - 126**
The Board is requested to approve the Safeguarding Protocol.

12. Health and Wellbeing Board Peer Review **127 - 154**
The Board is requested to note the initial feedback presentation.

13. Programme Board Membership and Terms of Reference **155 - 160**
The Board is requested to approve the membership and terms of reference for the Programme Board and the current focus of its work.

14. Relationship of Health and Wellbeing Board to Health Scrutiny
Discussion item.

INFORMATION ITEMS

15. Health and Wellbeing Board Delivery Plan Update **161 - 198**
The Board is requested to note the Delivery Plan update.

16. Schedule of Future Meetings and Draft Agenda Programme **199 - 200**
To note the dates and agree future agenda items for the Board. To include frequency of reporting from other Boards, where appropriate, including Local Safeguarding Boards, Children's and Adults Commissioning Boards, LCG Commissioning Board. Also to consider how we will monitor progress against the Health and Wellbeing strategy.

Board Members:
Cllr Cereste (Chairman), Cllr Fitzgerald (Vice Chairman), Cllr Holdich, Cllr Scott, Cllr Walsh, Gillian Beasley, David Whiles (Healthwatch), Dr M Caskey, Dr R Withers, Dr P Van den Bent, Jana Burton; Cathy Mitchell; Sue Mitchell; Andrew Reed; Andy Vowles; Sue Westcott.

Co-opted Members: Russell Wate, Claire Higgins and Felicity Schofield

Substitutes: Dr Harshad Mistry
Further information about this meeting can be obtained from Gemma George on telephone (01733) 452268 or by email gemma.george@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELL-BEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 16 JANUARY 2014

Members Present:	Councillor Marco Cereste, Leader of the Council (Chairman) Councillor Fitzgerald, Cabinet Member for Adult Social Care Councillor John Holdich, Cabinet Member for Education, Skills and University Councillor Scott, Cabinet Member for Children's Services Councillor Irene Walsh, Cabinet Member for Community Cohesion, Safety and Public Health Gillian Beasley, Chief Executive, PCC Jana Burton, Executive Director of Adult Social Care and Health and Wellbeing, PCC Sue Westcott, Executive Director of Children's Services, PCC Cathy Mitchell, Cambridgeshire & Peterborough Clinical Commissioning Group Dr Mike Caskey, Peterborough City Local Commissioning Group Dr Harshad Mistry, Peterborough City Local Commissioning Group Dr Ken Rigg, South Lincolnshire CCG Andrew Reed, National Commissioning Board Local Area Team David Whiles, Peterborough Healthwatch
Co-opted Members Present:	Claire Higgins, Chairman of the Safer Peterborough Partnership
Also Present:	Wendi Ogle-Welbourn, Director for Communities Tina Hornsby, Assistant Director, Quality Information and Performance Philip Hammond, Performance Manager Mubarak Darbar, Head of Commissioning, Learning Disabilities Helen Gregg, Junior Project Manager Gemma George, Senior Governance Officer

1. Apologies for Absence

Apologies for absence were received from Andy Vowles, Russell Wate and Dr Richard Withers.

2. Declarations of Interest

There were no declarations of interest.

3. Minutes of the Meeting Held on 12 September 2013

The minutes of the meeting held on 12 September 2013 were approved as an accurate record.

COMMISSIONING ISSUES

4. NHS England / Local Board

(a) Primary Care Strategy – Update on Progress

The Board received a report which provided an update on the work being progressed by the NHS England East Anglia Area Team to develop a strategic framework to support the development of Primary Care in East Anglia.

Andrew Reed, Director NHS England East Anglia Area Team, presented the report and advised that the work being undertaken with the CCG and other colleagues was at that point in time very developmental.

The report detailed the emerging themes and how these could be addressed, such as identifying the way Primary Care could potentially operate at a greater scale and in collaboration with other providers. It was advised that this work would ultimately link in with the Better Care Fund.

Members debated the report and comments and responses to questions included:

- The Better Care Action Plan, which was to be endorsed by the Board at a later date, had identified that closer links were needed with Primary Care;
- Intelligence with the CCGs was at the time very high level. Discussions aimed specifically around Peterborough were due to take place to ensure that the needs and aims of Primary Care in Peterborough could be distinguished from the needs and aims of Primary Care in Cambridgeshire;
- The area team been progressing work to bring together health and social care intelligence which could be used for planning purposes. A contact for access to the information would be identified; and
- Clearer priorities in relation to premises needed to be explored.

RESOLVED

The Board noted the report.

(b) Surgical Metastatic Liver Resection Services

The Board received a report following a request from Andrew Reed, Director NHS England East Area Team. It provided a summary of the review of surgical services for metastatic liver resection, which had been undertaken with the aim of ensuring high quality, safe and sustainable services for patients. The review had concluded that there should be a single surgical centre for East Anglia, working as part of a network with local services to achieve improved outcomes for patients. It had been further concluded that this single service should be located at Addenbrookes, Cambridge.

Further key points were highlighted including an overview of the current arrangements and locations for liver cancer surgery; confirmation that the proposals would not affect the status of the Leicester Centre or the ability for GPs and Clinicians in Peterborough to refer patients there; the best way of improving access and outcomes to liver cancer surgery which was to have a single pathway covering the East of England and a single surgical centre providing the necessary expertise; in depth discussions which had taken place between a Joint Norfolk, Suffolk and Cambridgeshire Health Scrutiny Committee (JHSC) the recommendations of which had included strong support for a single pathway but with two surgical centres, further debate was due to be undertaken around this, however it was the view of NHS England that this would not comply with national improving outcomes guidance.

Members debated the report and comments and responses to questions included:

- A single centre implementation would not result in any specific budgetary savings;
- If Addenbrookes was the only provider locally, they needed to be contracted to deliver;

- Confirmation would be sought as to the situation with the Leicester centre and whether there was any possibility that it may be relocated in the future; and
- A further recommendation arising from the JHSC had been that travel arrangements for patients and carers be more explicitly addressed. A public engagement exercise was due to be undertaken and as part of that exercise, specific transport needs would be identified along with how the provider could best ensure that they were taken up as part of implementation of the plan.

RESOLVED

The Board considered and agreed the key recommendation to establish a single surgical centre for metastatic liver resection in the Anglia cancer network area and the Board further confirmed:

- The importance of ensuring all patients had access to an IOG compliant service; and
- The principle of retaining as much care locally as possible.

5. Clinical / Local Commissioning Groups

(a) Development of Proposals for use of the Better Care Fund (formerly Integration and Transformation Fund) in Peterborough

The Board received a report from the Integration and Transformation Group, which provided an update on the developing proposals for the use of the Better Care Fund, previously known as the Integration and Transformation Fund, in Peterborough.

Cathy Mitchell, Cambridgeshire and Peterborough Clinical Commissioning Group, introduced the report and stated that at the previous Board meeting, it had been advised that preparation needed to be undertaken in relation to an action plan for the Better Care Fund. It had subsequently been agreed by the Board that a working group be established which could start developing the content of the Plan.

Further key points were highlighted including the lack of national guidance available at the time of establishment of the group and the guidance which was now available; the timeframe in which the draft and final Better Care Actions Plans were to be submitted; the sign off timeframes not fitting in with scheduled Health and Wellbeing Board meetings and therefore it being recommended that the Board delegate the authority for the final sign off of proposals to the Joint Commissioning Forum, for ratification at a future meeting; for the Board to offer its support to using the Borderline and Peterborough Transformation Board as a key means of engagement with local stakeholders; the Plan to be circulated virtually to the Board so Members would be able to comment prior to final submission; and the proposals for two workshops, in order to bring in wider stakeholders to input in the development of the Plan, presentations would also take place at a wide number of meetings.

Members debated the report and comments and responses to questions included:

- The list of proposed schemes as detailed in the report would be worked on further prior to final submission;
- Possible areas of future investment would need to deliver national outcomes within the Better Care Fund;
- There was a general negative perception in relation to government cuts to older people's services. Messages about the consultation and the work being done should therefore be more widely publicised in the local press in order to reach the older people in Peterborough. Work could be undertaken with Healthwatch to ascertain ways in which awareness could be raised;

- A marketing strategy was needed for the implementation of the Better Care Fund to ensure it had a clear identity; and
- Additional stakeholder engagement was welcomed and Board Members offered their support into the process.

RESOLVED

The Board:

1. Noted the background information and planning timescales for the Better Care Fund;
2. Considered the 'long-list' of proposals for use of the Better Care Fund;
3. Delegated the authority for the formal sign-off of proposals, and full plans for the Better Care Fund, to the Joint Commissioning Forum, for ratification at a future meeting; and
4. Offered its support to using the Borderline and Peterborough Transformation Board as a key means of engagement with local stakeholders.

6. Public Health

(a) Joint Strategic Needs Assessment

The Board received a report following a senior management restructure and realignment of responsibilities, as presented to Full Council on 9 October 2013.

The report updated the Board on the work being undertaken to refresh the Children's JSNA and was intended to obtain its views on the proposed future work plan for targeted thematic JSNA refresh areas. Tina Hornsby, Assistant Director, Quality Information and Performance, introduced the report and provided an overview of the main points including publication of the last JSNA, which had been in 2011; the obligation to keep the JSNA up to date; how the work had commenced, including working on the Children's Needs Assessments; the range of updated national tools which were now available; and the work undertaken in partnership with Green Ventures to pilot a thematic refresh of the children and families JSNA, this refresh having taken 80 data sets containing the wider determinants of health and created an analytical database using Google Earth to allow comparison and contrast of data against geographical areas of the city, either at ward or lower super output area (LSOA) level.

Philip Hammond, Performance Manager, addressed the Board and in the first instance advised that JSNAs were statutory documents to be owned by the Health and Wellbeing Board, they were to be evidence led and include the wider detriments of health. The information must be accessible for stakeholders and the public and support the decision making of the Board. They should be easy-to-read documents supported by 'live' tools which reflected the current make-up of the local population and are regularly updated to take account of changes.

An interactive overview of the analytical database was presented to the Board along with examples of how the tool could be utilised and how it was proposed to use this information in the future in relation to the development of the JSNA and the identification of key priorities.

Members debated the report and presentation and comments and responses to questions included:

- The same information needed to be provided in relation to elderly residents;
- Going forward, information sharing needed to be improved. Once this information was obtained a true reflective picture would be shown;
- Data could be used in the future in order to target services with regards to possible increases in population figures;

- In terms of data sharing, the CCG would be in a better position to supply data as of April 2014, there had historical issues around information governance;
- There would be additional cost implications relating to acquisition of data, however these costs would be offset by the time savings made. However, there would still need to be analytical work undertaken;
- None of the core data sets had been updated since the previous JSNA had been published two years ago;
- The data needed to be used in order to prioritise and to understand how to allocate resources and to deal with emerging challenges in the city;
- It was proposed that the Health and Wellbeing Executive Board be utilised as a Steering Group; and
- Exploration should be undertaken in order to identify the resources required to keep the database as up to date as possible.

RESOLVED

The Board:

1. Supported the proposal to refresh the Joint Strategic Needs Assessment via thematic areas;
2. Considered the governance arrangements for agreeing and overseeing the work plan for the thematic refresh, using the Health and Wellbeing Executive as a Steering Group;
3. Received the update on the Children's thematic refresh and provided feedback on the model developed in partnership with Green Ventures, and
4. Considered thematic areas it would wish to see within the work plan, and agreed the proposed initial work plan.

(b) Interim Arrangements for the Director of Public Health

Jana Burton, the Executive Director of Adult Social Care and Health and Wellbeing, stated that as of the day after the meeting there would be an Interim Director of Public Health in place, Dr Henrietta Ewart. An overview of Dr Ewart's background was provided and it was advised that she would provide a clear steer and focus. The job descriptions for the permanent positions for Part Time Director of Public Health and Consultants, were due to be presented to the Employment Committee on 3 February 2014, after going to Public Health England for ratification. These job descriptions would be shared with the LCGs and CCGs.

7. Children's Services

(a) Joint Child Health and Wellbeing Commissioning Unit

The Board received a report following previous submission of a proposal for support in the development of a Joint Child Health and Wellbeing Commissioning Unit. Wendi Ogle-Welbourn, the Director for Communities, introduced the report and advised that it had been agreed that the local authority was to be the lead for the commissioning of child health services and that this would be encapsulated within a formal agreement, that being the Section 75. The Board was requested to support the next steps, those being to include the CCG financial envelope to align with PCC financial envelope and to take through the formal governance processes of the city council and the CCG, with an aim for all works to be complete, ready for the unit to be implemented from 1 April 2014.

Cathy Mitchell, Cambridgeshire and Peterborough Clinical Commissioning Group, advised that the Section 75 had been taken to the governing body of the CCG, and subject to some minor amendments within Schedule 7, the Section 75 was to be signed off.

RESOLVED

The Board:

1. Had no particular comments on the draft Section 75 Agreement and Operational Policy; and
2. Agreed to support the next steps in the development of the Section 75 Agreement and operational policy.

8. Adult Social Care

(a) Autism Self Evaluation

The Board received a report which informed it of the outcomes of the NHS England Autism Self Evaluation. This followed NHS England making it a requirement that the outcomes of the Self Evaluation be reported to Health and Wellbeing Boards in order to take note and monitor progress. Mubarak Darbar, Head of Commissioning Learning Disabilities, introduced the report and provided background to the Evaluation. Further key points were highlighted including the National Autism Strategy having been published in 2010 and the publication of a Local Autism Commissioning Strategy by NHS Peterborough in 2011; the four key sections included within the self-evaluation, these being 'Planning', 'Training', 'Diagnosis and Care' and 'Support'; the self-evaluation being multi-agency and including all partner agencies and service users; the improvement plan which had been put in place following the evaluation with ten areas of focus, this being led upon by a sub-group; a health and social care assessment framework which had been published in 2013, a requirement of which being that the Health and Wellbeing Board take note of both the autism self-assessment and the health and social care self-assessment.

Members debated the report and comments and responses to questions included:

- There was a joint Autism Strategy published in 2011 with partner agencies, and this was due for a refresh in 2014;
- Autism was a growing field and the numbers of individuals within the education system with autism could be substantially more than those that were currently identified. Ways of identifying these individuals needed to be addressed as part of the refresh. A robust system was also required in terms of pathway planning between children and adults;
- The report highlighted no major concerns and therefore the Board was content that the issue was being addressed satisfactorily; and
- The report should perhaps be revisited again with the Chief Executive of the Mental Health Trust.

RESOLVED

The Board considered and commented upon the contents of the report.

INFORMATION AND OTHER ITEMS

9. Officer Lead for the Health and Wellbeing Board

The Executive Director of Adult Social Care and Health and Wellbeing, stated that in relation to the change in responsibilities for the directorate for Adult Health and Wellbeing it would be pertinent for the Executive Director of Adult Social Care and Health and Wellbeing to become the lead Director for the Health and Wellbeing Board area of responsibility.

RESOLVED

The Committee approved the Executive Director of Adult Social Care and Health and Wellbeing's recommendation.

10. Executive Group Terms of Reference

The Board received a report following a previous resolution that an Executive Group be developed in order to support the work of the Health and Wellbeing Board going forward. The report further sought comments on the draft terms of reference for the Group.

The Director for Communities, stated that it had been identified at a recent meeting that the ability to co-opt the Area Team onto specific pieces of work should be incorporated into the terms of reference; that the Board should be referred to as the 'Programme Board' rather than the 'Executive Board'; and to add to the activities about looking at joint commissioning and delivery and the ability to co-ordinate ad-hoc pieces of work such as the peer review. The updated terms of reference would be re-circulated for information.

RESOLVED

The Board commented on and agreed the terms of reference for the recently formed Executive Group (now to be Programme Board) that would support the work of the Health and Wellbeing Board. This was agreed subject to the amendments specified by the Director of Communities and the inclusion of the current membership within the document.

11. Peer Review Update

The Director for Communities introduced Helen Gregg, the Project Officer within Children's Services, who provided a brief verbal overview of the situation relating to the status of the peer review. A two page briefing summary was circulated to the Board and it was further advised that a program was being put together which would involve Board Members. This program was due to be finalised by the beginning of the following week and Members would be contacted in order to identify appointment slots.

12. Health and Wellbeing Board Delivery Plan Update

The Board noted the updated Health and Wellbeing Strategy Delivery Plan.

13. November Newsletter

The Board noted the November Newsletter.

14. Schedule of Future Meetings and Draft Agenda Programme

The Board noted the dates and agreed future agenda items for the Board.

(a) SARC

The Director for Communities sought agreement from the Board that an item be brought to the next meeting around the Sexual Assault Referral Centre (SARC). This was approved by the Board.

1.00pm – 3.00pm
Chairman

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn, Director for Communities	Tel. 01733 863749

COMMISSIONING INTENTIONS – PRIORITIES FOR 2014/15

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn Director of Communities	**Deadline date: N/A**
The Board is asked to note and comment on the Commissioning Intentions of the City Council (Appendix 1).	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following the development of the commissioning intentions document that brings together the commissioning activity of children, community and adult services within the City Council.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to inform and seek the views of the Health and Wellbeing Board on the commissioning intentions.

2.2 This report is for the Board to consider under its terms of reference 2.3 'to influence commissioning strategies based on the evidence of the joint strategic needs analysis'.

3. BACKGROUND AND SUMMARY

3.1 The Health and Wellbeing Board has a critical role to play in ensuring that the commissioning and delivery of services is focused on improving the health and wellbeing of residents and that where joined up activity between Partners would secure further improvements and efficiencies this happens.

3.2 The commissioning intentions document (Appendix 1) sets out the commissioning intentions for children, community and adult services from across the council.

3.3 In order to explore the opportunities for more joined up activity the intentions will be shared at the Programme Board and also the Joint Commissioning Forum. (Peterborough and Borderline LCG's/LA commissioning group)

4. CONSULTATION

4.1 The commissioning intentions document has been shared with the City Council Corporate Management Team and will be shared at the Programme Board and JCF.

5. ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board will note the commissioning intentions document.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure the board are fully informed of the commissioning activity in the council and to have the opportunity to comment on the activity in relation to improving the health and wellbeing of residents.

7. BACKGROUND DOCUMENTS

7.1 None.

February 2014

Communities Directorate

Commissioning Intensions 2014-15

Lou Williams

VERSION 1.3

2014/15 Commissioning Intentions for Communities

Introduction

This document sets out the principal commissioning intentions for the Communities Directorate of the Council for the financial year 2014/15. It is intended to assist internal and external partners and organisations in understanding our commissioning priorities and to shape their business planning processes accordingly.

The Council's approach to commissioning for its residents has changed. Previously commissioning took place in four different Council departments - Adult Social Care, Neighbourhood Services within the former Operations department, Children's Services and Public Health. However, following the re-organisation of the council, all of the council's commissioning activity as this affects people is now managed within a single Council Department – The Communities Directorate.

Commissioning is the process by which councils decide how to spend their money to get the best possible results for individuals and communities, based on local needs. It is about assessing the needs of residents of all ages and deciding how best to use the limited resources available to meet those needs and tackle local issues and problems to support local people to reach their full potential and lead happy and healthy lives.

The Communities Directorate aims to achieve the following by its' integrated approach to the commissioning of services:

- Enabling the council to commission and provide services that reflect how people really live;
- Improving access to services for residents of all ages;
- Providing a common assessment framework for assessing need to reduce the number of assessments residents need to have in order to access services that they need;
- Making savings through greater buying power by bringing together all functions into one department instead of four;
- Reduction in duplication of tasks;

In order to ensure the benefits set out above are achieved the new department will focus upon:

- Achieving better value for money;
- Addressing increasing demand for services [Growing numbers of children and older people, Inward migration, health inequalities, and the impact of welfare reform];
- Ensuring services are safe and meeting needs;
- Ensuring the right services, are offered to the right people, in the right place, at the right time and at the right cost.

Overarching Aspirations

Peterborough City Council has the highest aspirations for its citizens and wants them to be safe, healthy, happy and fulfilled. We want them to enjoy and benefit from educational, training and social opportunities that maximise their skills and develop their abilities so that they can realise their ambitions in terms of employment opportunities and general life chances. We believe that citizens are best nurtured and developed within strong families and communities.

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

We will ensure that our citizens can access a wide choice of services delivered close to home and focused on maximising independence. On the rare occasions when people need more specialist provision that cannot be offered within their communities, we will ensure this can be accessed in a timely way and is of the highest quality. We will make sure that people only access specialist provision for as long as absolutely necessary and will focus our attention on speedy and safe returns to their home and community or seek the best possible permanent alternative.

Where people are not safe to live at home we will provide them with high quality placements preferably in city ,stability, excellent health and social care services and the ability to access education, employment and leisure pursuits.

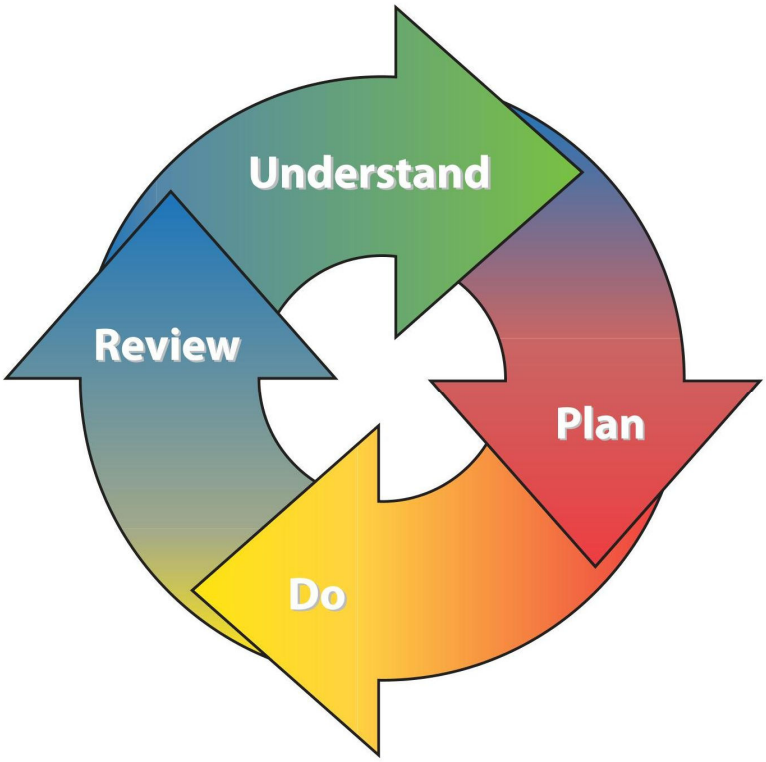
Our staff are at the core of delivering excellent services and we are committed to engaging with our workforce through clear communications, inspirational leadership and creation of a culture which values excellence, innovation and trust.

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

As commissioners we need to ensure that we make best use of the public money we have available to us, and we will work hard to achieve an appropriate balance between price and quality in our contractual arrangements with the market. We will seek opportunities to bolster public funds by the use of contracts that enable the drawing down of other funds or operate on a payment by result basis or where additional social capital can be evidenced. We will consider opportunities to support social enterprises and charitable trusts and other community models of delivery. We see this as being central to our vision of having a sustainable competitive market that encourages new and innovative ways of delivering services.

Overarching Approach to Commissioning

At its' simplest, the process of Commissioning is as represented below:



In the above, 'Understand' is about really knowing the needs of the communities in Peterborough. This means that any description of commissioning intentions needs to be supported by a robust analysis of need.

'Planning' is encapsulated in this paper; it is the stage at which, having analysed the needs, we set out how we plan to meet these and how we can do this in partnership with other key commissioners and existing providers of services.

As well as actually delivering services – commissioned and provided – it is essential that the effectiveness of those services in delivering improved ***outcomes*** for the communities of Peterborough is kept under continuous review.

We are working with a range of providers and potential providers locally and regionally to inform them of the current and future needs of our Communities. The key outcomes that we are seeking to achieve include:

- Enabling citizens to access a system of support that makes sense to them through the provision of quality Information, Advice and Guidance;
- Enabling citizens of all ages to live at home and in their local communities, supported by evidence based interventions that build resilience, promote self-help and independence;

- Ensuring people have the choice of a range of high quality and safe specialist interventions that are close to home and which are provided only for as long as necessary.

In order that these outcomes are delivered, we know that we need to be developing our local market of providers, enabling local providers to expand their portfolio of services in line with the outcomes of our commissioning intentions wherever we can.

On some occasions we also know that we may need to encourage new providers to become established locally, where there is a lack of existing capacity to meet specific local needs.

While we are committed to supporting and sustaining local providers, we also have an obligation to local tax payers to ensure that we enable the market to provide both choice and value for money.

As a major commissioner of services locally, we are also committed to use our commissioning processes to encourage local providers to develop business practices that are beneficial to them as organisations as well as the local community. We will therefore work with providers to ensure that where possible, local providers offer:

- Employment opportunities that target vulnerable groups including the long term unemployed and, where appropriate, those with learning or other disabilities;
- Apprenticeships and similar opportunities to some of our most vulnerable groups including young people who are in care or who have left care, the long term unemployed and those with learning or other disabilities.

High Level Needs Analysis: Children, Families and Communities

An extensive analysis of needs was undertaken for the Prevention and Early Intervention Strategy in 2012; this needs analysis has been kept under continuous review. Key areas identified included:

- A rapidly increasing 0-19 population that is becoming increasingly diverse;
- Some of the highest levels of child poverty and housing need in the Eastern Region;
- Significant numbers of children and young people affected by parental mental health, substance misuse and Domestic Abuse issues;
- Many maternal indicators of child health are poor, including rates of smoking in pregnancy, rates of breastfeeding, and very high child mortality rates for children and young people aged 0-17;
- There are high rates of teenage pregnancies in the city compared to statistical neighbour and national averages;
- Overall attainment levels are low, and there is too much of a gap between achievement of all children and young people and those who are disadvantaged at all levels from foundation to Key Stage 4;
- There is a considerable gap in attainment at all levels among students who have English as an Additional Language;
- The adult population in Peterborough has much lower levels of educational attainment than UK averages with the likelihood that this feeds through to lower levels of aspiration for children and young people in general;

- Although the direction of travel is positive, Peterborough has levels of young people who are Not in Education, Employment or Training [NEET] that are higher than we would wish, particularly among certain groups – notably young people with learning difficulties;
- Increasing numbers of children and young people with disabilities and high numbers of children and young people with statements of special educational needs who are educated outside of the City;
- Significant numbers of children and young people who have emotional and behavioural difficulties – often as a result of parental difficulties such as substance misuse and domestic abuse, and who struggle to access the support that they need.

Increasing Population and Diversity

Peterborough has one of the fastest rising populations in the country. This is in line with our determination to be a dynamic and high achieving City; Peterborough currently has the highest rate of job creation in the Country. Nevertheless, an increasing population of children and young people implies an increasing demand for services at a time when public sector resources are reducing.

The table below indicates the projected population increase among children and young people in the City:

Age	2001	2010	2011	2013	2016	2021	2026	2031
0-4	10300	13800	14300		15900	17500	17300	17100
5-10	13200	13400	13800		17600	19800	21000	20800
11-15	10800	11000	10800		11300	14500	16000	17000
16-17	3950	4200	4100		4250	4500	5700	6200
Total 0-18	38250	42400	43000	46,500	49050	56300	60000	61100
% change from 2013	N/A	N/A	N/A	0%	+ 5.7%	+21.1%	+29.2%	+31%

At the same time, the community we serve is becoming increasingly diverse and the rate of demographic change is fastest among the child population.

The combination of rapidly increasing population size with a fast changing demographic mix has the potential to place significant strains on infrastructure. As a City, we are experiencing some of the biggest pressures on the availability of school places, for example, while there is also significant pressure on availability of suitable and affordable good quality housing.

Pressures on the availability of these essential resources can in turn negatively impact on overall community cohesion.

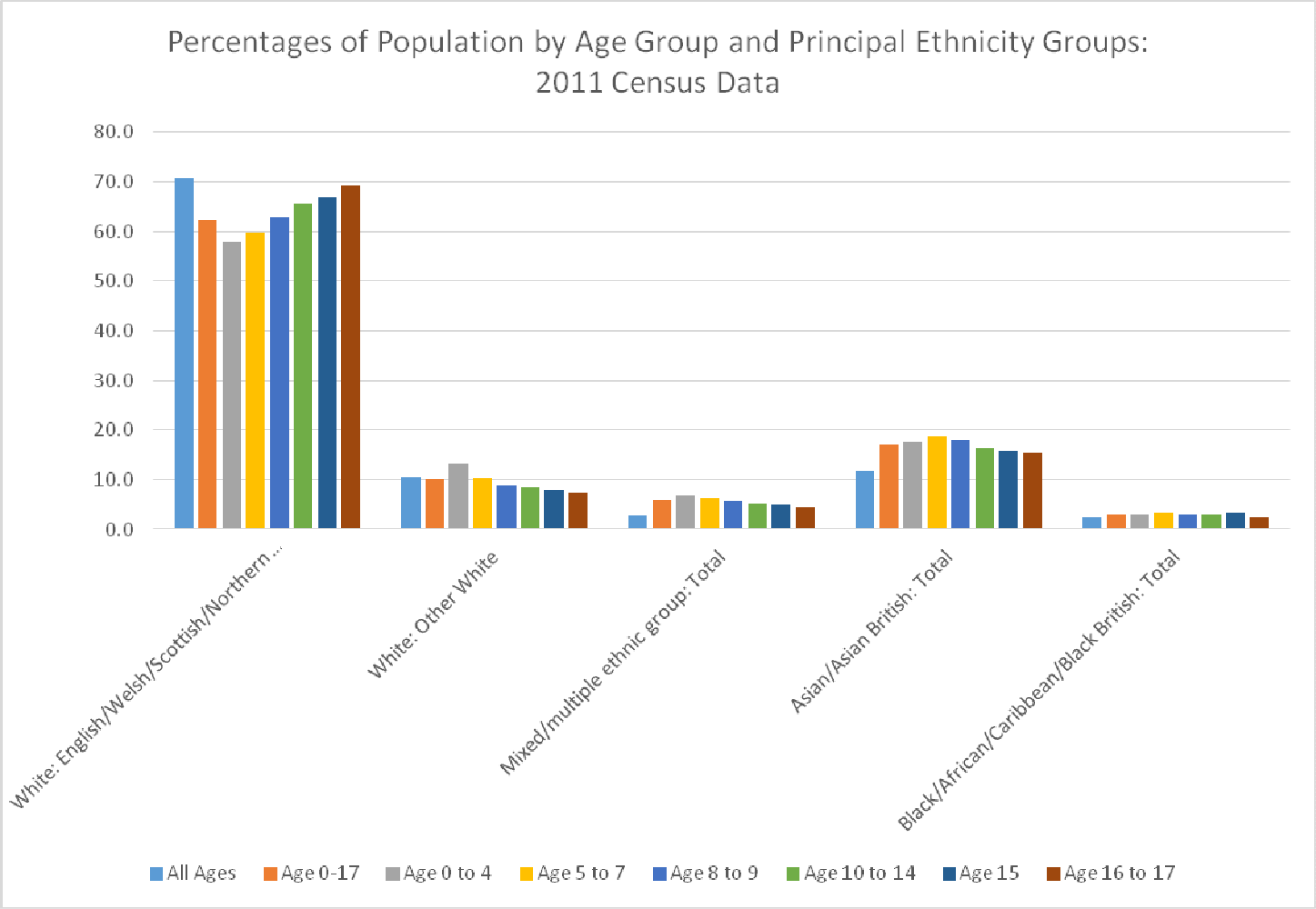
In order to help meet increasing demand on resources resulting from an increasing population, we are keen to help communities to help themselves as far as we can; enabling communities in this way has a number of advantages, including:

- Providing pathways into employment among those volunteering to support others;
- Improving accessibility to support, reducing stigmatisation and building community resilience and relations;

- Reducing levels of dependency.

We are also seeking to engage with the community and voluntary sectors more broadly and in particular with the local CVS to both harness the commitment of the sector in meeting need and where we can, to support its' continuing growth and development.

The chart below summarises the changes taking place within the City's Population of children and young people:

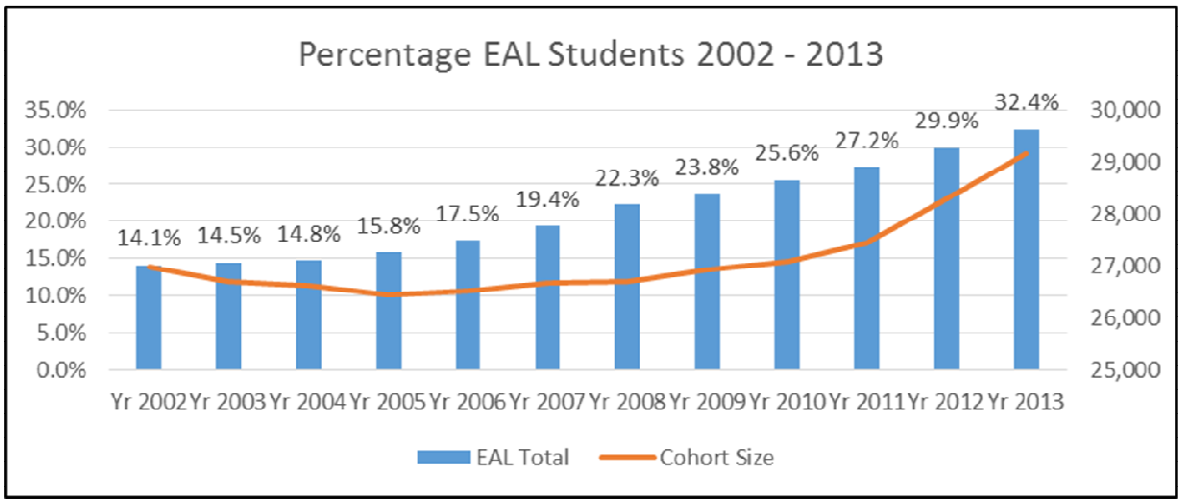


The chart above illustrates how the proportion of people from White British backgrounds is smallest among the 0-4 age group while this same age group has the highest proportion of people from 'Other White' backgrounds.

The proportions of children coming from mixed cultural heritages is also higher among the younger age groups, whereas the distribution among the age groups within the 0-17 age range remains broadly flat among the Asian/Asian British and Black/Black British populations.

The overall pace of change can be seen by the change among the White British population by age group. Of 16 and 17 year olds, 69% are from White British backgrounds – broadly the same proportion as the whole population where 71% are from white British backgrounds. Among the 0-4 age group, the proportion from White British backgrounds falls to 58%.

Increasing proportions of the population have English as an Additional Language, as is illustrated by the chart below which shows the rapidly increasing proportion of students in our schools who come from homes where English is not the language spoken:



This changing demography means that commissioned and provided services must be able to demonstrate their ability to reach all sections of the communities and in particular those who are at risk of poorer outcomes.

Other Factors Impacting Outcomes

There are a number of needs across the City that are associated with significant proportions of our population of children and families achieving less than their full potential. These include:

Securing the Best Start to Life

Many maternal and child health indicators within the City are poor, with higher rates of smoking in pregnancy and lower rates of breastfeeding.

Child Poverty

Just under a quarter of the children and young people living in Peterborough live in poverty. In a City as diverse as this one, this overall rate masks significant variations. Within the more deprived areas of the City, ward level child poverty in some wards is as high as 35% and in some smaller areas of the City, the rate reaches almost 50%.

The long-term impacts of child poverty are well documented and we are committed to seeing a reduction in the number of children and young people affected by this issue. Supporting a return to employment, particularly among workless families, is therefore a high priority.

Educational Attainment

One of the best ways of securing a route out of poverty and other poor outcomes is for children and young people to achieve their full potential in education.

Overall educational attainment in the city – and particularly that among the most vulnerable groups – remains below where we would like.

Achieving sustained improvements means ensuring that as many young children from vulnerable groups as possible access free childcare in order that they begin to learn social skills and language skills and so arrive at school ready to learn.

The 'Attainment Gap' among pupils with English as a Additional Language is particularly wide in Peterborough and though we have a number of programmes in place to support children and families we need to continue to find new ways of supporting pupils from these groups to ensure that they achieve the full potential.

Increasing Numbers of Children and Young People with Disabilities

In part related to the overall increase in the child population, a growing number of children and young people in the City have complex disabilities. The services that we commission and provide therefore need to respond to this increase if we are to ensure that this group of children and young people are able to remain living with their families and access local schools in accordance with their expressed wishes and their right to a family life.

Children Experiencing Emotional and Behavioural Difficulties

There is considerable evidence of significant numbers of children and young people in the City who have emotional and behavioural difficulties. These difficulties are often the result of deep-rooted issues affecting family functioning, including the impact of:

- Deficits and gaps in parenting skills;
- Parental ill health and/or disabilities, mental ill health, substance or alcohol misuse difficulties;
- High levels of Domestic Abuse in the City;
- High levels of homelessness, overcrowding and poor quality housing in the City.

Children affected by these issues are likely to achieve poorer social, health and educational outcomes making it a key priority to tackle the root causes of these difficulties while building resilience among those children and young people affected by them.

Children with Special Educational Needs

Historically, Peterborough has had significantly higher proportions of children and young people who have identified special educational needs. A higher proportion of these pupils are educated outside of the City than is the case among our statistical neighbours. Such education is not only at a much higher cost than mainstream education, it also means that too many of our more vulnerable children and young people face long journeys to and from school, and frequently become isolated from local friendship groups.

We want to change this by working with schools and independent sector providers to enhance the range of local provision available for children and young people with additional educational needs.

Other sources of information

The above represents only a high level description of the needs analysis relating to children, families and their communities. More in-depth analysis is available within the Prevention and Early Intervention Needs Assessment and the Children and Families Commissioning Board Annual Report 2012-2013.

Commissioning Intentions: Children and Families

Maternal and Child Health

A variety of interventions to support improved maternal and child health outcomes has been commissioned recently. These include:

- The Family Nurse Partnership, which supports vulnerable teenage first time parents;

- The Healthy Child Programme, which focuses on early identification of vulnerable parents and a more joined up approach to maternal and child health.

Responsibility for the commissioning of School Nursing services has recently transferred to the local authority. Responsibility for the commissioning of Health Visiting services will transfer in 2015.

The council will be exploring the re-commissioning of these services in due course. And re-commissioning of the School Nursing Service will take place in 2015. It is likely that service specifications for both services will emphasise:

- An ability to reach the most excluded populations;
- An ability to work with parents in their first language.

For Health Visiting, any specification is likely to emphasise improved outcomes in relation to:

- Attachment and infant mental health;
- Breastfeeding rates;
- Rate of take-up of free childcare places among vulnerable parents;
- Immunisation rates;
- Smoking cessation rates among parents.

For school nursing, any specification is likely to emphasise improved outcomes in relation to:

- Reductions in child obesity;
- Provision of support that improves behavioural, emotional and mental wellbeing;
- Enuresis management and support;
- Smoking prevention and cessation among young people;
- Contribution to reduced teenage pregnancy rates;
- Reduced levels of substance misuse.

Early Years

Changes in funding arrangements by Central Government mean that there is no longer any specific amount of funding earmarked for the provision of children's centres. This means that the Council is having to make difficult decisions in relation to reducing the number of children's centres that will continue to operate. Remaining children's centres will focus on meeting the needs of the most vulnerable children and their families.

However, the Government has significantly increased the level of funding to enable access to 15 hours free child care for children in low-income homes, and to guarantee 15 hours free child care for all children aged 3 and 4 years of age.

As of September 2013 the most disadvantaged two year olds became entitled to free, part time, early education based on free school meals criteria as part of governments drive to improve the quality of childcare provision and give those children a good start in life. From September 2014 more 2 year olds will be eligible for free early education, as well as the current rules, a child will then also be eligible if any of the following apply:

- In receipt of Working Tax Credits and earn no more than £16,190 a year;

- Have a current statement of special educational needs (SEN) or an education, health and care plan;
- In receipt of a Disability Living Allowance;
- Have left care through special guardianship or an adoption or residence order.

The new criteria, applied from September 2014, will see an increase of approximately 150% of those eligible for free places in Peterborough. This significant increase in numbers will impact the local market and will require well planned and targeted market development.

We will be publishing a revised market position statement to give providers the opportunity to make informed investments and the confidence in likely demand and occupancy levels. We are committed to developing a high quality market and in order to do so there will be training and quality improvement support made available from the Council's Early Years team.

There is also additional funding being provided for schools though the pupil premium to enable them to provide additional support to children who need more help to achieve their educational potential. This may include before and after school activities and this may also provide opportunities for local providers to develop creative provision to meet growing demand in this area.

Children with Behavioural and Emotional Difficulties

Significant numbers of children – particularly at primary school age – are being identified as being affected by emotional and behavioral difficulties which are impacting significantly on their capacity to achieve their full potential. As detailed above, these difficulties are often related to problems they are experiencing at home such as a lack of parenting skills, poor quality interaction between parents and their children, low parental aspirations for their children, together with more complex difficulties such as parental ill-health, substance misuse and Domestic Abuse.

We will be working with schools in the coming 12 months to develop a home to school behavior support service that focuses on supporting parenting skills and difficulties in the relationship between parent and child and parent and school, with the expectation that there is a significant reduction in the numbers of children affected by emotional and behavioural difficulties.

Outcomes required of any behavior support service will include:

- Reductions in fixed term and permanent exclusions;
- Reductions in part time school timetables;
- Conformation through the Outcomes Star measure of distance travelled that at least 80% of interventions have been effective in reducing levels of challenging behavior and/or emotional distress exhibited by those children engaged with the new service;
- Reductions in the use of Learning Support Assistants in school to support pupils who do not have statements of special educational need or an Education, Care and Health Plan;
- Reductions in the numbers of pupils who are assessed under the category of emotional, behavioural and social difficulties;
- Reduced referrals for specialist assessment through Child and Adolescent Mental Health Services;

We will also want to see evidence of:

- A fast response to referrals to the service, and;
- Effective joint working across the home and school boundary to ensure that approaches to behavior management are consistent.

See also the next section – 'Child and Adolescent Mental Health Services'.

Child and Adolescent Mental Health Services

The key challenges in relation to delivery of effective Child and Adolescent Mental Health [CAMH] services in Peterborough relate to the delivery of a comprehensive service that can meet mental health and emotional wellbeing needs of all children and young people in the City, and help to ensure that those with less serious difficulties get the help and support that they need so their problems do not get more severe. This overall ambition is set out in the Emotional Health and Wellbeing Strategy, which is available separately.

We are therefore committed to developing, coordinating and enhancing the range of early intervention services available to support children and young people's mental health and emotional wellbeing. A central pillar of this approach will be to increase the level of training and support so that universal services are more able to meet lower level emotional wellbeing and mental health needs without referring children on to new services. This training and support will also be aimed at supporting those working in these settings to better recognise where symptoms are potentially indicative of the early on-set of more serious difficulties, and where early referral to specialist services is required.

As well as providing training and support to universal services, we recognise that targeted services at Tier 2 have an essential role to play in preventing identified mental health and emotional well-being issues from becoming more entrenched. These services have been under considerable pressure in terms of demand, and we will work with our partners to do what we can to identify additional resources to enable us to invest further in services at Tier 2.

Development of a comprehensive CAMH Service will take time, and so out commissioning intentions are broken down into short term and longer term as follows:

Short Term CAMH Commissioning Intentions:

Outcome 1: Staff working in universal settings are better able to address low level mental health and emotional wellbeing needs, avoiding onward referral, while being able to recognise early symptoms indicative of more serious problems.

Training and support provided to practitioners within universal settings will result in:

- Increased emotional literacy and resilience among children as measured by emotional health and wellbeing surveys;
- Improved ability of staff to manage challenging behaviour through addressing emotional wellbeing and mental health causes;

- Increased knowledge of the care pathways in relation to emotional wellbeing and mental health, and of how to support those children who require more specialist support as indicated by reduced levels of failed appointments.

Outcome 2: Continued development of evidence-based early intervention services at Tier 2.

We will seek to work with partners to Jointly Commission a range of evidence based interventions that prevent or address emerging mild to moderate mental health issues as part of a whole life-course care-pathway.

Outcomes to be archived through this approach include:

- Increased emotional literacy and resilience among children as measured by emotional health and wellbeing surveys;
- Reduced referral rates to Tier 3 Specialist Mental Health Services because needs are being successfully met at an earlier stage;
- Reduced rates of referrals into Tier 3 Specialist Mental Health Services that do not meet criteria for these services;
- Parents and especially young or otherwise vulnerable parents are better supported so that their children form secure attachments with them;
- Parents are better supported to enable them to address the needs of children who have early onset behavioural problems or emerging health needs;
- Parents and their teenage children are able to access sources of support that reduce levels of family tension and the possibility of a breakdown in family relationships at this often challenging developmental period;
- Children and young people who require psychological and/or talking therapies are able to access these without delay.

In all of the above, providers of services will be required to demonstrate impact using an agreed clinical outcomes or other appropriate outcomes measure such as the 'Outcomes Star' in order to evidence improvement.

Wherever possible, services delivered at Tier 2 will avoid stigmatisation through being delivered in community settings such as schools, colleges, early years' settings. They will be required to meet the 'Your Welcome' criteria, which provides a benchmark for ensuring the accessibility of services to children and young people.

A review of capacity of current Tier 2 services will be undertaken in 2014/15 to explore whether there is potential to identify additional resources in order that the services can meet increasing demand.

Overall services to be offered at Tier 2 will be re-commissioned against the above outcomes with the aim that they be ready for implementation from 2015.

Longer Term CAMH Commissioning Intentions:

By 2016, we aim to have a fully comprehensive CAMH service available to the children, young people and their families of Peterborough.

Building on the improved outcomes at prevention and targeted levels as described above, CAMH services in the City will operate as part of a life-course care-pathway that adopts a 'whole family' approach to improving mental health through pregnancy, infancy, childhood, adolescence and parenthood. This will be achieved through:

- A balanced approach to delivery of evidence-based prevention, early intervention and treatment services through a stepped care model;
- The provision of user-led services that are accessible and non-stigmatising, moving away from traditional clinic-based approaches to services being delivered in community settings wherever possible and appropriate;
- A rigorous approach to performance monitoring that requires all services to demonstrate the outcomes that they have achieved in terms of securing improvements in mental health and emotional wellbeing.

We will work with colleagues in Adult Mental Health commissioning to seek to address what many young people with significant mental health difficulties experience as a 'cliff-edge' between the services they are able to access as a 'child' under 18 and as an adult post 18. This point of transition can lead to some of our most vulnerable young people being lost to the system as they become adults, with significant detrimental consequences for their long term outcomes.

Children with Special Educational Needs and/or who have Disabilities

Children and Young People with Special Educational Needs: The Children and Families Bill

The Children and Families Bill will receive Royal Assent during 2014 and many of the central aspects of it will begin implementation by September 2014. This new legislation will have far-reaching implications for the way that children and young people with special educational needs and/or who have disabilities will be supported to achieve their potential.

The legislation is underpinned by a number of fundamental principles, including:

- That every child should be given the best chance to succeed in life;
- Professionals who work with the fifth of children and young people who have a special educational need [SEN] should strive to enable them to achieve at school and college, and make a successful transition to adulthood, including finding paid work, living independently and participating in their community;
- That children and young people are placed at the heart of the system.

The Children and Families Bill and associated regulations take forward wide-ranging reform of the system for identifying, assessing and supporting children and young people with special educational needs and their families. Those reforms make provision for:

- Close cooperation between all the services that support children and their families through the joint planning and commissioning of services;
- Early identification of children and young people with SEN;
- A clear and easy way to understand the 'local offer' of education, health and social care services to support children and young people with SEN and their families;
- For children and young people with more complex needs, a coordinated assessment of needs and a new 0 to 25 Education, Health and Care plan (EHC plan), for the first time giving new rights and protections to 16-25 year olds in further education and training comparable to those in school;
- A clear focus on outcomes for children and young people with Education, Health and Care Plans, anticipating the education, health and care support they will need and planning for a clear pathway through education into adulthood, including finding paid employment, living independently and participating in their community;
- Increased choice, opportunity and control for parents and young people including a greater range of schools and colleges for which they can express a preference and the offer of a personal budget for those with an EHC plan.

Successful implementation of these changes will take some time to achieve. However it is clear from the above that, together with our partners in health commissioning and commissioning of services for adults with disabilities, the outcomes that will be required from commissioning activities will include:

- Greater choice of provision to meet the needs of pupils with special educational needs, ensuring that as many pupils as possible are able to have their needs met within local provision;
- A greater emphasis on securing eventual employment and increased independence for all children and young people, including those with some of the most complex needs;
- The potential remodelling of service delivery and commissioning frameworks to ensure that we are fully able to deliver the 0-25 agenda.

This is a complex and fast developing area that will inevitably lead to significant changes in the outcomes against which services will be commissioned in this area in the future.

A high level delivery group has been established with a number of work-streams including one that focuses on enabling independence through the commissioning of services. As the output of the work streams develop, more detailed commissioning intentions and time-frames will be published.

Support to Children with Disabilities

A number of preventative short breaks to families with children and young people with learning and physical disabilities and complex needs including behavioural and health needs are currently provided by The Manor and Cherry Lodge, operated by Peterborough City Council, and the Otters Retreat, operated by the Cambridgeshire and Peterborough Foundation Trust [CPFT].

Family based short breaks are available through our link care scheme, enabling children and young people with disabilities to be linked to carers who are able to offer support to them and provide breaks from caring responsibilities to their families.

We have also commissioned a wide range of 'wrap-around' and flexible community based short break services that include a range of clubs and activities.

Our health partners alongside ourselves are currently considering services offered by The Otters, in line with our commitment to improve the flexibility of short break services and increase their reach to enable them to support an increased number of families. This is essential given the projected increase in the numbers of children and young people who have disabilities in the City.

The potential re-commissioning of services currently provided by the Otters will take place within the context of a compressive review of the whole short break offer against the evidence within the Joint Strategic Needs Assessment of the current and future needs of children and young people with disabilities and their families in Peterborough.

The continuing development of flexible short breaks services also needs to enable us to deliver our new responsibilities within the new Children and Families Bill by in particular, working much more closely with Adult Services to develop an integrated offer covering the age range 0-25.

Specific areas of commissioning activity include:

- A city-wide sleep management programme for children with complex needs and associated difficulties in developing a regular sleeping routine to be in place by October 2014;
- Re-commissioning of the current community short breaks services by 2016.

The re-commissioning of the community short breaks services will be informed by a 'mini-review' during 2015 that includes evaluation of the usage of the current schemes and consultation with parents, children and young people about their views of the future of the services, given the increasing emphasis on the use of direct payments and individual budgets in order to meet needs.

Overall, the outcomes required of all commissioned services in this area is to enable children and young people with disabilities to:

- Be supported to enable them to remain living with their families throughout their childhood and adolescence wherever possible;
- To develop independent living skills so that they are prepared to live as independently as possible as adults, able to exercise free will and choice in line with their rights and responsibilities as citizens;

- To be able to access the world of employment and so achieve economic self-determination wherever possible.

Support to Carers

Before 2014, services for children and for adults have been commissioned separately and while the results have been positive, we are determined to promote a more joined up approach in order to promote 'whole family' approaches and make services easier to access. This approach brings together services and focuses on shared outcomes while recognising the clear differences in needs of carers of all ages who will use the service.

The council will commission a high quality, city wide carers' service, which delivers support to carers of all ages. The service will improve outcomes for carers by:

- Increasing awareness of carers across the city, ensuring all relevant agencies and the general public can recognise carers and understand the issues which carers face;
- Identifying carers early in order to provide appropriate support and advice, including signposting on where relevant;
- Enabling carers to access the information they need, when they need it and where they need it;
- Providing personalised support;
- Supporting carers to stay physically well and experience emotional well-being;
- Ensure that young carers and vulnerable adults are safeguarded;
- Promoting choice, control and independence for carers;
- Supporting carers to have equal access as their peers to education, employment, training and leisure opportunities;
- Providing access to short breaks/respite for carers;
- Ensuring carers influence the design and running of their services in Peterborough.

Alternative Education

A number of pupils find accessing the traditional school curriculum difficult. They may struggle with some of the more academic subjects or with rules relating to behaviour standards and expectations. Often, this group of pupils will be among the more vulnerable of our children and young people.

These pupils need particular care and support if they are to achieve their potential and avoid the risk of being unable to access the labour market as adults. This is where alternative education provision of high quality that is carefully matched to the child or young person's skills, abilities, interests and aspirations can make a significant difference to their lifelong chances.

There is already a wide range of this type of provision available in the City, and much of this is accessed directly by schools, who retain responsibility for their pupils who attend the provision on, whether they do so on a temporary, permanent, full or part time basis.

However, much of the knowledge of the provision that does exist is somewhat ad hoc, and we have an obligation to ensure that provision offers a quality service that results in recognised educational and/or vocational outcomes.

Over the course of the coming year, we will therefore be seeking to engage with the current providers and explore with schools whether there are any particular areas of unmet needs in relation to this type of provision. We will then seek to develop a rolling framework agreement. Providers of this type of provision will be able to enter the framework having satisfied a number of quality assurance and safeguarding requirements.

Schools will then be able to access the provision through the framework, confident that the quality of the provision has been assessed. New providers will be able to join the framework agreement, ensuring that any changes in need can be responded to without delay.

Pupils who have English as an Additional Language

As noted above, there is a rapidly increasing population of pupils who have English as an Additional Language. Outcomes for this group of students are significantly poorer than their peers who have English as their first language. This is the case both for those who join school in this country having moved with their families from abroad as well as for those groups who have been in the UK for longer and who join school in Reception.

We are determined to narrow this gap in performance. We are therefore intending to commission an organisation to enable schools to respond to the needs of EAL pupils. The service will be commissioned and in place prior to the end of the 2013/14 academic year to enable an effective start to the 2014/15 academic year.

We are also interested in commissioning smaller community-based organisations that can engage with the newly arrived communities and improve take up of free childcare places for 2 and 3 year old children, so that children for these communities have a better opportunities to develop their English Language skills and so arrive in school better equipped to learn.

Family Support

Last year's plan identified the need to spot purchase Family Support services at a range of intervention levels, use of this service has been valuable and referral data from Multi-agency support groups (MASG) would evidence a steady and successful use of Family Support to safely step-down support from Children's Social Care to support offered at a targeted level. Therefore the intention for the coming year will seek to develop a framework for Family Support which is functional at all the necessary levels, from Crisis Response through to continuing support via a Family Aide. This work will focus on developing the market to improve flexibility, increase the range of type of intervention, whilst improving the price by undertaking a competitive commissioning exercise. The framework will provide:

- **Crisis Response:** services able to operate out of hours and which can help families deal with a crisis that might otherwise lead to family breakdown. The service should then work with the family to support them into accessing less intensive community-based services and/or formalised parenting/family support programmes as appropriate but it should be recognised that some families are characterised by an on-going pattern of crisis flare-ups and so may not be possible to safely de-escalate to lower level services;
- **Domiciliary Care/on-going Family-Aide Support:** for those families where a low level of support is likely to be needed on a long term basis, for example to stop home conditions deteriorating to an unacceptable level: services to be monitored through the MASG where

cases closed to children's social care. However, rather than looking to commission service providers in this area, we will begin by discussing with providers who have been recently commissioned by adult services to provide domiciliary care whether they are able to offer this type of support;

- **On-going as and when support to families as appropriate:** Offering families a telephone-based crisis response service including out of hours for when family relationships seem to be deteriorating once more – most likely to be most effectively provided as part of the crisis support service above.

Children in Care and/or subject to legal interventions

An increasing population of children and young people in the City implies that it is likely that there will be an increasing number of children and young people who will need to become looked after. This means that the Council will continue to focus on recruiting our own foster carers over the coming year.

However, we will continue to remain reliant on foster carers provided by Independent Fostering Agencies and in particular when it comes to identifying foster carers who are able to meet the needs of young people who display some challenging behaviour and those who are able to care for sibling groups.

The increasing numbers of children and young people from Eastern European countries means that we need foster carers from these communities who can provide high quality care while marinating continuity of language and cultural expectations.

We are also committed to ensuring that as far as possible, children who need to become looked after are placed as close to their home communities as possible and so we are particularly keen to see the number of foster carers available within or close to the City continue to increase.

We have a number of children who are placed a considerable distance from the City in foster placements that are supported by integrated specialist school provision and therapeutic support. We are confident that similar locally available and high quality care placements based on this model of provision would be used by Peterborough children and young people in care.

Semi-Independent Accommodation for Young People aged 16 and 17

Peterborough led a scoping exercise in the region to see if a regional approach to market development would be beneficial. The scoping exercise led to the development of the 'Other Arrangements' document, the document provides a framework for placing children looked after and care leavers aged 16 and 17 in accommodation or placements which are not registered under the Care Standards Act 2000.

This development will be embedded in work which is currently taking place with the market to increase semi-independent living options for 16 and 17 year olds who are looked after, focusing around the availability of providers able to source a range of accommodation and supply flexible support packages that range from 24/7 on-site support to minimal non-resident floating support.

We expect to begin the formal tender for providers to join a framework agreement for the provision of this type of accommodation early in the financial year 2014/15. Outcomes that providers will be expected to be able to demonstrate that they can achieve will include:

- Securing employment, education or training for the young people using the schemes;
- Developing independent living skills so that young people are able to assume responsibility for their own tenancy by the age of 18;
- Ability to work with young people so that they are able to make better informed choices around such issues as:
    - Friendships;
    - Sex and relationships;
    - Alcohol and substance misuse.
- Ability to support mental health and emotional wellbeing issues directly when these are at a low level and to work with specialist services in this area where necessary;
- Ability to promote and enable family contact where this in the long term interest of the young person concerned.

Advocacy Services

It is essential that children and young people have a voice and their views and opinions are heard; this is especially the case where decisions are being taken that have the potential to have a significant impact on their lives, including:

- Whether a child protection plan is needed in order to ensure their safety and wellbeing;
- When they are about to come into care or are already looked after.

In 2012, the Council jointly commissioned an advocacy service for children and young people in the city, including a visiting advocacy service for the three residential facilities in the city. This service continues to be successful and the contract has a further two years to run during which we will continue to actively monitor the performance and outcomes of this contract in 2014/15.

Transport Arrangements for Children in Care

The relative shortage of care placements available within the City boundary has meant that the cost of providing transport to ensure that children and young people are able to attend school, have contact with their families and so on is much higher than we would wish.

Enhancing the number of in-city placements as described above is clearly the best way of achieving a reduced spend on transport costs as this is also better for children for other reasons. However, the priorities for 2014/15 in relation to this area of spend are:

- To embed the current transport policy which emphasises the use of public transport wherever possible;
- To undertake a scoping exercise to establish whether there are other models of sourcing transport for children and young people who are in care that result in savings for the local authority.

Expert Assessments

There is a range of assessments commissioned for families, children and young people with regard to determining the most appropriate arrangements for their long term care.

We wish to continue to develop the market for these assessments to ensure high quality, timely assessments continue to be delivered and act as an evidence base for decisions. In some instances,

such as cognitive functioning tests, assessments need to be undertaken at an early stage of the case to avoid the potential for the case to go beyond 26 weeks. The following assessments will continue to be commissioned:

- Viability assessments, whereby family/friends are identified and assessed as potential carers for child at risk of being removed/coming into care;
- Parenting assessments are commissioned for complex cases cannot be catered for in the social workers capacity;
- Psychological assessments, psychiatric assessments and cognitive functioning tests will be commissioned, following advice from the court, where at the earliest stage in the case to prevent cases going over 26 weeks;
- Risk assessments will be commissioned where sexually harmful and inappropriate behaviours are presented;
- Residential parent and child assessment will continue to be commissioned to provide the necessary information on whether a child can safely remain in the care of their parents;
- Overseas assessment When a family member identified as a potential carer for a child in care, the significant proportion of these assessments are undertaken in Eastern Europe as a result of the increase of eastern European migrants;
- Age assessments, the preliminary and Merton compliant assessments will continue to be commissioned for asylum seeking young people for whom we need to assess age.

We may consider developing framework contracts for some or all of the above types of assessment but the development of any such framework contracts is unlikely in the financial year 2014/15.

Commissioning Intentions: Communities

Harnessing and Building Community Capacity

At the heart of our work is the commitment to working with and supporting communities and community leaders to build their own capacity and resilience. Communities have always been best placed to know what will or won't work to address the challenges they face in their own neighbourhoods, and, alongside reducing public resources, achieving this principle has never been more important.

We have seen some significant examples of community capacity being developed to new levels, including the responses made to social and cohesion challenges in our city and the increase of formal groups willing and able to take over the running of community assets. In 2013/14 we diversified the role of our then-Cohesion Board to take on the broader remit of Communities and Cohesion, with a view to supporting our strategy to develop and harness greater levels of community capacity.

In 2014/15 therefore we will develop a new strategy that formalises our approach to identifying, nurturing, supporting and growing capacity amongst communities and potential and existing community leaders, be it communities of place or communities of interest. This strategy will encompass our approach to delivering the principles of a council committed to Localism, and will draw together the currently disparate programmes that support community asset transfer, volunteering, working with faith communities and civil society sector organisations, and parishing.

The strategy will identify the learning and developmental needs of communities and community leaders to ensure they are best placed to take on new challenges, and will be aligned to the evidenced needs of our city, both existing and emerging, to ensure our focus is on supporting capacity building where it is most needed.

This strategy and way of working will be embedded at the heart of a new delivery model being developed for 2014/15 which will bring together, under single leadership, a place-based and multi-agency approach to addressing the needs of our citizens and delivering an ambitious, creative and holistic preventative approach.

Through this approach we aim to support the continuing successful development of the Community and Voluntary sectors in engaging in particular with those communities who are at risk of poorer outcomes, including those communities that are newly arrived in our City.

Information, Advice and Guidance

If individuals and communities are to be better enabled to support themselves, they need access to high quality Information, advice and guidance services.

Information, advice and guidance services are commissioned by 3 departments across the council all of which relate to benefit advice and/or guidance in some form, ranging from the welfare reform to specialist advice for families with children who have disabilities.

The contracts for these services are all due to expire at the end of this financial year and therefore, Children's Services, Adults Social Care and Neighbourhoods will undertake a joint exercise to

transform these services using the Peterborough and Serco Strategic Partnership and align these services with the new Customer Strategy, where the council will provide a single point of contact for each client.

We are seeking to develop this new service in partnership with key agencies in the City, including those from the community and voluntary sectors. The service will be in place for September 2014.

Developing Opportunities for Volunteering

Volunteers are already playing a key role in supporting communities in Peterborough. Currently, a number of organisation operating independently of one another recruit and support volunteers across the city.

We are keen to build capacity in this area as well as ensure that volunteering is targeted at those areas in most need. In addition, the Department of Health's Health and Social Care Volunteering Fund is likely to bring additional money to the city to support voluntary organisations to build capacity and develop volunteer led services.

In order achieve a dedicated service to recruit, train and once they are active, support volunteers across the city, a clear, needs analysis and options appraisal is required and work is being undertaken to achieve this and ultimately produce a targeted service specification for a city wide volunteering service to be in place by the late summer of 2014.

In developing such an approach, we will be seeking to enable communities to develop better ways of being able to support themselves while also creating pathways into employment for those volunteering. Ultimately, this approach should result in the overall workforce being more closely aligned to the community being served as opportunities first to volunteer and then to gain employment reach marginalised and newly arrived communities in particular.

Housing and Homelessness

Access to safe, warm, affordable and secure housing for everyone is a fundamental right. Without this, individuals and families cannot maintain a stable lifestyle which directly impacts on health and wellbeing and, in turn, on employability, educational attainment, social exclusion and poverty. Households in Peterborough, as in many areas of the country, will continue to be affected by financial austerity and we want to do all we can to help families to manage the impacts of welfare reform and poverty.

The Housing Needs team receive around 15,000 calls for assistance each year. Although we are currently successfully controlling the levels of homelessness and rough sleeping through our intensive and creative preventative programmes, we anticipate this position being challenged as a result of continued social and financial pressure.

The most effective way to tackle homelessness is to prevent it happening in the first place. Working in partnership with a range of other organisations, we seek to prevent homelessness in a number of ways, including:

- Helping people who may have been victims of Domestic Abuse to find temporary accommodation;
- Helping people struggling with housing costs to find more affordable accommodation;

- Supporting people to enhance their training or find employment in order to increase their earning potential;
- Finding high quality and appropriate housing for young people leaving care.

In the year March 2012 to April 2013 the Housing Needs team prevented homelessness in 335 cases. We are on target to increase this by 10% this year and are hopeful that continued investment in homelessness prevention initiatives will enable us to increase this further in coming years.

We want to build on our already strong preventative position by launching a new Housing Partnership to bring together service providers, support agencies and commissioners to better plan for and achieve a fully integrated and holistic housing and homelessness prevention service. During the first part of 2014/15 we will conduct a detailed needs analysis across the full housing spectrum – from mixed tenure housing supply through to the prevention of rough sleeping – leading to a single delivery and commissioning framework for Peterborough.

The Housing Related Support Programme

As part of the work we do to align all of our housing and homelessness strategies and functions, we need to make sure that our Housing Related Support Programme is best meeting the needs of the people that need our help most of all. The programme provides housing-related support to vulnerable groups and individuals, thereby helping to ensure people can remain living independently and in their own homes so preventing homelessness.

The Programme has supported 668 individuals in the first three quarters of 2013/14, preventing them from becoming homeless and avoiding potentially much higher care costs.

The programme is currently commissioning housing-related support targeted towards:

- Young People and young people at risk;
- Young offenders;
- Teenage parents;
- Prolific and persistent offenders;
- Single homeless people with support needs;
- Homeless families;
- Victims of domestic abuse;
- People with mental health problems.

As a result of the work of the new Housing Partnership described above, together with the opportunities provided via the new single commissioning approach across the council, we will develop a new commissioning strategy for the Housing Related Support programme during 2014/15 which best meets the housing-related needs of people who are the most vulnerable.

Care and Repair Home Improvement Agency

The Care and Repair Home Improvement Agency commissions adaptations to the homes of some of Peterborough's most vulnerable citizens to ensure they can remain independent and less reliant of health or social care services. The agency typically offers support to some 6000 vulnerable adults and children each year.

The Agency commissions work that meets the council's statutory functions as part of the Disabled Facilities and Repairs Assistance legislation, and uses a network of local contractors and specialists to deliver the right solutions to an individual's specific needs. Data made available via DCLG shows that the average Disabled Facility Grant in Peterborough is approx. £5,525, over 20% cheaper than National comparators, which are also delivered and achieved in less than half the national average time.

In the financial year 2013/14 up to and including January 2014, Peterborough's Disabled Facilities Grant activity shows:

- 138 disabled facility grants have been awarded and completed totalling £800,000;
- 68 disabled facility grants have been approved and are on site or work is due to commence shortly, totalling £337,501;
- Currently the Care and Repair team is working on a further 45 disabled facility grant cases with a potential value of almost £250,000.

Care & Repairs deliver a Repairs Assistance and Central Heating installations Service for very vulnerable people. On average 150 jobs are completed each year at a cost of around £600,000. This work is for vulnerable owner occupiers who live in properties that have serious building faults which are likely to cause them harm. Using the British Research Establishment Housing Health Cost Calculator 2013 the savings for Health & Social Care in Peterborough, in respect of this work, exceed £3 million.

Our ageing population is having a marked impact on the work of the Agency and is placing a greater pressure on the finances that are available to fund this work. Although we have already enjoyed significant success with transformation programmes, more could be done to maximise value for money from the work of the Agency to ensure that the funding is reaching as many households as possible. The opportunities presented through the council's restructure will therefore be harnessed to ensure that the Care and Repair Agency is truly meeting its fullest potential.

Tackling Poverty

The definition that is most commonly used for poverty is the proportion of households who have an equivalised household income that is less than 60% of the median household equivalised income.

Almost one in four children live in poverty in Peterborough, which is significantly higher than the national average, and the full cost of poverty in our city has recently been estimated to be £120M. We know that Peterborough is ranked 71st most deprived local authority out of a total 326 nationally with 13 of Peterborough's 104 Lower Super Output Areas (LSOAs) in the most deprived 10% in the country, with part of Dogsthorpe remaining in the most deprived 5%.

We also know that there are clear relationships between levels of poverty and educational attainment, for the school year of 2011/12, Peterborough had the lowest percentage of pupils known to be eligible for free school meals achieve 5+ A*-C grades including English and Maths GCSEs in the country at 18.6%. This was almost half the national average of 36.4% and also significantly below the regional average of 31.8%.

Tackling and preventing poverty is therefore an essential part of our strategy to develop community capacity. Good progress has already been made to understand and mitigate against some of the

impacts of welfare reform, but the national programme of reform will continue for a number of years. The latest estimates of when Universal Credit will arrive in Peterborough suggest that it will be 2017. Alongside this work, we have developed a strategy and action plan to Tackle Poverty in Peterborough and to meet Government targets by 2020. This strategy still needs to be formally adopted by the council, and during 2014/15 we need to develop commissioning intentions that help meet the challenging targets that we need to.

Connecting Families

The programme is entering its third and final year in its current form, therefore we will continue with the implementation of the Connecting Families Programme and evaluating the cost savings and improved outcomes for families. However, we also need to develop our learning from our experience to date, and seek to extend the principles from the Connecting Families programme across other aspects of our work where earlier intervention and investment will lead to significant financial and other savings in the medium to longer term.

Supporting the Victims of Crime

Experiencing crime is often both distressing and confusing for victims. With this in mind we have been strengthening our focus on supporting victims of crime.

Numbers of Victims of crime are routinely monitored within the Safer Peterborough Partnership. In the last 12 months there have been almost 13,000 reported victims of crimes of varying severity. Although this is a reduction of about 20% compared with the previous year, too many people continue to be impacted by the criminal behaviour of others.

We have supported the Office of the Police and Crime Commissioner who have developed a Victims Strategy for Cambridgeshire and Peterborough, and our own Safer Peterborough Partnership and Communities and Cohesion Board have committed to developing practical support strategies and mechanisms for victims.

In this context, we are keen to support victims of all crime types, including acquisitive crime, domestic abuse and sexual violence, anti-social behaviour, and hate crime. In 2014/15 this work needs to become formalised and agreed, based on needs assessments and evidence, so that appropriate support series can be appropriately commissioned. This work will also support and influence our strategies to target perpetrators of crime, target harden hotspot locations, and develop robust and practical preventative strategies.

Domestic Abuse and Sexual Violence

It is estimated that during 2012-2013 abuse in an area the size of Peterborough, based on regional data by the British Crime Survey would impact:

- 4,731[1] Women and girls aged 16-59 being victims of domestic abuse;
- 1,484[2] Women and girls aged 16-59 being victims of sexual assault;
- 6,513[3] Women and girls aged 16-59 being victims of stalking.

[1] Margin of error +/- 1,142
[2] Margin of error +/- 923
[3] Margin of error +/- 1,260

We know that there are clear links between Mental Health, Substance Misuse, Poverty, Deprivation levels and Domestic Abuse. In Peterborough, those areas which score highly on the Index of Multiple Deprivation and those recording high levels of domestic abuse show a clear correlation.

The costs of Domestic Abuse are difficult to quantify, particularly due to the under reporting that is inherent in domestic abuse. The bulk of the cost is met by victims, principally through emotional and physical costs, though the costs to agencies in an area the size of Peterborough[4] amounts to over £17 million.

Prior to 2014, the provision of support to people impacted by domestic abuse and sexual violence were disaggregated. This stemmed from traditional service boundaries and funding streams but is clearly not in the best interest of service users. Therefore, this commissioning exercise proposes integrating the Independent Sexual Violence Advocates and the Independent Domestic Violence Advocates along with an additional counselling service for young people suffering either directly or indirectly from domestic abuse and/or sexual violence.

The overarching aim of the service will be to provide accessible and appropriate interventions to improve safety and reduce risk and harm to victims of domestic abuse and/or sexual violence and their dependents that meet the requirements of relevant national and emerging local guidance.

The service will delivered as an independent, specialist support service for victims of domestic abuse and/or sexual violence which caters for male and females victims of all ages, sexuality and relationship status.

The service will be effective as of April 2014 following a three month mobilisation period.

Services commissioned as part of this initiative do not work with perpetrators. In order to ensure that there are services preventing abuse we will continue to commission behaviour change programmes to help abusers to stop being violent and abusive.

Anti-Social Behaviour

Anti-Social Behaviour [ASB] blights the lives of many individuals and families across Peterborough, with disproportionate effects felt in some households and communities.

It is acknowledged that there is likely under reporting of ASB, particularly in some areas of the city. However, there were still over 10,000 reported incidents to the police alone – a figure that does not include those instances which are reported to Registered Social Landlords and the councils' Environment teams.

ASB can lead to poor physical and mental health and social isolation, impacting on victims' ability to work or to care for themselves and their families. In 2013/14 good progress was made to bring together the disjointed ASB services and support provided by different agencies, most notably the Police, council and social landlords. The introduction of a common reporting framework and monitoring tool has helped to ensure a fully joined-up response with reduced risk of victims and perpetrators falling through the gaps. However, more needs to be done to fully harness all available

[4] The figures do not include additional costs from stalking, female genital mutilation, 'honour' based violence, and forced marriage.

resource, capacity and capability across the council and its partners to tackle ASB and best support victims, and this will be our focus in 2014/15.

Hate Crime

Although tackling hate crime is a priority of both the Safer Peterborough Partnership and the Communities and Cohesion Board, there is little in place at the moment to support victims to report hate crime and to address the issues it creates.

There were 142 Hate Crimes recorded in the 12 months to July 2013; these crimes comes in many forms, and are classified in Peterborough by Race, which is the most prominent with nearly 90%, as well as Religion, Disability, Sexual Orientation, Gender, Honour Based Violence, Islamaphobia and Age. However, we know that crimes of this nature are consistently under-reported.

Detection rates of reported incidents are currently around 50% across the city. The council deals with hate crime in an ad hoc fashion, often as a result of a specific incident or series of incidents, but this approach does not enable trend analysis to be undertaken and appropriate measures to be developed to manage hate crime.

A full needs analysis will therefore be undertaken during the first part of 2014/15 leading to the development of a detailed set of actions that ensure victims can easily and safely report hate crime and that perpetrators can be brought to justice.

Alcohol and Drug Misuse

Alcohol and drug misuse are common in Peterborough, with some of the highest proportional rates in the country for opiate and crack usage (nearly 15 in every 1000 population, compared to a national rate of 9 per 1000 population).

The 2013 School Health Education Unit survey showed a 34% increase in the number of young people who had consumed alcohol in the last 7 days and 10% of girls and 17% of boys in year 10 had taken at least one of the substances listed. It has been recently observed that the city is noticing a change in demographics in that there is an aging population of the clients accessing treatment for substance misuse. Meanwhile hospital admission rates indicate that Peterborough has significantly higher rates of hospital admissions for alcohol related reasons than the national average.

The costs of substance misuse to society are incurred through drug related crime, health problems, children being placed in care, unemployment and many other areas. The National Treatment Agency [now Public Health England] provides a value for money tool.

Key information contained within the Value for money tool covering the Spending Review 2010 Period (2011-12 - 2014-15)

- The total estimated **spend** in this area during the Spending Review Period in real terms (discounted and adjusted for market forces) is **£7.7m**;
- The estimated total amount of harm (costs to public services) during the Spending Review Period if no problem drug users were treated for their addiction in real terms (2010-11 baseline year) would **£147.5m**;
- Crime and health benefits:
    - Estimated **crime** cost savings and natural benefits of **£27.9m**;

    - Estimated **health** cost savings and natural benefits of **£26.8m**;
- Cost savings and natural benefits:
    - Estimated **cost savings** in real terms **£26.3m**;
    - Estimated **natural benefits** in real terms **£28.3m**;

These figures imply that the total net benefit of investing in treatment and prevention is £47M and that for every £1 spent in the local treatment service, there is a net benefit of £7.

The existing services to support this continue to raise awareness, drive prevention and provide treatment for those misusing.

A needs analysis for these services will need to be undertaken in 2014 with a view to re-balancing the service outcomes for alcohol and drug misuse. Following this a commissioning strategy will be developed and the subsequent service specification will be widely consulted upon to ensure the future service meets the needs of the city, by reducing crime and lowering the hospital admissions, and meet the needs of the service users by offering preventative services as well as treatment.

The future service will be commissioned and in operation for April 2015.

2.2.8 Sexual Health

Peterborough City Council is mid-way through a retender process to bring together our community based contraceptive service and our hospital based Genito-Urinary Medicine (GUM) service to provide a complete and integrated community sexual health service to our residents. It will offer a 'one stop shop' in which patients can have their contraceptive and sexual health needs addressed at the same time. Linking sexual health with contraception is key as the prevalence of STIs in the city is increasing and we have above average rates of teenage pregnancy. Nationally, abortion rates amongst older women and rates of repeat abortions have also increased.

Prevention is key and the new service will be instrumental in driving down rates of STIs, HIV and unintended pregnancies. It will deliver against the objectives and ambitions set out in the Framework for Sexual Health Improvement in England and the 3 sexual health indicators from the Public Health Outcomes Framework. The new service will offer the highest standards of care in a way that is rapidly and easily accessible to all service users. This means open access services and assertive outreach to target groups at high risk of sexual ill health and/or unwanted pregnancy. In addition to this clinical work, the service will deliver sexual health promotion across the city and facilitate a Peterborough Sexual Health Forum to drive strategic partnership work on sexual health.

The new commissioned service should be in place from July 2014.

Public Health Live Healthy Service

The Live Healthy Service forms part of the Communities and Targeted Services department, and has responsibility for meeting a range of Public Health targets. The service focuses on improving the health and wellbeing of the population, reducing health inequalities and supporting people to make healthy lifestyle choices, all achieved through both direct delivery and commissioning arrangements. Following the transfer of Public Health responsibilities to the council in 2013, much work has been

done to identify synergies between the Live Healthy Service and other existing council functions leading to some good examples of integrated service provision.

NHS Health Checks

The NHS Health Check target for this year is to undertake checks for 6,059 registered patients aged 40-74. To date a total of 5000 patients have been assessed. Of these, 609 have been identified as having a risk of developing Cardiovascular Disease while 354 assessed patients have been prescribed statins to lower cholesterol.

Stop Smoking Services

Targeted activity continues to reduce 'Smoking status at time of delivery and this remains a key priority for the Live Healthy service, which has delivered nearly 1,000 quits already.

Weight Management referral services

The child weight management programme (MoreLife) continues to be delivered with excellent standards of delivery and a reduction in BMI's for both children and their parents attending this programme. Three programmes commenced in January 2014 including a pilot in a local primary school following a review of National Child Measurement Programme data that demonstrated a high prevalence of overweight and obese children.

However, Peterborough remains challenged by significant health and wellbeing inequalities, and we must ensure we are maximising the impact that needs to be made by the Live Healthy Service to reduce these gaps. Ahead of 2014/15 we will design services that better integrate the Live Healthy functions in anticipation of further strengthening the role and impact of the service alongside our partners during 2014/15.

Youth Services

The council's restructure places the 0-19 Service alongside other services that build community capacity, provide diverse and creative preventative programmes, and deliver key direct services to the wider population. A key aspect of the 0-19 Service is the work it does to support and engage with adolescent aged young people. This presents a unique opportunity to develop a lifetime pathway of support and intervention that meets the evidenced needs of our citizens and the existing and emerging priorities we face as a city and society. We will spend the first part of 2014/15 developing our collective understanding of the connections and the potential offered through the alignment of youth services in this way, leading to the creation of a needs analysis that ensures we meet our youth engagement, NEET and intervention targets.

Adult Social Care Commissioning Intentions

Commissioning Council: How Personalisation Affects our Commissioning Practice

Despite already having one of the largest populations in the East of England regions, changes from the 2001 to 2011 census revealed that Peterborough also has the fastest growing population having experienced a 16.6% increase during the period; the majority of which took place between 2004 and 2009. (Source: 2011 Census Migration, Peterborough Unitary Authority Headlines). This is double the increase for England as a whole and some 3% more than the East of England as a whole for the years 2004 to 2009. Key to this population growth has been migration from EU countries, specifically those who joined the EU in 2004, collectively known as the EU8.

An older population:

An ageing population also presents a major challenge, not just for Peterborough, but to the UK as a whole. However, in Peterborough there are some very distinct challenges, for example, the population of people aged 70-74 is set to increase by 40% between 2012 and 2020 and those aged over 90 by 44% (Source: 2011-based Sub national Population Projections by age, Population Projections Unit, ONS, 2013).

Despite the tough road ahead, Peterborough ASC are embracing these challenges and have embarked on an exciting new programme aimed at transforming the level and types of care provided to adults across Peterborough.

Peterborough's Demographic and Social Landscape:

Peterborough expects to see significant increases in its ageing population going forward. By the time of the next census in 2021, Peterborough's population is expected to have grown by a further 13% from 2011 to 2021. Within this, it is expected that the older proportion of the population will increase at a faster rate than the younger.

Evidence taken from a recent survey by The Office for National Statistics (ONS) looking at local authority-level data from the 2011 Census in December 2012 covering the topics of general health status, long-term health problems and disability, and provision of unpaid care, highlighted some serious areas for concern:

- 16.3% of household residents in Peterborough, reported a long-term activity-limiting illness (all extents of limitation), of which 84% are aged 85 or over!
- 51% of people with a long-term illness in Peterborough (15,137) are of working age (16-64);
- 45.2% of people reporting a long-term illness described their illness as limiting their day-to-day activities a lot;
- Percentages with a long-term illness were consistently higher in Peterborough across all age groups compared to the ONS New and Growing Towns cluster and England averages;
- After adjusting for age, the percentage in Peterborough was statistically significantly higher than the ONS New and Growing Towns cluster and England averages.

Economic Trends:

Adult social care is one of the largest spend areas for local authorities and budgets have not kept pace with the growing demand for social care services. The Local Government Association has found that social care is absorbing a rising proportion of resources available to local authorities.

The recent economic recession has many implications on adult social care. Firstly, the demand of social care can increase, directly or indirectly, from high unemployment, reduced household incomes, stresses in work, family and personal relationships that result in heightened ill health, especially mental ill health. Secondly, local authorities are experiencing falling incomes and rising costs as a result of the recession, which increases the pressures on local authority budgets. Thirdly, planned and future levels of government spending, not only on adult social care, but on closely related areas such as the NHS, is set to fall. The government's deficit reduction plan involves significant cuts in public spending. The 2010 Spending Review set out plans to reduce government funding for councils by around 26% from 2011/12 to 2014/15.

In December 2013, the Local Government Finance Settlement for 2014/15 and 2015/16 was announced by the Department for Communities and Local Government. It showed that the council will receive £21.6 million less from Government over a two year-period and that in the five years from 2011/12 to 2015/16.

Peterborough will have seen the grant they receive from Central Government reduced by 40% - £44 million.

The budget for Adult Social Care for 2013/14 is £47.9M. There have been pressures on the budget within this year predominantly arising from increased demand for services and in particular, as a result of transition from Children's Services.

Peterborough City Council is therefore redefining how it commissions services to ensure positive outcomes for customers within the context of a diminishing financial envelope and increasing demographic demand.

In order to ensure people's choice in deciding what they need and want in terms of support, we must expand our offer. We will be doing this by reviewing how we currently commission internal and external services and work in partnership with providers from the voluntary and commercial sectors to develop person-centred support options that will increase people's independence, skills and well-being.

The new commissioning arrangements will be outcome-based and people will be able to go direct to provider with their own personal budgets. Managed accounts by the Council will only be offered after all other options have been explored.

We are improving our approach to supporting people so it is consistent with the personalisation agenda and this will inform the development of all new personalised services.

The aim is to move away as much as possible from traditional and institutional models of residential care and day centres to ensure people receive reablement and transitional support and are given the opportunity to develop independent living skills and have the opportunity for employment related services.

Government Policy and Legislation:

In July 2012, the government published a suite of documents that, together, outline its position on care and support reform. The main documents included:

- The White Paper, 'Caring for our future: reforming care and support';
- A draft Care and Support Bill;
- A progress report on funding reform [The Government's response to the Dilnot Recommendations].

There are two central themes to the White Paper: first, changing the focus of care and support towards the promotion of wellbeing and independence, through prevention and early intervention (and away from a system characterised by crisis response); and second, improving people's experience of care by improving quality, developing services that are responsive to individuals' different needs, and giving people choice and control via their own budgets and care plans.

The aim of the draft care and support bill is to:

- Modernise care and support law so that the system is built around the needs of the individual;
- Clarify entitlements so that people are better aware of what is on offer and are able to better plan for their future;
- support the broader needs of local communities by improving access to information and promoting prevention;
- simplify the care and support system;
- consolidate existing legislation into a single, clear statute.

Better Care Fund – Formerly the (Integrated Transformation Fund):

The Government recently announced a £3.8 billion pooled budget for health and social care to deliver more integrated services will be in place for 2015/16. The fund has a number of performance indicators attached which will impact upon how services are commissioned and delivered within Peterborough and work is underway with health colleagues to ensure that these services are best placed to achieve the outcome requirements set out within the guidance.

Implications of government legislation changes:

These proposed changes will have significant financial implications for councils. For example, the proposed change in the draft care and support bill will have the following implications:

- The right to an assessment for self-funders;
- Setting a cap on care costs that people will pay;
- Giving carers and their needs increased focus;
- Introducing national eligibility criteria and greater consistency in charges for social care;
- New duties on councils to provide information to help people make informed choices about their care and support and to build and manage the local market of care and support services.

In short, the changes set out in the Bill would increase the number of people who become entitled to council support, including some who are currently funding their own care. Key Implications include:

- A shift to prevention and early intervention, to promote wellbeing and independence, requiring a change in working practices, organisational culture and service user expectations;
- Access to universal information and advice for all – regardless of funding status or eligibility, opening up a broader cohort of service users;
- A new model of self-directed support, driven by self-assessment and person-centred planning;
- The promotion of personal budgets for all entitled to publicly funded care, as one of the means of delivering personalisation and giving service users more control over their services;
- A new leadership role for councils and their Directors of Adult Services to achieve whole system change with partner organisations.

The Digital Strategy

This year, the council started work on a digital vision for Peterborough, aligned with the wider ambition of Central Government's 'digital first' or a digital by default strategy.

It sets out a boldly ambitious vision for Peterborough that can only truly be realised through transformational change.

Aligned to the Council's strategic priorities, the Digital Strategy illustrates how an e-enabled organisation can deliver significant advantages for both the Council and residents, from tackling inequalities through to helping build strong sustainable communities

The plan for the ASC transformation programme is to spearhead where necessary and leverage when possible the capabilities outlined in the Digital Strategy to deliver better frontline services to those simply seeking information or advise and better facilitate inter-working relationships amongst ASC staff and external organisations involved in delivering care services.

Current Services

Adult Social Care (ASC) occupies a significant part within the council's services and budgets. Changes within the external environment in the area of Government policy and legislation, as well as financial constraints, have made the need for internal transformation a necessity, not just within ASC, but across the council. The current ASC service currently includes:

- Assessments (including Community Care, MCA and CHC), support planning and reviews;
- Safeguarding;
- Learning disability services;
- Services for older people;
- Mental Health Services;
- Services for people with physical disabilities and sensory needs;
- Support for carers;
- Financial support (assessment and advice);
- Support for people returning home after a stay in hospital.

Summary of Key activities and Issues within current services:
Learning Disabilities and Autism

There are approximately 2,650 people with a learning difficulty in Peterborough, almost 40% of whom are thought to have an autistic spectrum disorder and 28% of these possess a moderate to severe learning disability requiring varying needs of support.

Peterborough spends around 1/3 of its ASC budget on Learning Disabilities Services and possesses quite traditional models of day service and residential care.

Key areas for development over the next three years are:

Accommodation:

- To improve the planning of future housing need to support the delivery accommodation requirements through the Learning Disability Landlords forum;
- To ensure a range of independent living options are available to meet the needs and aspirations of people with a learning disability through working with private and social housing landlords in identifying and accessing a range of housing types;
- To improve the support offered to people with a learning disability who bid for social housing through Choice Based Letting.

Employment:

- Promote the use of personal budgets for employment support to ensure services are person centred and outcome focused;
- Develop the current range of micro-enterprises into social enterprises as a means to promote employment and self-employment;
- Encourage more supported employment organisations to operate within Peterborough as a means of offering more choice of support provider and paid work opportunities employing the 'Fulfilling Lives' sub group;
- Improve referral pathways into supported employment service from care management teams;
- Promote joint working and co-ordination of supported employment opportunities within the city through the establishment of an employment co-ordination group.

Day Services/activity:

- Promote the use of personal budgets within day opportunities;
- To undertake a comprehensive review of day opportunities following agreement by Cabinet on the 16th December 2013 to enter into consultation about the future shape of services;
- Link day centre activities support with employment provision, both internally and externally to promote joint working and work experience placements and paid work for people with learning disabilities.

Health:

- To improve the equality and annual take-up of annual health checks, registering and attending annual eye checks;
- Annual Health Day to raise awareness of local health and adult social care services;
- Improve the pathways into primary and secondary healthcare through population of E-Track system at PSHFT and agreed sharing of patient data between health partners.

Transitions:

- To work in partnership with children's services to develop a comprehensive database of all young people known to services from the age of 14 onwards and to establish transition plans in partnership with stakeholders;
- To evaluate and implement with stakeholders the strategic requirement s of the SEND initiatives within The Children's Act, ensuring that commissioners are able to map and respond to the demands of the transitioning community within Peterborough.

Winterbourne:

- To maintain and develop the work around the strategic requirements and outcomes of the Winterbourne Concordat and to continue to ensure appropriate outcomes are achieved for those individuals identified within the resettlement programme arising for Peterborough clients.

Autism Strategy:

- To ensure that the strategy and self-evaluation are recognised within the JSNA and actions signed off by the HWBB;
- To take forward the 5 key themes within the Autism Strategy for Peterborough:
  1. Increase awareness and understanding;
  2. Develop a clear and consistent pathway for diagnosis;
  3. Improve access for adults with autism to the services and support they need to live independently;
  4. Help adults with autism into work;
  5. Enable local partners to develop services for adults with autism to meet identified needs and priorities.

Older People, Physical Disabilities, Sensory Impairment and Carers:

Peterborough has a growing population of elderly residents. Then population is expected to grow by 11% between 2010 and 2021. The number aged 85+ will grow by 52% during this period. Currently it is estimated that around 1700 of the Peterborough population suffer with dementia.

Dementia Strategy:

- The strategy is nearing completion and implementation work already underway in the following areas: Dementia cafes, Dementia Action Alliance and the Dementia Friends programme
- Dementia Resource Centre – The creation of a Dementia Support Hub in partnership with The Alzheimer's Society to develop 441 Lincoln Road with co-location of health and social care.

Prevention Strategy:

- A prevention Strategy working Group has been established to review existing preventative services in line with the new Target Operating Model and Better Care Fund initiatives
- The key aims of the strategy are the following:

1. The development of whole life prevention across health, social care, housing, education and beyond;
2. Bringing commissioners and citizens together;
3. Getting the right support at the right time in the right place to the right person;
4. Empowering and enabling people to have choice and control in their support;
5. People, families and communities feel empowered and able to take control and maximise their health and well-being;
6. To minimise dependency upon professional services.

Carers Strategy:

- A carers strategy has been published and an implementation group established. The next phase of this development is an integrated model with Children's services and Health partners.

Market Position Statement MPS:

- Market Position Statements have been completed for Older Persons, Physical Disabilities and Sensory Impairment. The Older Persons has been supported by IPC as part of a national programme. Further data is still sought as to the broader market within Peterborough where associated stakeholders i.e. health and housing play a major role and who will contribute to a more holistic understanding of existing need and future development.

Extra Care Housing:

- There are currently five extra care housing schemes in Peterborough with another due to come on stream through Cross Keys in July. A review is being undertaken of current models against national best practise and other models of care, and consultations have commenced with RSL partner agencies. Procurement of care services will be undertaken shortly as a result of a recently tendered framework agreement for domiciliary care services.

ICES Contract:

- The current contract expires on the 31st March 2014, jointly commissioned with Cambridgeshire Council. The tender process has been completed and a preferred provider has been identified.

Transport:

- A draft policy has gone through consultation and awaits final approval. Agreement has been reached for the development of an integrated and flexible model of ASC transport between PCC transport and Enterprise. Work is underway to map service user needs.

Residential and Nursing Care:

- The residential and nursing care market will be subject to a full review through 2014/15. The Council currently procures only 30% of available beds and needs to determine the amount of interim and respite it requires as a result of demographic growth and changes within its operating model.
- Contract and procurement activities were transferred to Serco in July 2013 and work is required to deliver rigorous quality assurance and monitoring models within the ADASS guidelines going forward.

Older Persons Day Services Review:

- A review will be undertaken during the first half of 2014 to examine day services options in line with the broader ASC Transformation agenda and the review of day opportunities for Learning Disabilities. The key outcomes are to move away from building based day services towards community based activities.

Direct payments/Personal assistants:

- ASC is seeking to increase Direct payments through a number of strategies and is in consultation with the existing Direct Payments support services and service users.

Third Sector Review:

- A significant number of contracts cease in March 2014 that are under review and will be subject to a number of outcomes from rolling over and updating to being decommissioned. Discussions are taking place with providers to examine the efficacy of what is currently being delivered and the future needs of the Council based upon its Operating Model and demographic demands.

Mental Health Services:

Peterborough City Council works in partnership with Cambridgeshire and Peterborough NHS Foundation Trust to provide services to people within Peterborough who suffer from some kind of mental disorder in their lives. A Section 75 partnership agreement was signed between the two parties in 2013 for a three year period for the provision of assessment and care management services to support the delivery of care. Key priorities are:

Mental Health Strategy:

- To complete the strategy for mental health services around the model of care, Employment, Accommodation, and working alongside Forensic services.

Development of the 3rd Sector:

- To deliver employment opportunities, health and wellbeing programmes and advocacy services.

Employment:

- Discussions are taking place with 3rd sector providers to further develop this area of activity to add to the services currently being provided by PCC through the Shaw Trust.

Accommodation:

- A needs analysis is being undertaken of people currently being supported both within and outside of Peterborough to enable alternatives to be provided to hospital admissions and to repatriate out of borough placements where lack of suitable accommodation within Peterborough has been the main reason for the placement.

Local Area Co-ordination and Asset Based Communities:

As part of the new operating model, Peterborough Council is investing in a programme of developing local communities to support people to be engaged within their community and to develop skills both for leisure and employment. Pump priming monies have been agreed to facilitate this model and a Leadership Group will be established to pilot the first wave within Peterborough.

Scope of Transformation Programme and Next Steps

The Council is moving towards a support system that

- Is dedicated to Personalisation, individual choice, greater independence and less reliance on ongoing statutory support wherever possible;
- Supports individuals to maximize their potential to live as independently as possible through Reablement and transitional support;
- Enables individuals, families and carers to be able to use our new front facing customer service which will provide information and advice, low level support and our preventative offer;
- Delivers Personalisation by enabling people to have personal budgets;
- Enables the council to become a commissioning organisation that builds capacity, quality, service choice and the ability to offer personal assistance with social enterprises, commercial, NHS and statutory providers and voluntary and community groups.

To be successful in embedding Personalisation in Peterborough it is critical that residents' voices are heard and incorporated into the modernisation process.

To this end we are actively working together with Peterborough people to gather their views on what how we can incorporate their voice into the transformation programme

In order to achieve this, the transformation programme is employing a method which favours the development of a service which is focused on the values of its customers as opposed to a 'cost cutting' exercise; which often creates unsustainable and sub-standard results. A number of key organisation design components are being analysed and re-shaped to deliver better services, which align to the changing current and future environment for Adult Social Care.

The Transformation Programme is underway, and is developing a full and Detailed Business Case that will be presented to the Transformation Board on 9 December 2013. This report will identify a number of future operating models, and their associated cost saving potential. Following acceptance of a preferred model, Adult Social Care will move into the final stages of planning and implementation; with a target date of 1st April 2014 for go-live.

Key Issues to be addressed in Detailed Business Case

- To enable the transformation programmes full cost saving potential the Council will be required to make an investment in IT enablement for the benefit of this and other future transformation programmes;
- Culture change within the support planning process;
- Managing expectations and change for users and carers;
- Developing community capital and capacity;
- Improved compliance and monitoring of existing contracts and alignment of personalisation;
- Potential impact on staff i.e. change of roles, working differently.

These components are:

- Resolving the customer's issue as early as possible in the journey;
- Making the best use of existing external services that are relevant to the customer's needs;
- Maximising the skill-set of colleagues from within the council, as well as professional providers, to provide integrated solutions and not hand-overs;
- To be outcome focussed. Goal setting and goal management with the view to promoting regained independence;
- An experienced and knowledgeable information and advice service that does not merely take calls and pass the information on, but solves and prioritises incoming queries;
- Multi-channel communication with a proactive 'push' to front door as a first point of contact and not to defined areas of the service.

A new customer pathway:

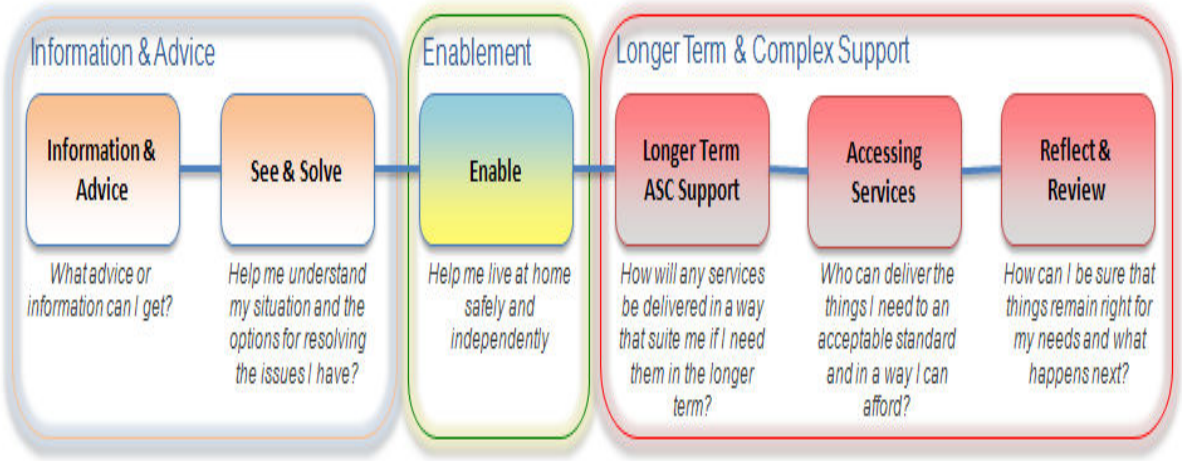
The Personalisation programme, which sits within the wider transformation of the Council is key to realising efficiencies and savings simply by way of how services will be accessed going forward – therefore the customer journey needs to be transformed to ensure the right level of access and use of other services that are undergoing transformation.

Current issues New Pathway solution

- One size fits all – all service users that are eligible;
- Low complexity issues resolved earlier in the customer journey with a focus on issue resolution at the 'front door';
- Limited to no use of self-service for easily resolved matters;
- Implementation of a web enabled solution consisting of eMarketplace and care directory;
- Improved information and advice service to manage a higher volume of queries of varying nature and complexity;
- Signposting service that maximises solutions that are non-council based;

- Limited (or no) exits in the current pathway resulting in what we now term as tier 3 of the organisation – i.e. back office, highly skilled functions;
- Actively seeks out and promotes solutions that can be provided outside of the council from an increasingly growing marketplace of solutions;
- Each stage in the pathway assesses whether needs can be met outside of the council.

The following figure depicts how this new pathway may look:



- Implementation of self-service utilising eServices, deflecting demand for council services where citizens are capable to help themselves and purchase solutions;
- A more skilled information and advice team able to resolve a greater number of queries at first point of contact;
- Better signposting to non-council based services through what is known as the 'courtyard';
- Implementation of a rapid intervention and crisis management function – reducing the time it takes to resolve an issue that can be resolved in a short time-frame, reducing the risk of escalation;
- The creation of multi-disciplinary teams where expertise can be shared and integrated solutions offered to the customer.

Building Community Capacity:

In common with colleagues elsewhere within the Communities Directorate, ASC are also striving to build community capacity and to fund and develop Local Area Coordination (LAC) and an Asset Based Community (ABC) approach which will support the new TOM.

LAC is an approach to support people who are vulnerable through age, frailty, disability or mental health issues to identify and pursue their vision for a 'good life', to strengthen the capacity of communities to welcome and include people and to make services more personal, flexible and accountable.

It builds relationships at the individual, family and community levels, aiming to support people to stay strong, build personal, local and community solutions and nurture more welcoming, inclusive and mutually supportive communities.

ABC emphasises the need to readdress the balance between meeting needs and nurturing strengths and resources of people and communities.

The identification and mobilisation of an individuals or communities assets can help them overcome a challenge they face and also reduce demand for, or dependence on, more expensive services.

This work will support the work commissioners are undertaking to stimulate a thriving and viable third sector which has a key role in relation to the adult social care preventative agenda.

This page is intentionally left blank

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6
27 MARCH 2014	PUBLIC REPORT
Contact Officer(s):	Catherine Boaden, Strategic Programme Manager

NHS 5 YEAR STRATEGIC PLANNING 2014 - 2019

RECOMMENDATIONS	
FROM : Harper Brown, Director of Commissioning	**Deadline date: N/A**
The Board is asked to note this update on the development of the 5 Year Strategic Plan.	

1. PURPOSE

1.1 In November 2013 national guidance was issued requiring local health economies to produce 5 Year Strategic Plans for their local health economies. Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG) was tasked, by NHS England, Monitor, the NHS Trust Development Authority (the national partners), with leading the development of a long term strategy and plan for services covering a five year period from 2014 to 2019 for Cambridgeshire & Peterborough. This paper provides an update on the process underway to develop this plan.

1.2 This report is for the Board to consider under its terms of reference No. 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. BACKGROUND

2.1 The national partners wrote to all CCGs in November 2013 stating the following:

> *"The NHS faces an unprecedented level of future pressure….In order to respond to these significant challenges the NHS is likely to have to change; all parties - CCGs, foundation and non-foundation trusts - need to play a leading role. They must develop and implement bold and transformative long-term strategies and plans for their services, otherwise many will become financially unsustainable and the safety and quality of patient care will decline."*

2.2 The letter highlighted the following drivers for change:

- *ageing population*
- *increase in long-term conditions*
- *rising costs*
- *rising public expectations*
- *challenging financial environment*

2.3 As a result, the CCG is required to lead the production of a Strategic 5 Year Plan setting out a vision for the next five years and detailing the changes that need to take place within the system to deliver this vision by the end of 2018/19.

2.4 In addition, all provider organisations are required to produce their own plans for the same five year period and the CCG has a system leadership role to play, to ensure that the plans are coordinated and that the system works together to deliver the shared goal.

3. VISION, VALUES AND PRINCIPLES

3.1 CCG vision and values

3.1.1 The CCG's plan will reflect the CCG's vision and values. The CCG's vision is to be *'led locally by clinicians in partnership with their communities, commissioning quality services that ensure value for money and the best possible outcomes for those that use them'*.

3.1.2 The CCG's values are as follows:

- Patient focused: Our population, patients and their families are at the centre of our thoughts and actions, we will commission care tailored to their needs.
- Quality driven: We will constantly strive to be the best we can be as individuals and as an organisation and we will ensure that this is reflected in our commissioning decisions.
- Work locally: Through our Local Commissioning Groups working within their communities.
- Excellent: Our aim is to be an excellent organisation for our communities, clinicians and our staff.

3.2 Cambridgeshire and Peterborough Health and Social Care System vision and principles

3.2.1 The Cambridgeshire and Peterborough Health and Social Care system has agreed a vision and set of principles by all organisations will work together over the next five years. The vision is as follows:

- As a health and social care system in Cambridgeshire and Peterborough, we will operate in an integrated way, putting people's' best interests at the heart of all decision-making to achieve the best care outcomes for patients, their carers and the population. By working together in an open and transparent way, we, as commissioners and providers of care, aim to maximise the wellbeing of the population and provide the safest, highest quality care outcomes for residents and patients in our system. We aspire to commission and provide the safest, highest quality care and best service

experience within the resources available. We will seek to maximise the amount of care provided outside hospital as close to the person's home as possible.

3.2.2 The principles are set out below:

- Organise services around the person's clinical needs and not around organisational and professional specialties
- Integrate care to maximise continuity and safety for people across separate facilities and organisations
- Expand the geographic/population reach for specialties to ensure clinical and financial sustainability
- Measure costs and outcomes for each person and where possible, develop local pricing to reflect local costs
- Build enabling information flows and IT platforms to maximise efficiency and continuity of care
- Work together effectively, openly and transparently in best interests of individual's and public
- Maximise focus on prevention and anticipatory care to avoid unnecessary admissions and costs
- Allocate resources across time, place and person in way that maximises sustainability and reduces inequalities

4. EXTERNAL SUPPORT

4.1 The Cambridgeshire and Peterborough system has been identified by NHS England, Monitor and NHS Trust Development Authority (the national partners) as one of 11 challenged health economies. As a result additional support from external advisors will be provided to the system from April to June 2014.

4.2 The objective of the work of the external support team is to:

- Enable commissioners and providers in the local health economy to submit robust and deliverable strategic plans in June which clearly set out how the anticipated challenges will be met
- Facilitate commissioners and providers to develop full implementation plans for the change that is required
- Provide the national partners with confidence that the capacity is in place to deliver the plans, and outlines any areas of risk or where further support may be required

4.3 The CCG and provider organisations within the system remain responsible for producing robust and aligned strategic plans. The external support team will provide additional capacity and support to the whole health economy in producing these plans.

4.4 The external support team will be appointed by the end of March and will begin a programme of work of around 10 weeks across four workstreams as follows:

- A diagnosis of supply and demand
- Solutions development and options analysis
- Plan development
- Critical friend input/ facilitation of implementation plan development

4.5 The external support team will report to a system-wide team chaired by Andrew Reed, NHS England's Area Director for East Anglia. The external team will build on the existing work already underway.

5. PROCESS

5.1 A first draft of the 5 Year Strategic Plan was submitted to the NHS England East Anglia Area Team on 14th February 2014. The next draft will be submitted on 4th April 2014. The final version of the 5 Year Strategic Plan is due to be submitted by 20th June 2014.

5.2 The intention is to strengthen the next draft for the 4th April with a clear clinical and public engagement plan for phase 1 and beyond. The final plan with also ensure clear linkage to the Health & Wellbeing Board Strategy and strengthened engagement of key stakeholders. It will include reference to primary care and set out the financial and clinical case for change. The 4th April draft will be the baseline for the external support team to work from.

6. THEMES

6.1 Themes covered in the 5 Year Plan include the following:

- Financial sustainability and stability
- Improving quality of services
- Improving health outcomes
- Ensuring capacity meets demand

7. GOVERNANCE

7.1 The Chief Executive's Group for the Cambridgeshire and Peterborough Health Economy is overseeing the production of each organisation's strategic plans. This group meets on a monthly basis. On 30th April this group will host an 'Away Day' where more detailed system-wide strategic planning will take place.

7.2 A system-wide operational group has been established to enable planning across the system to take place in a coordinated way.

7.3 Within the CCG a team are meeting regularly to develop the CCG's plan. This team will ensure that the 5 Year Plan ties in with the 2 Year Operational Plan.

8. RECOMMENDATION

8.1 Members of the Health and Wellbeing Board are asked to note this update on the development of the 5 Year Strategic Plan.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7(a)
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Tracey Cogan, Head of Public Health, NHS England East Anglia	

UPDATE ON THE HEALTHY CHILD PROGRAMME 0-5

RECOMMENDATIONS	
FROM :Andrew Reed, Area Director NHS England East Anglia	**Deadline date : N/A**
1. This report is to ensure members are aware of the resource tool to support the integrated commissioning and delivery of the Healthy Child Programme (HCP) from Pregnancy and the first 5 years of life and to gain sign up to the piloting of one aspect of the Toolkit in Peterborough between April and September 2014.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from Wendi Ogle-Welbourn, Director for Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The HCP Toolkit was developed with joint funding from Local Authorities and the NHS in the eastern region during 2013 to support the smooth transfer of the commissioning responsibility to local authorities in 2015. The final draft document was published in February 2014 and now needs to be used in local areas in order to develop a final version in time for the 2015/16 commissioning round. The pilot within Peterborough will enable services to develop jointly owned outcomes and KPIs which should demonstrate benefits to both families and services.

2.2 This report is for the Board to consider under its terms of reference 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'.

3. MAIN BODY OF REPORT

3.1 Background

The responsibility for commissioning health visiting and Family Nurse Partnership (FNP) currently sits within NHS England and will transfer to public health responsibilities in local authorities in 2015. To support a smooth transfer of commissioning responsibilities, the east of England LAs and NHS funded the development of the Healthy Child Programme 0-5 Integrated Commissioning and Delivery Toolkit, which sets out the key services to be delivered within the 0-5 pathway. The piloting of the Toolkit is funded by DH transformation of health visiting monies and funding and support from the NHS England Strategic Clinical Network for Maternity, Children and Young People.

3.2 In February 2011 the publication of the Health Visitor Implementation Plan 2011-15 "A Call to Action" (DH Feb 2011) set out the full range of services that families will be able to expect from health visitors and their teams, depending on their needs.

3.3 A key deliverable within 'A Call to Action' was the creation of a bigger, rejuvenated workforce with an extra 4,200 health visitors in England by 2015,(54 in post in Peterborough by March 2015, from a baseline of 34 in December 2012) and an improvement in the quality of health visiting services for children and families.

3.4 'A Call to Action' clearly articulated that the delivery of HCP would be led by health visitors with increasing emphasis on partnership working and the integration of services where appropriate, with the intention of bringing together children's centre staff, GPs, midwives and a range of community nurses and other relevant services dependent on local needs.

4. The Healthy Child Programme – A summary

4.1 The Healthy Child Programme (HCP) Pregnancy and the first five years of life (DH Oct 2009) sets out the key priorities for both commissioners and providers in the delivery of a universal preventative service, at the same time as focusing on vulnerable babies, children and families. It is an early intervention and prevention programme, which is offered universally to every family with children of appropriate age. It offers screening, immunisations, developmental reviews and information to support the healthy development of children and of parenting. It is founded on the principle of progressive universalism, to ensure that all children are given the opportunity to receive care appropriate to their needs.

4.2 Effective implementation of the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children.
- Care that helps to keep children healthy and safe.
- Healthy eating and increased activity, leading to a reduction in obesity.
- Prevention of some serious and communicable diseases.
- Increased rates of initiation and continuation of breastfeeding.
- Readiness for school and improved learning.
- Early detection of and actions to address developmental delay, abnormalities and ill health and concerns about safety.
- Identification of factors that could influence health and wellbeing in families.
- Better short and long term outcomes for children at risk of social exclusion.

5. The proposed pilots

5.1 Five local authority areas will be supported to pilot aspects of the Toolkit over a 6 month period to ensure it is fit for purpose and able to be easily implemented.

- Cambridge and Peterborough will pilot the 'Outcomes and KPIs'
- Norfolk will pilot the midwifery to health visiting handover.
- Hertfordshire will pilot the 'Outcomes and KPIs'
- Suffolk will pilot the parental mental health aspects. Essex is also keen to pilot this aspect.

5.2 Each site will be supported by Sustain the developers of the Toolkit and will include:

- A named project manager
- Development and coordination of individual pilot site project plans
- The provision of formal project management support and reporting

5.3 **The pilot site commitment will be to provide:**

- Admin, booking and coordination of meeting venues for steering group meetings
- Taking of notes/action points at pilot site meetings
- A senior project sponsor from each of the organisations involved (both commissioner and provider) to act as a local point of escalation.
- A steering group comprised of key stakeholders from CCGs, local authority, NHS England and relevant provider organisations.
- A named chair for the steering group
- A named project team with representation from commissioners and providers.

5.4 It is suggested that an MOU be set up for each pilot area to confirm roles, responsibilities and commitment.

6. CONSULTATION

6.1 Over 170 professionals from a variety of disciplines have been involved in the development of the Toolkit and many commissioner and provider organisations have been consulted on the final draft.

6.2 Numerous families were engaged in the work through workshops with children's centre parenting groups.

7. ANTICIPATED OUTCOMES

7.1 The pilot of the Toolkit will feed into the work being undertaken as part of the Cambridge and Peterborough Children and Young People's Programme Board to redesign child health services in the area. It will also support the commissioning and delivery of an integrated Healthy Child Programme 0-5 when commissioning responsibility for health visiting and Family Nurse Partnership services moves to Peterborough City Council in 2015.

8. REASONS FOR RECOMMENDATIONS

The pilot will:

- form an integral part of the redesign of child health services in Peterborough
- contribute to improved services for children and families
- increase efficiencies for services, due to a reduction in duplication and a focus on families that would benefit from early intervention and prevention.

9. ALTERNATIVE OPTIONS CONSIDERED

9.1 Five areas within the east of England have been chosen and funded to pilot the Toolkit. If Peterborough does not feel able to take part in the pilot, there are other Local Authority areas that would be willing to do so.

10. IMPLICATIONS

10.1 See pilot site commitment in 5.3 above.

11. BACKGROUND DOCUMENTS

Sources of Further Information

https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

The Toolkit is very large and although attached as a zip file, printing is not recommended. Copies of the Toolkit will be available at the meeting.

HCP Integrated Com and Del toolkit final.zi

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7(c)
27 MARCH 2014	PUBLIC REPORT
Contact Officer(s):	Ann McHugh, Communications Specialist, Peterborough and Stamford Hospitals NHS Foundation Trust

PROCUREMENT TO OPTIMISE USE OF PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST'S ESTATE AND TO MINIMISE ITS LONG TERM DEFICIT

RECOMMENDATIONS	
FROM : Dr Peter Reading, Interim Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust	**Deadline date :** 27 March 2014

The Contingency Planning Team (CPT) appointed by the Regulator of Foundation Trusts, Monitor, published an Options Report in September 2013 which made recommendations to find a
system-wide solution to the Trust's financial difficulties. The report concluded that the Trust is clinically and operationally sustainable, but not financially sustainable in its current form.

The CPT recommended four courses of action which together could deliver a sustainable solution for local patients. The subsequent enforcement (The Monitor Enforcement Undertaking of 27 September 2013, amended February 2014) requires a tender process to be undertaken **'aimed at securing the maximum value for patients and taxpayers from the utilisation of the Licensee's assets**.' The Enforcement Undertakings are under section 105 of the Health and Social Care Act (2012) and are offered by the Trust and accepted by Monitor.

The Trust wishes to obtain the Committee's views on its Tender Plan. The Tender Plan is the work undertaken so far by the Trust to identify the preferred approach to and scope of the procurement transaction (tender). The Committee is asked to provide feedback at the meeting or directly to the Trust on tenderprocess@pbh-tr.nhs.uk.

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from Peterborough and Stamford Hospitals NHS Foundation Trust.

1.2 The Scrutiny Commission for Health Issues is also receiving a briefing on 18 March 2014.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to present emerging thinking and to obtain the Committee's views on the Tender Plan. The Tender Plan is the work undertaken so

far by the Trust to identify the preferred approach to and scope of the transaction (tender).

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

3. MAIN BODY OF REPORT

3.1 As you will be aware, the Contingency Planning Team (CPT) appointed by the Regulator of Foundation Trusts, Monitor, published an Options Report last September which made recommendations to find a system-wide solution to Peterborough and Stamford Hospitals' financial difficulties.

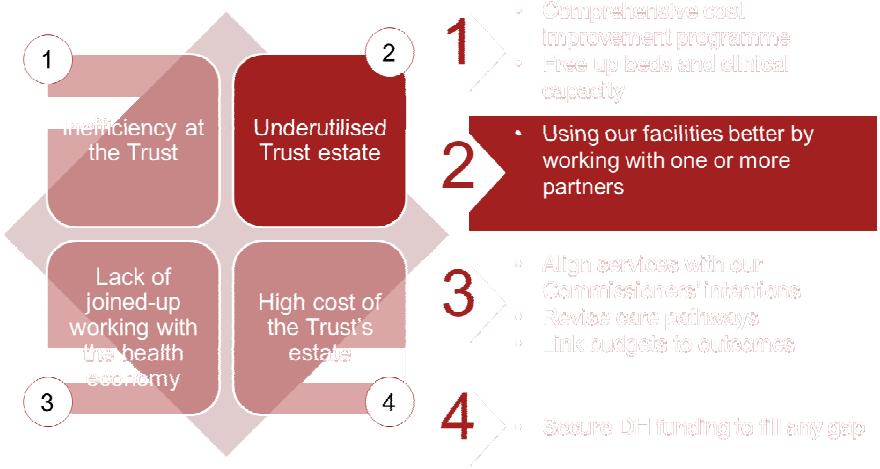
3.2 The report concluded that the Trust is clinically and operationally sustainable, but not financially sustainable in its current form. The CPT recommended four courses of action which together could deliver a sustainable solution for local patients.

3.3 The CPT recommended:

1. Tackling the inefficiency at the Trust - implementing a comprehensive cost improvement programme within the Trust and the local health economy.
2. Making better use of the Trust's estate – launching a competitive tender designed to test whether the Trust's assets can be used in ways which would further reduce its deficit.
3. Rapidly progressing joined-up working across the local health economy - driving cross-health economy working on revised pathways of care.
4. Seeking support from the Department of Health to bridge any residual deficit.

Monitor has asked the Trust's Board of Directors to implement the CPT recommendations.

3.4 With respect to Recommendation 2, the Board has started to undertake an open, fair and transparent competitive tender exercise and we are currently preparing a Tender Plan to explain how we intend to achieve this.



4. CONSULTATION

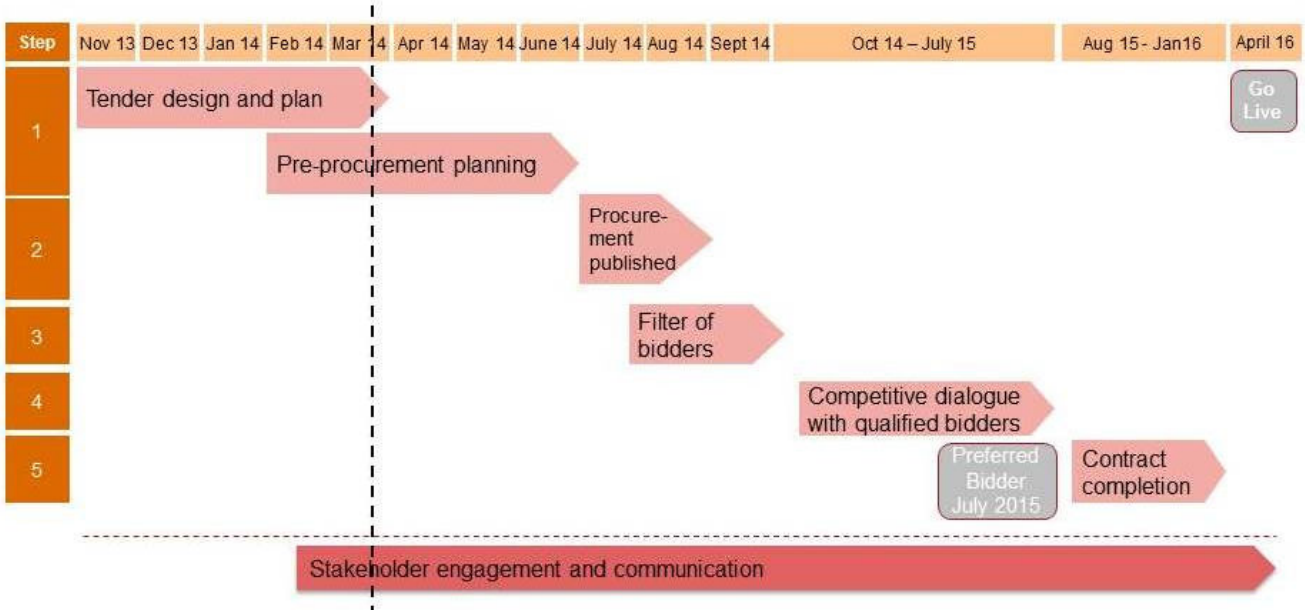
4.1 At this stage we do not know the outcome of the tender, which is likely to evolve during the competitive dialogue phase – see outline timeline on the next page.

4.2 From the perspective of the Trust there are currently no changes to the services proposed on which to consult. We are however committed to continuing our engagement with the public, patients and other stakeholders, and we will continue to seek their views.

Stakeholder engagement

4.3 We are actively engaging our stakeholders about the evaluation of the tender at this stage. We plan to report back at key stages, where we are able to do so. As we progress through the tender process and during the competitive dialogue phase (expected to start in autumn 2014), our ability to maintain fully open engagement is likely to become increasingly limited by the need to preserve commercial confidentiality.

Competitive tender outline timeline



5. ANTICIPATED OUTCOMES

5.1 The options being considered for the Tender Plan are being developed from the CPT report, which was adopted by the Trust in September 2013. The Tender Plan options are:

1. One or more new providers delivering services from the estate
2. An integrated, joint venture for example, secondary and primary care
3. A merger between acute hospitals (including acquisition)
4. A new operator running the Trust's services (franchise model).

5.2 Whatever the outcome, services would continue to be run from Peterborough City Hospital and Stamford Hospital sites.

5.3 The outcome must be in the context of the Trust maintaining and improving the quality of both clinical outcomes and patient experience – thereby maintaining or improving quality for patients, including the benefit from access to high quality local health services.

6. REASONS FOR RECOMMENDATIONS

6.1 The Monitor Enforcement Undertaking of 27 September 2013 (amended February 2014) requires a tender process to be undertaken 'aimed at securing the maximum value for patients and taxpayers from the utilisation of the Licensee's assets.' The Enforcement Undertakings are under section 105 of the Health and Social Care Act (2012) and are offered by the Trust and accepted by Monitor.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 The options are being developed from the CPT report, which was adopted by the Trust in September 2013. The report forms part of our obligations to Monitor, and has been approved by Monitor and is therefore not open to change.

7.2 However, we are able to take your comments on the Tender Plan and its options, in particular any advantages or concerns that strike you in relation to these options.

8. IMPLICATIONS

8.1 The draft objectives of the Tender are framed within the context of the Trust's overall vision of 'Delivering excellence in care; in the most efficient way; in hospitals where it's great to work'. The draft tender objectives are:

1. Maintain or improve quality for patients
2. Maintain or improve clinical and operational sustainability of the hospitals
3. Contribute to the financial sustainability of the hospitals and minimises Department of Health support
4. Deliver value for money such that the contribution to future financial sustainability exceeds what could be delivered by the Trust acting alone and significantly exceeds the costs of the tender exercise
5. Contribute to the development of health and social care service delivery and the long term financial sustainability of the local health economy
6. Maximise the use of the hospitals' estate
7. Deliver a solution that has the flexibility to facilitate the future development of health and social care services in the health economy and allow it to respond effectively to future service and financial challenges
8. Ensure the Trust is able to retain and recruit staff of the necessary calibre to deliver quality services

9. BACKGROUND DOCUMENTS

9.1 The options are being developed from the CPT report, which was adopted by the Trust in September 2013.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(a)
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Cath Mitchell, Local Chief Officer	Tel. 01733 776177

UPDATE ON THE BETTER CARE ACTION PLAN

RECOMMENDATIONS	
FROM : Joint Commissioning Forum and Better Care Working Group	**Deadline date :** Final Better Care Action Plan submission to NHS England 4/4/14
1. To discuss and comment on the proposals contained in the draft Better Care Fund Action Plan submitted on the 14/2/14. 2. To confirm agreement to virtually sign off the Final Better Care Action Plan for submission on the 4/4/14 to NHS England. 3. To delegate to Joint Commissioning Forum (JCF) and the Borderline and Peterborough Transformation Board (B&PTB) to implement the BCF action plan from April 2014.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board.

1.2 The Peterborough Health and Wellbeing Board has delegated oversight of this work to the Joint Commissioning Forum which received up date reports from the Better Care Fund Working Group at January 14 and February 14 meetings to support the process and adhere to the national deadlines . This report provides the Health and Wellbeing Board with an update on the work to date (including the initial proposals which were submitted on 14th February), and an outline of next steps for consideration.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Health and Wellbeing Boards views on the draft report to inform the content of the Final Better Care Fund Action Plan which is being produced.

2.2 The draft Action Plan containing proposals for use of the Better Care Fund (BCF) in the Peterborough system during 2014-16 was sent to the Area Team on behalf of the HWB to meet the 14th February 14 deadline. The two templates included a narrative describing the Vision / Objectives and the metrics / financial information for the Peterborough system Appendix 1 and Appendix 2. The BCF Working Group has undertaken local engagement through the Transformation Board, 2 stakeholder workshops and online engagement through Peterborough City Council, the CCG and Peterborough healthwatch websites. There has been feedback from the Local Government Association and from the Area Team. All feedback / ideas will be

considered to help inform the basis of the final Action Plan submission required on 4th April 14.

2.3 The HWB are asked to consider delegating their authority into the JCF and B&PTB to implement the BCF action plan and monitor progress against the metrics. The JCF to provide quarterly assurance to the HWB.

2.2 This report if for the Board to consider under its terms of reference No. 2.2 To actively promote partnership working across health and social care in order to further improve health and well being of residents.

3. MAIN BODY OF REPORT

3.1 The proposals include three work programmes:

- Early intervention and prevention;
- Enhanced reablement;
- Psychiatric liaison / community dementia resources

(please refer to the templates for further details).

3.2 The firm intention of these work programmes is that they be delivered at scale, and in a transformational way, rather than developing a long list of smaller, unconnected projects; and that they be seen as drivers of system and culture change (across organisations) rather than as solely an end in themselves.

3.3 In the Peterborough system, the planning work for BCF is being taken forwards by the BCF Working Group (which was established by the Health and Wellbeing Board), which meets fortnightly, and includes representatives from both Peterborough City Council, and Borderline and Peterborough LCG,s (including clinical representation).

3.4 Considerable effort has also been made (on an admittedly tight timescale) to engage with local stakeholders, including provider organisations and patient representatives/ Healthwatch, to ensure that final proposals are fit for purpose. This engagement has included through the Transformation Board Members, and via information posted on the CCG, City Council, and Peterborough Healthwatch websites for public comment. In addition two workshops specifically looking at the BCF have taken place the last of which was held on the 13/3/14. .

3.5 The aim of the present stage of planning is to develop proposals which are sufficiently detailed to meet the needs of local and national governance processes (including in relation to financial planning, and the development of suitable metrics and outcome targets), whilst leaving scope to more fully develop the details of their implementation during 2014/15. It is envisaged that implementation during 2014/15 will be led by dedicated Better Care Fund Programme Management capacity, and will focus on an analysis of what is presently delivered along each of the relevant care pathways (and how / by whom), where there are gaps or obstacles to effective delivery, and how partners could work differently to address these.

3.6 Alongside the Peterborough templates, the full CCG submission also included templates for the areas covered by Cambridgeshire County Council, Northamptonshire County Council, and Hertfordshire County Council. Present proposals would see delivery in the Borderline element of Northamptonshire much in line with proposals being developed by Peterborough HWB (Note the governance processes associated with the Northamptonshire element of the CCG Action Plan remains with Northamptonshire HWB) Further work is needed to establish plans and governance processes for delivery in the Cambridgeshire / Borderline overlap.

4. ANTICIPATED OUTCOMES

4.1 The HWB has previously delegated to the Joint Commissioning Forum to approve the draft Action Plan on its behalf prior to submission on the 14/2/14. This stage is now complete and the Health and Wellbeing Board agreed to receive the Final Action Plan virtually because the cycle of meetings does not allow the HWB to formally meet prior to the national deadline.

4.2 Therefore the HWB Members are asked to receive the Final Draft of the Action Plan no later than 28/03/2014. The HWB Members will need to send comments by the 1/4/14 .

5. REASONS FOR RECOMMENDATIONS

5.1 The HWB delegated over sight to the JCF of the proposals submitted on 14 February 14. The HWB have a duty to approve and sign off the Final Action Plan for the Peterborough System prior to submission to NHS England on the 4/4/14

6. BACKGROUND DOCUMENTS

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

National Guidance on the Better Care Fund.

PETERBOROUGH – 14th February 2014 Submission

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	Peterborough City Council
Clinical Commissioning Groups	NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Boundary Differences	For NHS Cambridgeshire and Peterborough Clinical Commissioning Group, there are two differences to the boundary when compared with that of Cambridgeshire County Council and with Peterborough City Council. From 1st April 2012, several practices from North Hertfordshire and Northamptonshire became part of NHS Cambridgeshire and Peterborough Clinical Commissioning Group: *North Hertfordshire – Royston* Three Royston practices provide care for a patient population of 24,142 residents in the town of Royston itself and the surrounding villages and they comprise Royston Medical Centre, Roysia Surgery and Barley Surgery.

	Northamptonshire The Oundle and Wansford practices provide care for a patient population of 17,448 residents in the town of Oundle itself and the surrounding villages and they comprise Oundle Surgery, Wansford Surgery and Kings Cliffe (branch surgery).
Date agreed at Health and Well-Being Boards:	The Peterborough Health and Wellbeing Board met on 16 January, and discussed the emerging plans for the BCF; given that they will not meet again until April, the Board agreed to delegate the sign off of the drafts to the Joint Commissioning Forum, with a virtual sign off of the final draft prior to submission in April.
Date submitted:	Friday 14 February 2014
Minimum required value of BCF pooled budget: 2014/15	£661,000
2015/16	£11, 643,000
Total agreed value of pooled budget: 2014/15	£TBC
2015/16	£TBC

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	NHS Cambridgeshire and Peterborough Clinical Commissioning Group
By	Andy Vowles
Position	Chief Operating Officer
Date	14 February 2014

Signed on behalf of the Council	Peterborough City Council
By	Jana Burton
Position	Executive Director of Adult Social Care, Health and Wellbeing
Date	14 February 2014

Signed on behalf of the Health and Wellbeing Board	Peterborough Health and Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Marco Celeste
Date	14 February 2014

c) Service provider engagement
Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it.

We have endeavoured to involve as many health and social care providers as possible during the drafting of this 'first cut' plan. Provider involvement has been achieved through:

- Participation in the work of the Peterborough Health and Wellbeing Board
- Discussion at the Chief Executive Officers Group (comprising all NHS Trust / Foundation Trust) providers in Cambridgeshire and Peterborough
- Active engagement in the Borderline and Peterborough Joint Commissioning Forum, with delegated oversight for the BCF from the PCC HWB between its meeting dates
- Active engagement in the Borderline and Peterborough Transformation Board (on which provider organisations, Patient Participation Groups and Healthwatch are represented)
- Development of two planning and engagement workshops to which a wide range of provider organisations (including housing, third sector, and NHS providers have been invited).
- Meetings with individual NHS Trust and NHS Foundation Trusts at Chief Executive and Director level
- Discussion and generation of ideas at the Urgent Care Networks
- Joint Local Authority / CCG-led working group, including PCC social care leads
- Ongoing engagement through a range of local meetings (e.g. Older People's Partnership Board, Carers Partnership Board) – for a full list, please refer to the Engagement Plan.
- Presentation of BCF material on both the PCC and CCG websites, with a dedicated email address for comments and suggestions, plus engagement in the BCF groups for Northants
- Discussion with Northamptonshire County Council.

This has proved to be a positive experience and it has contributed materially to the generation of ideas around the approach we should take in constructing the BCF joint commissioning fund and to the range and scope of potential individual initiatives.

Arising from this period of engagement, several common themes have been identified:

- The need to align the work associated with the Older People's Programme procurement with that of the Better Care Fund and the potential to achieve greater synergy of transformation
- It would be sensible for providers to design transformation proposals jointly instead of each organisation putting forward its own set of ideas. There is a clear recognition of the need for alignment of resources and change management effort
- A recognition that we need to think more strategically, moving away from a bids culture to one of designing change programmes at sufficient scale to enable the health and care system to achieve the depth of transformation required to meet the significant challenge posed during the current strategic period
- The need for clarity around how the joint commissioning fund will be deployed and specifically how to mitigate the risk of transferring CCG funding to the BCF joint

commissioning fund without achieving a tangible and measureable return on this investment e.g. through performance metrics

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our approach throughout has been to:

- secure 'buy-in' to the use of the Better Care joint commissioning Fund through the active engagement of all key stakeholders
- conduct consultation on draft proposals prior to discussions at the Health and Wellbeing Boards and sign off and submission to government
- be proportionate given the time and resource constraints. Where ever possible, we have achieved this by using existing meetings/forums and communication channels e.g. consultation pages on the CCG and the Local Authority websites to facilitate the process, formal presentations to meetings, organising Area Events to ensure that we reach a broad audience directly
- ensure there will be further opportunities to shape and influence use of the Better Care joint commissioning Fund once plans have been accepted by government i.e. at the more detailed planning stage

To date, the scope of engagement in Cambridgeshire and Peterborough has been comprehensive including:

- Health and Well-being Board meetings (development and formal meetings)
- Older People Programme Board
- Integrated Mental Health Governance Group
- Chairs of the Local Health Partnership Boards
- City and Northants County Council, District Council representatives
- The CCG Patient Reference Group
- Local Commissioning Group Patient Reference Groups on request
- Presentation of BCF material on both the PCC and CCG websites, with a dedicated email address for comments and suggestions
- Promotion of the BCF Themes by Healthwatch via their Newsletter.

In addition, several of the items in Section (c) above, formally include patient representatives (e.g. Borderline and Peterborough Joint Commissioning Forum, Borderline and Peterborough Transformation Board, Stakeholder Workshops).

Throughout the planning process, we have endeavoured to engage with stakeholders as widely as possible and to ensure that the views obtained through dialogue and feedback from our stakeholders are played appropriately into our plan as it develops. We envisage that engagement will continue as an on-going activity throughout the duration of the BCF plan so that we can assure ourselves that the initiatives we implement reflect, as far as possible, the opportunities identified as a result of engagement.

Overall, the response from stakeholders has been positive with a wide range of views expressed, for example:

- There is agreement on the Vision and Principles
- The importance of putting our Vision and Principles effectively into practice was underlined by several key stakeholders
- The need to avoid 're-inventing the wheel' and to ensure that we optimise care pathways
- Greater understanding of social care is needed generally and, in particular, how the social care elements of the plan inter-link with health services on the ground
- The need for Health to receive the equivalent benefit to the value of funding to be transferred to social care. It was noted that the money to be transferred has already been invested in services and that we would all need to be clear about what the impact could be of transferring it to a pooled budget

Joint working with the voluntary service sector is in place but we need to learn from examples elsewhere where voluntary and statutory sector services work particularly closely to deliver a range of services targeted at those in most need

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Better Care Fund Consultation and Engagement Plan	Sets out a suggested approach for consulting on Cambridgeshire and Peterborough's Better Care Fund plans and how engagement with key stakeholders will be managed.
Review of Evidence to support Better Care Fund (BCF) Spend	This review assesses and qualifies the evidence of the effectiveness of social care and health interventions that impact on the outcome measures required by the Better Care Fund. Both integrated health and social care and non-integrated interventions are considered. The review assesses interventions across a spectrum from primary prevention of social care to interventions aimed at reducing hospital admissions.
The King's Fund Evidence summary: Making best use of the Better Care Fund	This document provides a summary of the requirements of the BCF with supporting evidence and suggested approaches,
NHS Cambridgeshire and Peterborough CCG Medium Term Financial Plan	This document sets out our medium term financial plan for the period 2013/14 to 2016/17 which shows how we will deliver the financial metrics requested by NHS England by 2014/15 and gives an overview of plans for future years.
NHS Cambridgeshire and Peterborough CCG Older People Services programme leaflet	Sets out an overview of the CCGs vision and plans for older people's services.
Better Care Fund Performance Metrics	Provides an overview of the national and

(Cambridgeshire)	local metrics required to track progress towards the conditions attached to the Better Care Fund.
Health and Wellbeing Strategies: Cambridgeshire, Peterborough, Hertfordshire and Northamptonshire	These documents set out the key priorities on which the Health and Wellbeing Boards will focus on in the next five years. NHS and Local Authority plans need to be informed by the Health and Wellbeing Strategies.
Joint Strategic Needs Assessments for Cambridgeshire and Peterborough	JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas. The JSNAs underpin the health and well-being strategies of each local authority and the CCG commissioning plans
Peterborough City Council Medium Term Financial Plan	This plan sets out the Cabinet's proposals for meeting the challenges of the Government's Spending Review (October 2010) and following Government announcements that impact local government funding.

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our long-term shared vision is to bring together all of the public agencies that provide health and social care support, especially for older people, to co-ordinate services such as health, social care and housing, to maximise individuals' access to information, advice and support in their communities, helping them to live as independently as possible in the most appropriate setting.[1] To be successful, this transformation will require the contribution of a range of health and social care providers as well the greater involvement of the community and voluntary sectors.

Cambridgeshire County Council, Peterborough City Council and the Clinical Commissioning Group believe that the Better Care Fund offers an important opportunity to transform the health and social care system and delivery in Cambridgeshire and Peterborough to meet the needs of a rapidly ageing population better, and by doing so, ease the pressure on the system more generally, enabling it to provide better services to the whole population of the county / City. The Better Care Fund offers a unique opportunity to re-think how a significant amount of public money could be more efficiently and effectively spent.

Fundamentally, we believe that the Better Care Fund should be used for genuine transformation of the health and social care system in Cambridgeshire and Peterborough; through creating greater synergy and hence efficiencies in the provision of social care and health services, these can better be protected from pressures brought about by increasing demand and reducing budgets. The scale of this transformation opportunity is significant; it is much more than just reducing admissions to hospital. Rather, it is about changing the whole system so that it is focused on supporting people wherever possible with person-centred and professionally-led primary care / community / social care, guided by the goal of living as independently as possible, for as long as possible.

This approach aligns with the principles set out by Government, NHS England and Local Government Association, is consistent with the priorities set out in Cambridgeshire's and Peterborough's Health and Wellbeing Strategies 2012-17. It is also well-supported by evidence that clinical and service integration delivers better outcomes for people, particularly if groups of patients or service users are clearly identified and services for them are joined up around their needs.[2]

Over the next five years we would anticipate, amongst other things, the following changes:

[1] Adapted from 'Older People Community Budgeting: Principles and project ideas' available from notes of item 3 of Health and Wellbeing Board 17 October 2013, at http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Committees/Meeting.aspx?meetingID=636

[2] See 'Clinical and service integration' Curry, N and Ham, C; King's Fund 2010; available from http://www.kingsfund.org.uk/sites/files/kf/Clinical-and-service-integration-Natasha-Curry-Chris-Ham-22-November-2010.pdf

- A transformational shift from what has tended to be an acute hospital-centric system to one which provides timely and appropriate care and support along the whole care pathway, delivered through a variety of service providers and care givers
- Greater emphasis on multi-disciplinary working across health and social care leading to more effective care planning, early recognition of impending crisis and better co-ordination and targeting of resources tailored to the service user's needs
- A transition to 7 day working to enable all agencies to respond in a timely and effective manner
- A more holistic approach to commissioning health and social care recognising the importance of taking into account social, mental health and physical conditions

We anticipate a range of positive outcomes for patient and service users including:

- Greater personalisation of service response to users' needs
- Enhanced support and guidance to carers
- Services which are responsive, timely and pro-active

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Aims and Objectives of the Integrated System

The integrated system planned for Cambridgeshire and Peterborough through deployment of the Better Care Fund joint commissioning will have the following over-arching aims and objectives:

Coordinated and intelligence-led early identification and early intervention.

For example, this could include:

- professionals being proactive in identifying need rather than waiting for it to be presented as a formal referral
- ensuring that the workforce are able to feed back as much intelligence as possible as to the needs of the service users they are supporting and how service delivery and deployment of available resources can be improved
- further improving information sharing between the range of organisations in contact with older people about individuals at risk of requiring more support in future
- Social Workers having greater identification with a community and working with other agencies to identify those at risk and interventions available

Investment in community capacity to enable people to meet their needs with support in their local community.

For example, this could include:

- further development and investment in community capacity-building to prevent some people from entering a crisis
- improving access to a range of specialist services with the potential to reduce long-term care costs
- helping people to stay where they want to be, that is, at home

An improved approach to crisis management and recovery.

For example, this could include:

- a process for rapid escalation and action when a crisis occurs in the life of an older person
- a coordinated response from all agencies working in or operating as multi-disciplinary teams to provide intensive support in the short term and encompassing services such as respite care
- ensuring that when the crisis is over, older people and their carers remain as independent as possible and avoid short term crises triggering a deterioration which inevitably leads to long term health or social care need

A united approach to advice and information on community and public sector services.

For example, this could include:

- developing robust and reliable sources of advice and support for older people before they become frail or need to access the statutory system
- providing universal information and advice about services from all partner agencies, which should be quick to access, clear, friendly and personalised

How we will measure our Aims and Objectives

We will measure how well we achieve our aims and objectives through a variety of methods through:

- setting and monitoring performance against agreed outcomes and metrics
- continuing engagement with key stakeholders and service providers which will provide feedback on how successful the initiatives we have commissioned are 'on the ground' and where the key gaps in service are
- formal reviews and evidence-building as we make progress with implementing our joint commissioning approach

Applying Measures of Health Gain

We wish to ensure that the Better Care Fund plan initiatives form an integral part of joint plans and are not viewed as something separate. We will monitor the health gains achieved via the Better Care Fund using the following measures of health gain:

- EQ5D as a marker of health related quality of life for people with long term conditions
- Emergency admissions from causes considered amenable to healthcare as a marker of the ability of integrated care to keep people out of hospital

We will consider how we can monitor, understand and improve the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

c) **Description of planned changes.** Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Overview of the Schemes and Changes covered by our Joint Work Programme

Support at Home (Early intervention, prevention, and proactive support)

This theme includes the following:

Carers services: to enhance the offer for carers, building on carers prescription, respite and other carers support, and working to align strategies for adults and children's services. Building on the future aspiration of the Joint Carers' Strategy, we wish to join up monies from the Council and the CCG to improve outcomes for carers, including young carers, and those adults who care for disabled or vulnerable children. It is envisaged that this work would include roll-out and implementation of Carers' Prescription Service, support at crisis, carers breaks, and better advice and upstream support for carers and communities.

Early intervention and prevention: to develop the upstream offer, to avoid future demands on health and care sector. We wish to develop a universally accessible and joined up first point of contact, with a view to avoiding escalation of demand (including admission to care or acute settings). Building on existing Third Sector provision, we will pro-actively develop community navigator schemes that improve access to advice and information (including for carers, and wider communities) and promote social and community capital with a particular aim to combat isolation, and the social causes of ill health. We will also promote empowerment and self-management, building on the philosophy of self-directed support, whether through development of personal health budgets, or associated planning mechanisms for those with long-term conditions.

End of Life: support the development of community resources alongside the Lead Integrator for Community Services. This includes enhanced home care support at end of life through specialist third sector provision, with aim of improved experience for patients and their families at the end of life as well as reduced unplanned care costs.

Support when People need Help and leave Hospital (Enhanced reablement services)

This theme includes the following:

Enhanced reablement team: Building on the provision successfully provided by the City Council under present Section 256 transfer arrangements, with the proposed impact being reduced admissions, reduced length of stay, and reduced (or at least delayed) demand for long term care. This initiative includes closer alignment of community therapies to develop a structured and intensively supported discharge service (in particular for conditions such as stroke for which there is an evidence base as to the positive impact of e.g. Early Supported Discharge plus orthopaedic discharges following hip fracture). In addition, it will include a focused and preventative approach to (repeat) fallers, including close work with other initiatives including medication review, etc. We wish to improve waiting times and capacity by working in partnership with housing providers, to provide timely and preventative adaptations, as well as to enhance reablement services following admission etc. In future, we will consider whether local ICES contracts might be aligned or more closely integrated with this work.

The Firm / MDT: move to 7 day working, and enhanced level of service (including Adult Social Care input) to promote admission avoidance, and timely discharge from acute and intermediate care. We will increase investment in frontline care services targeted in areas of need which are presently under-provided by the health and care sector. This includes:

- building on existing intermediate care and admission avoidance schemes (including The Firm)
- further reducing the number of avoidable admissions and emergency bed days through enhanced MDT working with adults as well as older adults (e.g. to reduce admissions for patients with concurrent learning disability and epilepsy, or improved routine review of medications)
- increased social care input to all MDT working
- 7-day working through MDT (or similar) teams and inclusion of 7-day working in acute

contracts, including The Firm (or equivalent)
- improved psychiatric liaison services or mental health presence in MDTs
- increased patient flow through intermediate care sector to ensure access to "step-up" as well as reablement beds.

Home adaptations, telehealth and telecare: better development and utilisation of emerging and existing technologies to support independence, and reduce demand on acute / long term care sectors. We will invest in areas for which assistive technologies are proven (e.g. for people with chronic heart-failure, COPD / asthma) with a view to maintaining independence, and reducing unnecessary hospital admissions.

Care sector review team: to support medication reviews, quality improvement, discharge from short-term care placements, market alignment, support, and development. We will develop enhanced services (alongside incoming Lead Integrator for Older Peoples Community Services, and with reference to the Primary Care Strategy, in partnership with Primary Care) to review the health and care needs of residents in the care sector (including those supported by Domiciliary Care Services, or in Extra Care or Sheltered Housing provision). We wish to review the quality of care and to support discharge (back to more independent living), increased independence (for those who require longer term care), and with a view to e.g. medication review.

Enhanced psychiatric liaison, and mental health community support

This theme includes the following:

Psychiatric Liaison: to support the ongoing development of psychiatric liaison services in PSHFT, to enhance discharge (and admission) planning, and develop timely care packages for discharge.

Dementia Resource Centre: to develop the centre as a resource for both "upstream" (preventative, community, and educational) interventions, as well as a "hub" to support discharge and care planning We wish to develop great community resource, building on the development of the Dementia Resource Centre, with a particular view to early diagnosis, and "upstream" interventions (e.g. psycho-educational, and including support to carers and wider communities) which may maintain independence and reduce (or delay) admission to long-term care settings.

The key success factors including an outline of processes, end points and time frames for delivery

- First draft submission to NHSE 14 February 2014, to await and respond to any comments as part of ongoing development of the plans, prior to sign off through local governance arrangements (including through HWB, CCG Governing Body).
- Final submission of BCF proposals will be made on 4/4/2014, but it is expected that these will be the subject of ongoing transformational planning through 2014/15 in preparation to implementation in 2015/16.
- The CCG will continue between the 14 February and 4 April submissions actively to work with the four Health and Wellbeing Boards by whom BCF proposals will be authorised to ensure that synergies relating to schemes and proposals for the use of the fund (in the different LA areas) can be maximised, and that any duplications or inconsistencies of approach avoided.
- Further discussion with stakeholders and providers will be ongoing throughout, with two stakeholder workshops already planned to further develop the details of proposals, and a shared vision of transformational (rather than project based) change.
- The final plan will include an outline delivery plan focusing on resources, sequencing and risk issues.

Key success factors will be:

- Thorough alignment with overall strategy
- Achieving a reduction in demand for acute / emergency / long-term services, including reductions in DTOCs (where applicable), reductions in avoidable emergency admissions, and reductions in long-term care placements.
- It will also include: commitment to named lead professional for integrated packages of care, use of the NHS number as the primary identifier, and development of increased 7-day working.
- Stakeholder involvement and commitment to transformation

How we will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The national planning guidance has signalled the closer alignment of NHS and local authority planning cycles and this is welcomed. Historically, we have worked closely together to ensure that our service plans are in direct alignment where appropriate and that we have a shared understanding of the strategic direction to meet the health and social care needs of our population. As an example, in terms of strategic direction and priorities for Older People, Cambridgeshire County Council and NHS Cambridgeshire and Peterborough CCG are working closely to agree a single, shared strategy for Older People this year.

In drawing up our plans and activities for the Better Care Fund, we have worked closely with members of the Health and Wellbeing Board who have provided the required strategic direction and advice, grounded in the priorities set out in the Health and Wellbeing Strategy. As a result, we believe that our plans and activities will contribute directly towards four of the five priorities set by the Board, that is:

- Preventing and treating avoidable illness
- Healthier older people who maintain their independence for longer
- Supporting good mental health
- Better health and well-being outcomes for people with life-long disabilities and complex needs

We have used the intelligence available in the JSNA to identify the key target areas of focus and complemented this through the collation of an evidence base, led by the Public Health Team.

The development of the CCG Five Year Strategic Plan is being shaped through a substantial amount of stakeholder engagement and through reference to key sources of shared intelligence such as the JSNA and other organisations' plans.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Overview and Main Implications

The acute sector provider landscape will change appreciably over the next few years as a result of several factors:

- Implementation of the Integrated Older People's Pathway and Adult Community Services Procurement led by NHS Cambridgeshire and Peterborough CCG
- Aligned to this, implementation of the initiatives set out in the Better Care Fund plan
- Provider-led initiatives in response to the challenges and opportunities available during this strategic period

In discussions with acute providers we have identified the following implications for the acute sector:

- The need to jointly re-design and streamline admission and discharge processes to ensure that the planned developments in community capacity and expertise are complemented by the right capacity being available at the right time. Urgent Care Boards are engaged in this but there is also a need for a more strategic approach to the whole system
- A risk of reducing capacity (and therefore income) related to emergency admissions in anticipation of the transformational changes to community-based capacity taking effect but not actually being achieved
- A requirement that, as a whole system, we jointly align the work and objectives of the Older People Programme with that of the Better Care Fund to avoid risk of a fragmented response by acute providers

Discussions have also identified opportunities for the acute sector to work in a more innovative and radical way with social care, clinical commissioners and others including the third sector to:

- Draw up a strategic vision of what a fully integrated health and social care system could look like and what would be needed to achieve it, using the BCF as one of the key enablers for change and transformation
- Create more efficient care pathways which are more responsive to individuals' needs and which support the role of carers
- Achieve sustainable and appreciable reductions in unnecessary emergency admissions to hospital
- Achieve more efficient and effective streamlining of discharge processes and 'handovers' to other care agencies
- Reduce eliminate the number of delayed transfers of care
- Respond better overall to the personalisation agenda

Realisation of NHS Savings

National planning guidance[3] sees the BCF as having the potential to improve sustainability, raise quality and reduce emergency admissions; the latter will have to reduce by around 15%. Within Peterborough, there is a joint vision and a collective commitment to radical change. Unlike programmes which are funded from 'new' money, the BCF cannot operate in isolation. It has touch points with our main strategic work streams, for example, the older people's programme. It will also form a part of the CCG

[3] Everyone Counts: Planning for Patients 2014/15 to 2018/19; issued by NHS England on 20 December 2013; gateway reference 01000

five year strategic plan. The Better Care Fund is one of the essential elements of this wider strategic programme and we need to ensure that it supports our wider vision.

In terms of process, we are at the initial stage of preparing the BCF plan and, as a result of our engagement activities, we have received a large number of proposals for transformation from a wide range of stakeholders. Having grouped those proposals into key themes, our next task is to evaluate the proposals in detail, in order to assess the potential scale and scope of NHS savings which could be realised as a result of their implementation.

One of the key tasks ahead for the joint project team will be to map the potential impact against each of the health providers, so that we can see clearly the extent to which they would be affected. The CCG will also link the BCF initiatives back to the delivery plans set out in the two year operational plan both to ensure consistency of approach and to eliminate the risk of duplication. The results of this work will be set out in the second 'cut' plan submission in April 2014.

Risk of Savings not being realised

We are aware of the risk that the required savings may not be realised, despite having implemented a wide range of transformational schemes. In the risk section of this template, we have described several areas of risk and, in particular, the risk of failing to protect acute services. We are working jointly to conduct a risk assessment which will be informed by the evaluation of the proposals mentioned in the section above.

e) **Governance**
Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Oversight and governance of the Better Care Fund Plan are provided by the Peterborough Health and Wellbeing Board who will sign off the plan. The development of plans for the Better Care Fund in the Borderline and Peterborough LCGs is undertaken jointly with Peterborough City Council (PCC), Cambridgeshire County Council, and Northamptonshire County Council. The majority of the agreement will relate to funding transfers (and subsequent pooled funding arrangements) with the former, PCC.

With this in mind, the following arrangements have been developed:

- the PCC Health and Wellbeing Board has delegated a small working group (the BCF group) to take forward the planning work. This group meets regularly to coordinate the work
- the BCF Group will report to the monthly Joint Commissioning Forum from February to April. The Forum has been delegated responsibility for the sign-off of drafts of the plan (in advance of the next Health and Wellbeing Board meeting in April)
- the PCC Health and Wellbeing Board will be asked to sign off virtually the final plan before submission on 4th April 2014
- the monthly Transformation Board will be used to engage more widely on the plans as they develop; in addition however, two workshops are being planned (mid-February and mid-March) to more widely engage with local stakeholders]

Regular formal and informal reporting is undertaken to each organisation's board / governing body.

Within NHS Cambridgeshire and Peterborough CCG, leadership from the top is provided by the Chief Clinical Officer, supported by the Chief Operating Officer, who generate the drive, focus and performance management ethos within the organisation on behalf of the Governing Body. The Chief Clinical Officer works particularly closely with Local Commissioning Group Chairs to ensure that service transformation is shaped and steered through clinically-led commissioning. Local commissioning group engagement is steered and overseen by Local Chief Officers who work closely with their respective Local Commissioning Group Boards.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services

The BCF working group have proposed that the funding and schemes behind the two s256 funding agreements which currently exist for the main DH funding allocation for Social Care and additional reablement funding, will form the basis of the amount of fund set aside for the protection of social care services. This funding is already embedded in agreed priorities and investment in social care and delivering benefits across the health and social care spectrum. The areas will be reviewed as part of the use of other BCF funding with a view to ensuring that maximum transformational change can be developed across the entire pool of funding and the services to which it relates.

Please explain how local social care services will be protected within your plans

Adult Social Care is facing increasing demographic pressures due to increased numbers of older people longevity and medical advances which mean people with disabilities are living longer. Pressure on services will be increased as a result of the implementation of the Care Bill and the need to meet the needs of self-funders. The funding allocated will need to be sustained and if necessary increased, to meet these pressures. The plans will be reviewed over the period of the BCF and amended as necessary to ensure that maximum transformational change can be developed across the entire pool of BCF funding and the services to which it relates, and that social care service are protected and in a position to deliver services which will give a whole system benefit across health and social care.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends

Strategic Commitment to 7 Day Services

There is a clear understanding and commitment to the importance of 7-day service delivery, and a CQIN relating to this has been in place with PSHFT during 2013/14. In addition:

- The offer of Health and Social care Domiciliary Services that can be called into stay with patients overnight by OOH's GP's to prevent admissions, with the same team supporting A&E Patients to return home overnight to prevent being admitted for Social Reasons.
- Care Homes accept referrals on the same day as assessment 7 days per week, step up and down, and Domiciliary Care Agencies accepting and starting new care packages 7 days per week.
- 7 day assessments Health and Social Care in the Hospital to support 7 day discharging includes CHC needs
- 7 day support from Voluntary Sector Organisations to support people in the Community who don't meet Health and Social Care

Local Implementation Plans

Success will mean that people will be able to be discharged from hospital at the weekend, because staff are there to medically approve discharge, plan their discharge and link up with a suitable provider if they need ongoing care. This will mean service providers needing to change their staffing patterns to allow this, which might mean changes in terms and conditions or working hours for staff in hospitals, social services, housing or care providers.

Local implementation plans for introducing 7 day discharge have not yet been developed, and will form part of the next stage of planning.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Cambridgeshire and Peterborough CCG mandates the NHS Number as the primary identifier for correspondence through the NHS Standard Contract for providers, while at the same time ensuring compliance with the NHS Care Records Guarantee and Patient / Citizen privacy mandates. Within Peterborough social care services, the NHS Number is not currently used as the primary identifier for correspondence. The social care record system does have functionality to support the use and therefore, as part of our wider transformation programme, we will seek to build its collection and use as an identifier.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Peterborough City Council has a transformation programme with a timetable for delivery in 2014/15. Implementation of the NHS number as a primary / universal identifier will need to be introduced in a phased way across providers as part of the transformation programme.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Cambridgeshire and Peterborough CCG is committed to adopting systems that are based upon Open API and Open Standard wherever possible and encouraging existing supplier to adopt Open API and Open Standards in future releases of software. NHS Cambridgeshire and Peterborough CCG is often directed to use specific software suppliers by NHS England and or the Health and Social Care Information Centre. Peterborough City Council is committed to implementing the requirements of Caldicott2 and has recently reprocured software to allow secure sharing with the independent sector care providers. Use of GCSX - NHSnet e-mail when communicating between Council and Health professionals is well embedded.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Cambridgeshire and Peterborough CCG submitted IG Toolkit Version 11 (2013/14) for

publication at the end of October 2013. 'Satisfactory' assurance was attained for this early submission as required to enable Stage 1 Safe Haven status. NHS Standard Contract used. Caldicott2 recommendations are known and will be implemented. The CCG has a well-established IG and IM&T Group in place to ensure compliance with all aspects of information governance. Peterborough City Council has submitted the IG Toolkit assessment and established an action plan for key areas.

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Existing MDT arrangements (including the Firm for crisis support in the B&P system) provide a good foundation for ensuring that all those who are identified as at high risk of admission have an agreed lead professional. Present challenges around IG hamper formal approaches to risk stratification, but there is local agreement as to the benefit of taking this kind of approach.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk Rating	Mitigating Actions
Loss of Strategic Perspective and Scale: The plan focusses on many small scale initiatives leading to lost opportunity to undertake strategic transformation of services	**Medium**	• Refer back as needed to the 5 year strategic plan context and over-arching priorities and other revenant strategic and commissioning plans • Consistently map the initiatives and proposals back to the agreed End State to check for right scale and scope • Agree a set of categories for strategic change and group ideas and proposals around these
Failure to protect social care services: Demand for social care increases at a rate that outstrips the increased investment and transformation	**Medium**	• Closely monitor demand for social care arising from demographic change and the new statutory duties under the Care Bill
Failure to protect acute services: Investment in prevention fails to sufficiently reduce demand for acute services, creating financial challenges for the acute sector	**Medium**	• Closely monitor demand for acute services and ensure that contingency plans are in place for diversion of funding if necessary
Failure to meet performance	**Medium**	• Effective negation of targets with

targets: Results in loss of up to £9m		government • Clear alignment of BCF investment and change areas to key performance targets • Robust performance management arrangements are put in place
Destabilising 'the system:' Making changes to the current patterns and models of service delivery in advance of implementing new ways of working de-stabilising current levels of demand and performance		• On-going review of strategy and vision • Robust arrangements for reviewing progresses across all change activities • Appropriate investment in communication to users and staff • Development appropriate workforce and OD plans
Clinical Commissioner engagement: Localities and member practices feel disenfranchised and alienated by the planning process	**Medium**	• Regular briefing and discussion at CCG Governing Body and at Clinical Management & Executive Team meetings • Local Chief Officers to keep their Local Commissioning Group (LCG) Boards fully informed and ensure they have the opportunity to contribute • Nominate clinical champions from LCGs / local health systems who would co-lead with SROs the priority change programmes • LCGs to engage regularly with their practices / localities and ensure that they are kept informed and aware of the wider context • CCG Members' Events to give opportunity for wider discussion and opportunity to address concerns raised by the membership
Provider engagement: Lack of engagement and support from Providers	**Medium**	• Use the Chief Executive Officer Group to identify and obtain consensus on the key strategic priorities • Invite providers to submit their ideas and proposals for transformation and use these to inform on-going discussions • Use selected provider clinical forums to keep clinicians aware and engaged • Incorporate specific change initiatives into the mainstream commissioning and contracting cycle to ensure that the BCF plans are part and parcel of everyday business
Staff engagement: Staff are not fully aware of and engaged with the changes set out in the Better Care Fund plan	**Medium**	• Hold regular staff briefings • Post updates to organisations' websites • Use the organisations' newsletters to promote better understanding and flag examples of excellent performance and innovation

Strategic Vision / End State: Lack of clarity around the 'end state' resulting in loss of delivery	**Medium – needs further refinement**	• Link to the 5 year Strategic Plan – move to single OP's Plan for Cambridgeshire • Ensure all clients groups are reflected in the vision • Agree vision and principles and set them out clearly in the Better Care Fund plan (and reflect this in each organisation's core planning documents) • Set out in the plan each initiative and how it will contribute towards realisation of the bigger picture
Stakeholder Engagement: Key stakeholders do not have the opportunity to contribute to and shape the Better Care Fund plan	**Low but needs to be maintained**	• Ensure that key stakeholders are identified • Build time into the Better Care Fund planning timetable to brief and discuss stakeholders • Maximise the opportunity to brief and debate through attending existing meetings • Organise bespoke events e.g. Health and Well-being Board development days etc. • Keep stakeholders up to date with progress in drafting the plan e.g. through regular written briefings, use of websites etc. • Reflect back to stakeholders the key outcomes of the engagement discussions
Financial Information: Lack of clarity around the funding to be transferred from the CCG to the Better Care Fund joint commissioning pools	**Low**	• CCG and Local Authority Finance leads agree the methodology for calculating the funding to be transferred and the process for transfer • Financial information to be set out explicitly in core planning documents e.g. CCG 5 Year Strategy
Planning Assumptions: Early planning assumptions may prove to be incorrect.	**Low**	• Ensure that the BCF plan is updated regularly to reflect the emerging position and any agreements and/or changes made • Ensure effective co-ordination of the work of the different local authority project teams to allow timely update of assumptions
Governance: Insufficient project control, transparency and accountability.	**Low**	• Appoint a Senior Responsible Officer in each organisation who will be accountable for progress with developing and implementing the plan • Appoint joint CCG/PCC project team(s) to implement the process and to meet the key milestones for delivery • Maintain the opportunity for scrutiny through regular formal reporting to boards responsible for decision-

		making • Through regular communication and briefing, ensure sufficient transparency and openness with regard to the Better Care Fund Plan • Maintain a detailed project timetable to ensure that key board meeting dates are identified and met
Sign-Off: Lack of agreement between partners and at the Health and Wellbeing Board means that an agreed plan cannot be signed off	**Low**	• All partners to be involved in discussions and represented at the Executive Group • All partners signed up to Vision and Principles • Special meeting of the Health and Wellbeing Board to allow sufficient time for discussion
Government Approval: Delay in government signing off use of the Better Care Fund, leading to loss of the funding	**Low**	• All partners working to ensure that proposals address the national criteria • It is likely that the Government will allow time to refine proposals rather than rejecting immediately

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1	PCC	661	11,643	11,643
CCG #1				
CCG #2				
Local Authority #2				
etc				
BCF Total				

Including capital

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

The full implementation of schemes wil take place in 2015-16. It is anticipated that through the remainder of 2013-14 and 2014-15 schemes will be developed into full business cases so that planned improvements will be substantiated. Robust programme management is being put in place to ensure this is achieved. As part of the planning process, contingency arrangements will developed to cover the possibility and these will be outlined more specifically in the April submission .

Contingency plan:		2015/16	Ongoing
Outcome 1	Planned savings (if targets fully achieved)	To be completed for the April submission - see comment above.	
	Maximum support needed for other services (if targets not achieved)	To be completed for the April submission -	
Outcome 2	Planned savings (if targets fully achieved)	To be completed for the April submission -	
	Maximum support needed for other services (if targets not achieved)	To be completed for the April submission -	

BCF Investment	Lead provider		2014/15 spend		2014/15 benefits			2015/16 spend		2015/16 benefits	
			Recurrent	Non-recurrent	Recurrent	Non-recurrent		Recurrent	Non-recurrent	Recurrent	Non-recurrent
Scheme 1 - Protecting Social Care	PCC							3405		1700	
Scheme 2 - Enhanced Reablement Service								4427		4427	
Scheme 3 - Enhanced Psychiatric Liaison and Community Support								633		475	
Scheme 4 - Prevention and Community Interventions								1264		1264	
2014-15 Schemes											
BCF Programme Manager	PCC		100		0			100		0	
BCF Programme Support	PCC		61		0			61		0	
Assistive Technology	PCC		150		75			150		250	
Rehabilitation / Reablement (Friary Court)	CCG		100		50			100		100	
Falls Prevention	CCG		100		50			100		100	
Reablement	PCC		150		200			150		250	
Capital schemes											
DFG capital											
- Adults	PCC							661		661	
- Children Services	PCC							150		0	
Capital Grant - various schemes	PCC							442		0	
Total			661		375			11643		9227	

10390 If excluding capital

Notes

1. Benefits figures are rough indicative figures only and will be revised for the April submission, when more work on business cases for each scheme has been done.
2. Benefits on capital are not assumed for 2015-16, since there will be a time lag from use of capital to delivery of benefit.

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Permanent admissions of older people into residential care. Peterborough has very low rates of supported admissions. During 2012-13 150 people were supported into permanent residential care - 498.5 per 100,00 of the population, just over half the rate in Cambridgeshire (818.9 per 100,000). Although the evidence shows that Peterborough has successfully minimised avoidable admissions to care homes, there is evidence of capacity issues within the system, particularly in relation to specialist dementia care and nursing care. It is projected that the trend of decline in admissions will not continue in future years – but a stable level of admissions is the goal. The care bill will bring an increase in numbers supported with the introuduction of higher capital thresholds and a cap on self- funders contributions

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - Reablement packages have been provided by PCC for the last three years, with intermediate care and hospital at home having been in place longer. Currently the 91 day outcome measure is only collected for the intermediate care service and this has shown an increase in people receiving the service but a deterioration in independence outcomes. The BCF proposal is to develop and enhance the reablment service and to build in a measure of the outcome at 91 days for this service also. The target is to have a greater percentage of people receiving reablment services following a stay in hosptial but also to avoid hospital admissions and an increase in the percentage still living at home after 91 days.

Delayed transfers of care from hospital per 100,000 population (average per month) - Peterborough has a very low rate of delayed transfers of care for social care reasons for 2012/13 there were 0.6 per 100,000 all of which were from non acute mental health beds, we were ranked 8th nationally. All reason delays are higher Published figures for 2012/13 indicate that 6.8 per 100,000 adults aged 18+ living in Peterborough had delayed transfer of care – an average of 10 every week. Comparison to other geographies indicate lower rates of delayed transfers relative to the rest of the country, the region, UA which were 9.4, 10.5 and 9.1 per 100,000 respectively, Peterborough ranks 53/150. Proposals within the BCF to align front door and reablement pathways shoudl help to reduce all reason delays whilst maintaining minimal social care delays.

Avoidable emergency admissions (composite measure) - per 100,000 population - Emergency admissions rates can be reduced by effective collaboration across the health and care system. A key factor for Peterborough will be the current procurement of community health services, and the new older peoples outcomes framework. We are also proposing to increase quality monitoring and professional support into care homes with a view to reducing the number of admissions from care provision. In 2012/13 out of 151 PCTs in England, where the top ranking (1st) performed best with lowest emergency bed days and admissions, Peterborough Peterborough ranked:

• 108th / 151 for mean length of stay for emergency inpatient admissions (5.1 days compared to 4.8 nationally and SHA);
• 66th /151 for emergency bed days for long term conditions per 1000 (425.2 per 1000 population compared to 458 per 1000 nationally);
• 94th /151 for the average rate of occupied bed days by patients admitted as emergencies per 1000 population +. For ambulatory care conditions , standardised admission rates per 1,000 population had declined over the last five years – from 18.2 to 15.2 per 1000 between 2008/9 and 2012/13: comparisons to the rates for England, the regional SHA, and its peers indicate admissions remained consistently higher in Peterborough over the same period.

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below.

We propose to use the national metric currently under development. In 2012/13, 64.2% of adult social care'clients' were satisfied with the care and support they received from the PCC, which is similar to the satisfaction levels across the country. It is slightly but not significantly above satisfaction rates measured for the region.

The first carers' survey was carried out in 2012/13, and the findings indicate that 42.2% of carers' were satisfied with the level of social services, similar to that at national level (42.7%), and slightly above that for the region (40%).

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

The work programmes aligned to BCF are under development as part of he finalisation of the programmes targets will be set for the programmes, aligned to the BCF metrics.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

This template provides the detail for the Peterborough HWB.

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	498.50	N/A	
	Numerator	125		
	Denominator	25075		
		(April 2012 - March 2013)		(April 2014 - March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*	78.6%	N/A	
	Numerator	158		
	Denominator	201		
		(April 2012 - March 2013)		(April 2014 - March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	6.80%		
	Numerator	10		
	Denominator	140,415		
		(April 2012-March 2013)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure) - per 100,000 population	*Metric Value*	2198.3		N/A
	Numerator	4097		
	Denominator	186372		
		(April 2012 - March 2013)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience ASCOF 3A Overall satisfaction of people who use services with their care and support	*Metric Value*	64%		
	Numerator	327		
	Denominator	510		
		ASCOF Provisional April 2012 - March 2013	(April - September 2014)	(October 2014 - March 2015)
[local measure - please give full description]	*Metric Value*			
	Numerator			
	Denominator			
		(insert time period)	*(insert time period)*	*(insert time period)*

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10(a)
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Jana Burton, Executive Director Adult Social Care, Health & Wellbeing	Tel. 452409

SECTION 256 AGREEMENT RELATING TO SOCIAL CARE FUNDING 2013-14

RECOMMENDATIONS	
FROM : Jana Burton, Executive Director for Adult Care, Health and Wellbeing, Peterborough City Council	**Deadline date :** *31st March 2014*
For the Board to consider and comment upon the s256 agreement relating to Social Care Funding 2013/14 between the East Anglia Area Team NHS England and Peterborough City Council. The signed agreement is attached as at Appendix 1 to this report.	

1. ORIGIN OF REPORT

1.1 The CCG and Peterborough City Council are required to draw up a Section 256 agreement and agree the outcomes that will be delivered from the funding held by the Local Area Team. The Local Area Team will release funding to PCC Adult Social Care Health & Wellbeing based on the evidence that the outcomes have been delivered in 2013-14.

1.2 A report was taken to Health & Wellbeing Board on 12th September 2013 on the proposed agreement and this report presents the final agreement following discussions which have taken place between the CCG and the Council since that report.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is report to the Scrutiny Committee the s256 agreement which has been agreed between the Council and NHS England Local Area team for 2013-14 and will also provide a basis for the agreement in 2014-15.

2.2 This report is for the Board to consider under its Terms of Reference. No. 2.2 'To actively promote partnership working across health and social care in order to further improve health and wellbeing of residents'.

3. BACKGROUND

3.1 In 2011-12 as part of its announcement of the Operating Framework the NHS set out that the former Primary Care Trusts would receive funding to support adult social care. This funding was continued in 2012-13 and extended in 2013-14.

3.2 Under the National Health Service (NHS) Transfer Directions (2013) the total national funding for adult social care 2013-14 is £859m and the allocation made to Peterborough is £2,840,646.

3.3 Discussions have been taking place during the year with the Cambridgeshire and Peterborough CCG and the Council. In turn the CPCCG have been liaising with East Anglia Area Team NHS England, who hold the funding for adult social care.

3.4 Agreement has recently been reached on how the funding will be used and a copy of the agreement signed by nominated representative from the East Anglia Area Team NHS England and the Executive Director Adults, Health & Wellbeing is attached.

4. CONSULTATION

4.1 The agreement has been reached in consultation the NHS England East Anglia Area team and Cambridgeshire and Peterborough CCG. In determining the use of the funding all parties have taken into account the health and social care needs of the residents of Peterborough and other stakeholders.

5. ANTICIPATED OUTCOMES

5.1 The expected outcomes are set out in detail in the agreement, though the key outcomes are summarised as follows:

- Promoting Personalisation and enhancing the quality of life for people with care and support needs.
- Preventing deterioration, delaying dependency and supporting recovery
- Ensuring a positive experience of care and support
- Protecting from avoidable harm and caring in a safe environment
- Supporting carers in their caring role.

5.2 Future agreements relating to funding will be progressed under the arrangements and processes for the Better Care Fund. Discussions are taking place between the Council and CCG on the proposed use of Better Care Fund monies for 2014-15 and 2015-16, which will be presented to the Health & Wellbeing Board.

6. REASONS FOR RECOMMENDATIONS

6.1 Scrutiny Committee are requested to consider the s256 agreement and make any recommendations for future consideration going forward.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 The proposed use of funding under the s256 agreement has been subject to discussion between the Council, NHS England Area team and the Cambridgeshire and Peterborough CCG and the agreement is the culmination of those discussions following consideration of a range of alternatives.

8. IMPLICATIONS

The agreement sets out the proposed use of funding and performance expectations and outcomes from £2.840m funding for social care in 2013-14.

9. BACKGROUND DOCUMENTS

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

Section 256 agreement relating to social care funding between NHS England Area team and PCC - attached

DATED 30 December 2013

NHS ENGLAND EAST ANGLIA AREA TEAM (1)

and

PETERBOROUGH CITY COUNCIL (2)

Agreement relating to Social Care Funding 2013/14

THIS AGREEMENT is made on **2013**

BETWEEN:

(1) **NHS ENGLAND EAST ANGLIA AREA TEAM** and

(2) **PETERBOROUGH CITY COUNCIL** of the Town Hall, Bridge Street, Peterborough, PE1 1 HF (the "**Council**")

(together the **"Parties"**).

WHEREAS:

(A) The Area Team is empowered by Section 256 of the 2006 Act to make payments to the Council in certain circumstances towards expenditure incurred or to be incurred by the Council.

(B) The Area Team has agreed to make payments to the Council to contribute towards or pay the costs of the Scheme.

(C) By resolution of the Area Team dated 30 December 2013 the Grant for the Scheme was recommended pursuant to Section 256 of the 2006 Act.

(D) The Area Team is satisfied that this Grant is in accordance with the 2006 Act and complies with the Directions.

NOW IT IS HEREBY AGREED as follows:

1 Definitions and Interpretation

1.1 In this Agreement the following expressions shall unless the context otherwise requires have the meanings herein:

"**2006 Act**" means the National Health Service Act 2006;

"**Annual Voucher**" means the statement of compliance with conditions of Grant and expenditure certification as set out in Schedule 2;

"**CEDR**" means the Centre for Effective Dispute Resolution";

"Directions" means the Directions by the Secretary of State for Health as to the conditions governing payments by health authorities and other bodies under the NHS

Bodies and Local Authorities Partnership Arrangements Regulations 2000 as attached in Appendix 1 to Schedule 1;

"**Financial Year**" means 1 April of one year to 31 March of the following year;

"**Grant**" means the amount of money set out in Section 3 of Schedule 1 payable by the Area Team to the Council in respect of the Scheme;

"**Nominated Officers**" means Andrew Reed, Area Director (for the Area Team) and the Director for Adult Social Services (for the Council) or such replacements as may be notified by a Party to the other Party in writing from time to time; and

"**Scheme**" means the scheme more specifically described in Schedule 4.

1.2 The headings in the Agreement are for ease of reference only and shall not affect the construction hereof.

1.3 A reference to any Act of Parliament, Order, Regulation, Statutory Instrument, Directions or the like shall be deemed to include a reference to any amendment or re-enactment of the same.

2 Conditions relating to the Grant

2.1 The Grant shall be paid by the Area Team in accordance with Schedule 1.

2.2 The Grant for Financial Year 2013/2014 shall be paid within 30 days of the date of this Agreement.

2.3 The Council shall submit a completed and certified Annual Voucher to the Director of Finance of the Area Team by no later than the 31 July following the end of Financial Year 2013/2014.

2.4 The Council shall use the Grant:

2.4.1 in respect of the Scheme;

2.4.2 in such way as to secure the most efficient and effective use of Grant;

2.4.3 in accordance with all relevant legislation and the Directions; and

2.4.4 in accordance with any policies, performance objectives, eligibility criteria and standards set out at Schedule 4.

2.5 Peterborough City Council shall be responsible for the operational management of the Scheme. In accordance with the Section 256 agreement between the Parties dated 1 April 2013 – 31 March 2014 (the "**Section 256 Agreement**").

2.6 The Council shall provide the Area Team with the information detailed in Schedule 4 and access to such other information as the Area Team may reasonably request.

2.7 The Area Team and the Council shall meet at such intervals as the Parties agree, having regard to the nature of the Scheme, to review the Scheme. Any variation to this Agreement or the Scheme must be agreed in writing by both Nominated Officers.

2.8 Any complaints in relation to the Scheme shall be notified immediately to the Nominated Officers who shall agree an appropriate course of action to ensure that all such complaints are dealt with appropriately.

3 Authority

3.1 Both Parties warrant that all required approvals and any necessary delegated authority which a Party may be responsible for ensuring, shall be put in place and complied with regarding the execution and performance of this Agreement.

4 Dispute Resolution

4.1 Both Parties agree that it would be in their best interests for any dispute which arises out of or in connection with this Agreement or the performance, validity or enforceability of it (a "**Dispute**") to be resolved locally as soon as reasonably possible, firstly by the Parties' Nominated Officers or, failing agreement, by the Parties' Chief Executive Officers (or equivalent).

Mediation

4.2 If the Parties Chief Executive Officers (or equivalent) are for any reason unable to resolve the Dispute within 30 days of it being referred to them, the Parties will attempt to settle it by mediation in accordance with the CEDR Model Mediation Procedure. Unless otherwise agreed between the Parties, the mediator shall be nominated by CEDR Solve. To initiate the mediation, a Party must serve written notice (a "**Mediation Notice**") to the other Party requesting mediation. A copy of the Mediation Notice should be sent to CEDR. The mediation will start not later than 15 days after the date of the Mediation Notice. Unless otherwise agreed by the Parties, the place of mediation shall be nominated by the mediator.

4.3 Neither Party may commence court proceedings or arbitration in relation to a Dispute until it has attempted to settle the Dispute by mediation and either the mediation has terminated or the other Party has failed to participate in the mediation, provided that the right to issue proceedings is not prejudiced by a delay.

4.4 The Parties shall each bear their own costs in relation to any reference made to a mediator and the fees and all other costs of the mediator shall be borne jointly in equal proportions by both Parties unless otherwise directed by the mediator.

Arbitration

4.5 If the Parties cannot resolve the Dispute through mediation within 30 days of the start of the mediation, or such longer period as may be agreed by the Parties, then the Dispute may be referred to arbitration in accordance with Clauses 4.6 to 4.11.

4.6 Either Party may initiate arbitration by serving a written notice of arbitration (an "**Arbitration Notice**") on the other Party.

4.7 Unless otherwise agreed in writing by the Parties, the provisions of the Arbitration Act 1996 shall govern the arbitration.

4.8 Any Dispute referred to arbitration shall be resolved under the UNCITRAL Arbitration Rules.

4.9 The arbitration panel shall consist of a sole arbitrator to be agreed by the Parties, or if the Parties cannot agree on the appointment of an arbitrator within 10 days of the date of the Arbitration Notice, as appointed by CEDR Solve.

4.10 The Parties agree that the decision of the arbitrator shall be binding on the Parties.

4.11 The Parties shall each bear their own costs in relation to any reference made to an arbitrator and the fees and all other costs of the arbitrator shall be borne jointly in equal proportions by both Parties unless otherwise directed by the arbitrator.

5 Cancellation and reimbursement

5.1 The Council shall inform the Area Team in writing should the Scheme come to an end or the Council ceases to carry out those functions in connection with which the Grant is made.

5.2 If the Scheme comes to an end or the Council ceases to carry out those functions in connection with which the Grants are made prior to the payment of any of the Grants, then the Area Team shall be under no obligation to pay further Grants.

5.3 If the Council does not use all of the Grants in connection with the Scheme, then the Council shall reimburse all residual payments made by the Area Team to the Area Team, this amount to be the subject of a further agreement between the Parties following a joint decision detailing its expenditure.

5.4 If the Area Team ceases to pay the Grants or the Council is obliged to reimburse the Grants in accordance with this Clause 5, the Area Team and the Council shall work together to ensure there is minimal disruption to individuals benefiting from the Scheme.

6 Contracts (Rights of Third Parties) Act 1999

6.1 The Contracts (Rights of Third Parties) Act 1999 shall not apply to this Agreement and nothing in this Agreement shall confer or purport to confer or operate to give any third party any benefit or any right to enforce any term of this Agreement except as expressly provided in this Agreement.

7 Communication

7.1 Any notice to be given by either Party to the other under this Agreement shall be in writing sent to the Nominated Officer of the relevant Party at the address as set out in this Agreement.

8 Governing Law

8.1 This Agreement shall be governed by and construed in accordance with English Law.

ANNEX 1

Memorandum of agreement

Section 256 transfer

Reference number: .....

Title of Scheme: Peterborough Adult Social Care Allocation

1. How will the section 256 transfer secure more health gain than an equivalent expenditure of money on the National Health Service?

1.1 This is additional money and is paid to Area Teams by the Department of Health to invest in adult social care services to promote better services, as detailed by the National Health Service (NHS) Transfer Directions 2013.

1.2 Towards this aim, the agreement for the transfer is made between the Area Team and the Council. The Council will use the monies to support the outcomes and requirements set out in the NHS Transfer directions and with regard to the White Paper "Caring for our Future; reforming care and support" published in July 2012 and as set out in this Memorandum of Agreement.

2. Description of scheme (in the case of revenue transfers, please specify the services for which money is being transferred).

2.1 Funding for adult social care support via the NHS to benefit social support services and that have mutual benefit to health.

2.2 It is a condition of the transfer that the Peterborough City Council agrees with the CCG and Area Team how the funding is best used within social care, and the outcomes expected from this investment. The Health and Wellbeing board will be the natural place for discussions between NHS England, the CCG and the Council on

how the funding should be spent, as part of their wider discussions on the use of their total health and care resources.

2.3 It is a condition of the transfer that the Council and the CCG and NHS England have regard to the Joint Strategic Needs Assessment and existing commissioning plans for both health and social care, in how the funding is used

2.4 It is a condition of the transfer that the Council must be able to demonstrate how the funding transfer will improve social care services, and outcomes for service users, compared to service plans in the absence of the funding transfer.

2.5 The *Caring for our future* White Paper also set out that the transfer of funding can be used to cover the small revenue costs to local authorities of the White Paper commitments in 2013/14 (excluding the Guaranteed Income Payments disregard, which is being funded through a grant from the Department of Health).

3. Financial details (and timescales)

3.1 Total amount of money to be transferred and amount in each year (if this subsequently changes, the memorandum must be amended and re-signed).

Year(s)	Amount	Capital	Revenue
2013/14	£2,840,646	£0	£2,840,646

In the case of the capital payments, should a change of use outlined in direction 4(1)(b) of the National Health Service (Conditions Relating to Payments by NHS bodies to Local Authorities) Directions 2013 occur, both parties agree that the original sum shall be recoverable by way of a legal charge on the Land Register as outlined in direction 4(4) of those Directions.

Planned allocation of spend areas relating to Input / Output / Outcomes are:

Priority A – Interim beds / Acute hospital / City Care Centre

Interim beds – Independent Sector
Enablement and transitional Support
Community equipment
Telecare development and spend
Transfer of care team

Total spend £1,349k

Priority B – Patients and carers, voluntary sector, prevention, community

Preventative services – voluntary sector
ISP respite services
Universal Advise and Signposting service

Total £575k

Priority C – MDT working, Single Assessment, Care plans

Assessment and reviews – increased capacity OP, PD and LD
Mental Health assessments

Total £665k

Priority D&E – Carer support, assessments and safeguarding

Carers support Services
Adult Safeguarding

Total £251k

Overall total £2,840k

4. Please state the evidence you will use to indicate that the purposes described at questions 1 and 2 have been secured.

The Council will keep proper records in relation to the scheme and will allow the CCG's / Area Teams representatives to inspect all such records and will supply copies on request.

The Parties will have regular meetings for the purpose of discussing how the Grant is spent and how it is delivering health and social care benefits in the economy.

The key outcomes to be delivered are:

a) Promoting personalisation and enhancing quality of life for people with care support needs

b) Preventing deterioration, delaying dependency and supporting recovery

c) Ensuring a positive experience of care and support

d) Protecting from avoidable harm and caring in a safe environment

e) Supporting carers in their caring role

There is good evidence that good quality and cost effective adult social care services are delivered through the following framework and all organisations are expected to base their services and plans around this. Funding identified within this Memorandum will be particularly focussed on Early intervention/targeted prevention and Personalisation:

1. Universal prevention/promoting wellbeing

Support aimed at people who have little or no immediate social care or health needs. The focus is on maintaining independence and good health and promoting wellbeing. Interventions include providing universal access to good quality information, advice services, creating safer neighbourhoods, promoting healthy and active lifestyles, delivering low level practical support and creating inclusion and social capital.

2. Early intervention/targeted prevention – enablement, reablement and recovery

Support aimed at people at risk to halt or slow down any deterioration and actively seek to improve their situation. Interventions include reablement and recovery, short term support, screening and case management for those people who are eligible or not eligible under Fair Access to Care Criteria.

3. Personalisation

Ongoing support aimed at maximising ability for people who have a complex social care and health needs and are at risk of needing further or more intensive support.

The measures of success will be that there is:

- A reduction in delayed transfers of care with social care delays continuing to be at very low levels with the aim of this being zero. There may be situations where we mutually agree that delays were unavoidable.
- A reduction in the need for longer term social care packages
- Improved social care and health outcomes for people accessing the Peterborough City Council Adult Social Care support
- A reduction in re-admissions within 30 days of discharge from hospital

- Increased universal prevention/promotion to patients identified by MDT's/ Admission Avoidance and Care Management
- Health contribution to the Adult Safeguarding Board for 2013/14 to protect Vulnerable Adults

The evidence we will use to indicate that the purposes described above have been met are:

INPUT	**OUTPUT**	**OUTCOME**
A) Interim Beds / Acute Hospital / City Care Centre Throughput Social care demand will be monitored using section 2 and section 5 process in Acute beds and LOS in Interim and CCC beds	Number of adult social care delays in in the acute hospital/community beds. Increased number of social care assessments and reviews.	Discharge in a timely fashion. Minimised adult social care discharge delays. Reduction in hospital readmissions for social facilitated discharges.
B) Patients and their carers report they were told about the other services that were available to someone in their circumstances, including local and national support organisations. Patients and their carers report that they are informed and have access to advice about their care or condition.	Number of individuals signposted to voluntary sector services, District Council services (including housing support) and local community support for additional support or activities. Utilisation of commissioned services such as Handyperson	Assessment/estimates of loneliness and social isolation.
C) Increased patient awareness of care plans & access to own records (*"nothing about me without me"*). Social Workers attend MDT meetings and work proactively with the Team to maintain people outside of Hospital Patients and carers report that they were aware of, and	One single assessment performed and individualised multi-disciplinary shared care plan updated for each individual with frailty and/or long term condition, available 24/7 to all providers. Evaluated and measured by sample audit of care plans by health/social care.	Reduction in emergency hospital admission rates from Social Care Services

involved in, the planning of their care.		
Patients and carers report that care is joined up and seamless: professionals involved talked to each other and worked as a team	Robust complaints procedure. Reduced number of patient complaints received by the organisation	Improving the number of positive recommendations to friends and family by people receiving treatment or care
D) Patients and their carers report that carers/family had their needs considered and were given support to care for them.	Robust Adult Safeguarding plans in place including staff training across the provider-led system plus audit for protecting vulnerable adults from avoidable harm with responsive action plan. Number of staff receiving mental health awareness training?	Reduction in the number of safeguarding concerns
E) Patients and their carers report that carers/family had their needs considered and were given support to care for them.	Carers receiving an assessment of review and a specific carers service, advice or information	Increase in Carers and Patients reporting they have been supported .

Metrics

A	Promoting personalisation and enhancing quality of life for people with care support needs	**LI413a / ASCOF 2C PART 1 (NI131) - Delayed transfers of care from hospital** **Rationale** – Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This indicator measures the ability of the whole system to ensure appropriate transfer from hospital and is an indicator of the effectiveness of the interface between the NHS and social care services. **Numerator** – The average number of delayed transfers of care on a particular day taken over the year. **Denominator** – Adult population in area aged 18 and over (latest estimate = 489,740) **Baseline** – Peterborough 6.7 per 100,000 (2012/13) – East of England 10.5, England – 9.4 **Target** – 8.9 per 100,000 population (lower is good) **Frequency of measure** – Monthly
		LI413b / ASCOF 2C PART 2 - Delayed transfers of care from hospital attributable to adult social care **Rationale** – Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This indicator measures the ability of social services to ensure appropriate transfer from hospital. **Numerator** – The average number of delayed transfers of care attributable to adult social care on a particular day taken over the year. **Denominator** – Adult population in area aged 18 and over (latest estimate = 489,740) **Baseline** – Peterborough 0.6 per 100,000 (2012/13) - East of England 3.4 – England 3.2 **Target** – 3.2 per 100,000 (lower is good) **Frequency of measure** - Monthly
		LI414 / ASCOF 2B (NI125)/ NHSOF 3.6i-ii - The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services NI125 is a specific measure for intermediate care and unless the descriptor has changed it does not include reablement (we can look to include once we have commissioned a different model). It does not include any person who is discharged from hospital into a residential/nursing care home, it applies simply to those at home 91 days post discharge from Intermediate care following a hospital admission. Early supported discharge – increased numbers of patients discharged to ongoing services including new and existing packages of reablement.

		Percentage of reablement recipients leaving the service with reduced or no care needs. Reduction in the number of non completers due to readmission to hospital. **Rationale** – This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement. **Numerator** – Number of older people discharged from hospital to home or to a residential or nursing home who are still at home at three months after the discharge. **Denominator** – Number of older people discharged from hospital to home or to a residential or nursing home **Baseline** – Peterborough 78.6% (2012/13) – East of England 81.5% - England – 81.4% **Target** – 81% (higher is good) **Frequency of measure** - Monthly

B	Preventing deterioration, delaying dependency and supporting recovery	**LI402 / ASCOF 1D/ NHSOF 2.4 – Carer-reported quality of life** **Rationale** – This indicator gives a view of the quality of life of carers based on responses to the biennial Carers Survey. **Numerator** – The sum of the scores of a specific set of questions in the survey questionnaire. **Denominator** – The total number of people answering the special questions in the survey. **Baseline** - Peterborough 8.3 out of 12 (2012/13) – East of England 8.1 out of 12 – England 8.1 out of 12 **Target** – Baseline year. The number of people supported **Frequency of measure** – this is a biannual survey and will not be reported during 2013/14 Indicator 2 **Local target emergency support to carers** **Rationale:** This indicator demonstrates the number of carers assessment completed identifying a contingency plan for the person they provide care for **Numerator:** The number of people with a plan in place to prevent unnecessary admissions to hospital/social admissions **Denominator**: Number of people supported by adult social care **Baseline** – not known **Target** – this is a baseline year. **Frequency of measure** – annual
C	Ensuring a positive experience of care and support	**LI414 / ASCOF 2B (NI125)/ NHSOF 3.6i-ii - The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services** NI125 is a specific measure for intermediate care and unless the descriptor has changed it does not include reablement (we can look to include once we have commissioned a different model). It does not include any person who is discharged from hospital into a residential/nursing care home, it applies simply to those at home 91 days post discharge from Intermediate care following a hospital admission. Early supported discharge – increased numbers of patients discharged to ongoing services including new and existing packages of reablement. Percentage of reablement recipients leaving the service with reduced or no care needs. Reduction in the number of non completers due to readmission to hospital. **Rationale** – This measures the benefit to individuals from reablement, intermediate care and rehabilitation following a hospital episode. It captures the joint work of social services and health staff and services commissioned by joint teams, as well as adult social care reablement.

		Numerator – Number of older people discharged from hospital to home or to a residential or nursing home who are still at home at three months after the discharge. **Denominator** – Number of older people discharged from hospital to home or to a residential or nursing home **Baseline** – Peterborough 78.6% (2012/13) – East of England 81.5% - England – 81.4% **Target** – 81% (higher is good) **Frequency of measure** - Monthly

D	Protecting from avoidable harm and caring in a safe environment	**Outcome Domain 3 - Ensuring people have a positive experience of care and support** **LI400b / ASCOF 3A - Overall satisfaction of people who use services with their care and support** **Rationale** – This measures the satisfaction with services of people using adult social care, which is directly linked to a positive experience of care and support. Taken from the annual service user survey. **Numerator** – In response to Question 1, those individuals who selected the response "I am extremely satisfied" or "I am very satisfied". **Denominator** – All those that responded to the question. **Baseline** - Peterborough 64.2% 2012/13- East of England 62.3% - England 64.1% **Target** – 59 (I assume this target might need renegotiating in light of the final out-turns for2012/13) (higher is good) **Frequency of measure** – Annually
E	Supporting carers in their caring role	**Outcome Domain 4 - Safeguarding people whose circumstances make them vulnerable, and protecting from avoidable harm** Effective multi agency coordination of safeguarding concerns and referrals to include prompt and effective safeguarding investigations and protection planning **LI400f / ASCOF 4A/ PHOF 1.19 - The proportion of people who use services who feel safe** **Rationale** – Safety is fundamental to the wellbeing and independence of people using social care. This measures one component of the overarching 'social care related quality of life' measure. This measure uses data from the Annual Service User Survey (ASCS). **Numerator** – In response to Question 7, those individuals who selected the response "I feel as safe as I want". **Denominator** – All those that responded to the question. **Baseline** – Peterborough 60.8% 2012/13 – East of England 66% - England – 65.1% **Target** – 65 (higher is good) **Frequency of measure** – Annually
		LI400g / ASCOF 4B - The proportion of people who use services who say that those services have made them feel safe and secure Note – New Measure This measure is not used in 2011/12 and will be published for the first time in 2012/13 **Rationale** – Safety is fundamental to the wellbeing and independence of people using social care. There are legal requirements about safety in the context of service quality, including CQC essential standards for registered services. This

		measure will use a new question data from the Annual Service User Survey (ASCS) **Numerator** – In response to Question 7b those individuals who select the response "Yes". **Denominator** – All those that responded to the question. **Baseline** -- Peterborough 72% (2012/13) – East of England 77.9% - England 78.1% **Target** – 75% (higher is good) **Frequency of measure** – Annually
		LI411 / (NI135) - Carers receiving needs assessment or review and a specific carer's service or advice and information only **Rationale** – Support for carers is a key part of support for vulnerable people. Support for carers also enables carers to continue with their lives, families, work and contribution to their community. **Numerator** – The numbers of carers receiving a specific service during the period, following a carers assessment or review. **Denominator** – The number of people receiving a community based service during the period. **Baseline** - Peterborough 30%(2012/13) – East of England 48% - England 32% **Target** –27% (higher is good) **Frequency of measure** - Monthly

Signed : ..... for NHS England East Anglia Area Team

.....Area Director ..... Position

.....30 December 2013..... Date

Signed : ..... For local authority / other recipient body

Exec Director, Adult Social Care, Health and Wellbeing ..... Position

14/1/2014 ..... Date

ANNEX 2 – Annual voucher and certificate for auditors

Section 256 Annual Voucher

Peterborough City Council

PART 1 STATEMENT OF EXPENDITURE FOR THE YEAR 31 MARCH 2014

(if the conditions of the payment have been varied, please explain what the changes are and why they have been made)

Scheme Reference Number Revenue Expenditure Capital Total and Title of Expenditure

Project £££

PART 2 STATEMENT OF COMPLIANCE WITH CONDITIONS OF TRANSFER

I certify that the above expenditure has been incurred in accordance with the conditions, including any cost variations, for each scheme approved by the ..... Board/Area Team in accordance with these Directions.

Signed: .....

Date: .....
Director of finance or responsible officer of the recipient (see paragraph 5(3) of the Directions).

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 11
27 MARCH 2014	PUBLIC REPORT

Contact Officer(s):	Russell Waite	

HEALTH AND WELLBEING BOARD PROTOCOL

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn Director of Communities	**Deadline date: N/A**
The Board is asked to approve the Health and Wellbeing Board Protocol (Appendix 1).	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following discussions between representatives of the Peterborough Health and Wellbeing Board, the Peterborough Local Safeguarding Children Board (PSCB) and the Peterborough Safeguarding Adult Board (PSAB).

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to seek the Health and Wellbeing Board's approval for the proposed framework and protocol which would secure effective joint-working between the three Boards.

2.2 This report is for the Board to consider under its terms of reference 2.2 'to actively promote partnership working across health and social care in order to further improve health and wellbeing of residents'.

3. BACKGROUND AND SUMMARY

3.1 Whilst there is no statutory requirement to secure a formal relationship between the Health and Wellbeing Board and the Safeguarding Boards, there is guidance which steers in this direction.

3.2 The protocol (Appendix 1) sets out the distinct roles and responsibilities of the Boards, the inter-relationships between them in terms of safeguarding and well-being and the means by which effective co-ordination and coherence would be secured between the Boards.

3.3 In order to secure the opportunities identified within the Protocol, it is proposed that a number of arrangements be put in place throughout 2014/14 in order to ensure effective co-ordination and coherence in the work of the three Boards.

3.4 The role of the both the Safeguarding Children's Board and the Safeguarding Adults Board in relation to the Health and Wellbeing Board, would be one of partners, underpinned by the protocol.

4. CONSULTATION

4.1 Representatives of the Health and Wellbeing Board and both the Safeguarding Adults Board and Safeguarding Children's Board were consulted on the draft protocol.

5. ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board will approve the joint Protocol.

6. REASONS FOR RECOMMENDATIONS

6.1 To secure the effective joint-working between the three Boards

7. BACKGROUND DOCUMENTS

7.1 None

APPENDIX 1

PROTOCOL IN SUPPORT OF THE RELATIONSHIP BETWEEN THE PETERBOROUGH HEALTH AND WELL-BEING BOARD, THE PETERBOROUGH LOCAL SAFEGUARDING CHILDREN BOARD (PSCB) ANDTHE PETERBOROUGH SAFEGUARDING ADULTS BOARD (PSAB)

This paper sets out a proposed framework and protocol within which we will secure effective joint-working between the three Boards.

This protocol sets out the distinct roles and responsibilities of the Boards, the inter-relationships between them in terms of safeguarding and well-being and the means by which we will secure effective co-ordination and coherence between the Boards.

The Purpose of Health and Well-Being Boards

Health and Well-Being Boards were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority must have its own health and wellbeing board. Board members are expected to collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

What they do?

- Health and wellbeing boards have strategic influence over commissioning decisions across health, public health and social care through the development of a Health and Well-Being strategy.
- Boards are intended to strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. The boards also provide a forum for challenge, discussion, and the involvement of local people.
- Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a joint strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.
- Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

In Peterborough The Health and Wellbeing Board is a new partnership. It comprises of representatives from the Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council's Children's and Adult Social Care Services and the Director of Public Health and Link/Local Health watch representatives. The Health and Wellbeing Board's strategic priorities have

grown out of detailed assessments of need that culminated in the Joint Strategic Needs Assessment (JSNA) 2012.
Through this strategy the board:
• Identifies health and wellbeing priorities that can be owned and acted upon by the key strategic partnerships
• Sets clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
• Holds commissioners to account for their decisions
• Helps to develop partnerships with statutory and voluntary sector colleagues that provide solutions to commissioning challenges including the wider determinants of health and wellbeing e.g housing.

The Purpose of Safeguarding Boards

Peterborough Safeguarding Children Board (PSCB)

The key objectives of the PSCB as set out in 'Working Together to Safeguard Children 2013, arising from section 14 Children Act 2004 are:

- To coordinate what is done by each person or body represented on the board for the purposes of safeguarding and promoting the welfare of children;
- To ensure the effectiveness of what is done by each such person or body for their purposes.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care

A key objective in undertaking these roles is to enable children to have optimum life chances and enter adulthood successfully.

The role of an LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB is not operationally responsible for managers and staff in constituent agencies.

The Board priorities for 2014-15 are:

- Ensure that early help and preventative measure are effective.

- Ensure that children at risk of significant harm are being effectively identified and protected.

- Ensure that everyone is making a significant and meaningful contribution to safeguarding children.

- Ensure the workforce has the skills, knowledge and capacity to appropriately safeguard children in Peterborough.

- Ensure that children are fully protected by all agencies from the effects of domestic abuse and neglect.

- Ensure we understand the needs of all sectors of our community and are able to identify safeguarding issues within them.

- Ensure that children are fully protected by all agencies from Child Sexual Exploitation.

Peterborough Safeguarding Adults Boards (PSAB)

Safeguarding Adult Boards are not currently statutory bodies but this is likely to change with the passage of the forthcoming Care and Support Bill. Currently Boards operate within the framework promoted by 'No Secrets' which was published by the Department for Health and the Home Office in March 2000 and by 'Safeguarding Adults' which was published by the then Association of Directors of Social Services in October 2005.

The focus of the work of Safeguarding Adults Boards is 'vulnerable' adults. The forms of abuse which the Board aims to prevent and address are: physical abuse, sexual abuse, psychological abuse, financial or material abuse, neglect or acts of omission, discriminatory abuse.

The role of the SAB is to ensure effective safeguarding arrangements are in place in both the commissioning and provision of services to vulnerable adults by individual agencies and to ensure the effective interagency working in this respect.

The PSAB has identified agreed objectives and priorities for its work which include clear policy, procedural and practice arrangements, mechanisms to secure coordination of activities between agencies, the provision of training and workforce development in support of safeguarding and quality assurance and performance management arrangements to test the effectiveness of safeguarding and the impact of the Board.

The need for effective communication and engagement between the Boards.

Safeguarding is everyone's business. As such, all key strategic plans whether they be formulated by individual agencies or by partnership forums should include safeguarding as a cross-cutting theme to ensure that existing strategies and service delivery as well as emerging plans for change and improvement include effective safeguarding arrangements that ensure that all people of Peterborough are safe and their well-being is protected. The two safeguarding boards have a responsibility to scrutinise and challenge these arrangements.

The Health and Well-Being Strategy 2012-15 is a key commissioning strategy for the delivery of services to children and adults across Peterborough and so it is critical that in drawing up, delivering and evaluating the strategy there is effective interchange between the Peterborough Health and Well-Being Board and the two safeguarding boards.

Specifically there need to be formal interfaces between the Health and Well-Being Board and the safeguarding boards at key points including:

- The needs analyses that drive the formulation of the annual Health and Well-Being Strategy and the Safeguarding Boards' Business Plans. This needs to be reciprocal in nature ensuring both that safeguarding boards' needs analyses are fed into the JSNA and that the outcomes of the JSNA are fed back into safeguarding boards' planning;

- Ensuring each Board is regularly updated on progress made in the implementation of the Health and Well Being Strategy and the individual Board Business Plans in a context of mutual scrutiny and challenge;
- Annually reporting evaluations of performance on plans again to provide the opportunity for reciprocal scrutiny and challenge and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

Whilst currently there is no statutory requirement to secure a formal relationship between the Health and Well-Being Board and the safeguarding boards there is guidance steering in this direction.

For example in 'Working Together 2013' there are a number of statements driving towards a formalised relationship between the Health and Well-Being Board and the Local Safeguarding Children Board particularly in relation to the JSNA and the presentation of the LSCBs Annual Report. It is possible that this will be replicated for Adult Safeguarding Boards when they are set on a statutory footing.

The opportunities presented by a formal working relationship between the Peterborough Health and Well-Being Board and the PSCB and PSAB can, therefore be summarised as follows:

- Securing an integrated approach to the JSNA, ensuring comprehensive safeguarding data analysis in the JSNA, in line with the Working Together guidance
- Aligning the work of the LSCB business plan and SAB Strategic Plan with the HWB Strategy and awareness of related priority setting.
- Ensuring safeguarding is ''everyone's business'', reflected in the public health agenda.
- Evaluating the impact of the HWB Strategy on safeguarding outcomes, and of safeguarding on wider health outcomes
- Identifying a coordinated approach to performance management, transformational change and commissioning.
- Cross Board scrutiny and challenge and ''holding to account'': the Wellbeing Board for embedding safeguarding, and the Safeguarding Boards for overall performance and contribution to the HWB Strategy.

Arrangements to secure co-ordination between the Boards.

In order to secure the opportunities identified above it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the three Boards.

1. Between September and November each year the Independent Chairs of the two Safeguarding Boards would present to the Peterborough Health and Well-Being Board their Annual Reports outlining performance against Business Plan objectives in the previous financial year. This would be supplemented by a position statement on the Boards' performance in the current financial year. This would provide the opportunity for the Health and Well-Being Board to scrutinise and challenge the performance of the Boards, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Health and Well-Being Strategy.

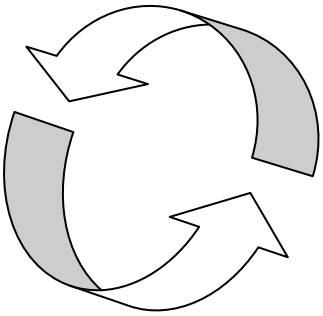
2. Between October and February the Peterborough Health and Well-Being Board to present to the safeguarding boards the review of the Health and Well-Being Strategy, the refreshed JSNA and the proposed priorities and objectives for the refreshed Health and Well-Being Strategy to enable the safeguarding boards to scrutinise and challenge performance and to ensure that their refreshed Business Plans appropriately reflect relevant priorities set in the refreshed Health and Well-Being Strategy.
3. In April/May the Boards will share their refreshed Plans for the coming financial year to ensure co-ordination and coherence.

Conclusion

The role of the PSCB and PSAB in relation to the Health and Wellbeing Board would be one of partners underpinned by this protocol.

The role of Peterborough City Council Scrutiny Panels, to scrutinise performance of safeguarding boards and to be consulted on for policy changes and related service design and commissioning intentions, will remain unchanged, as will the governance committee of partner agencies to oversee and monitor respective agency contribution and performance to prevent and protect.

The diagram below is intended to summarise the relationships set out in this protocol.

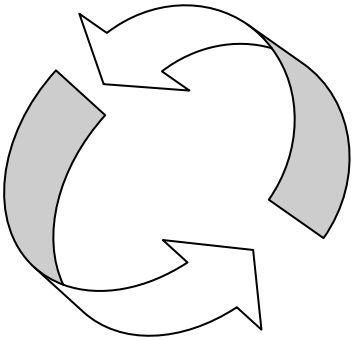


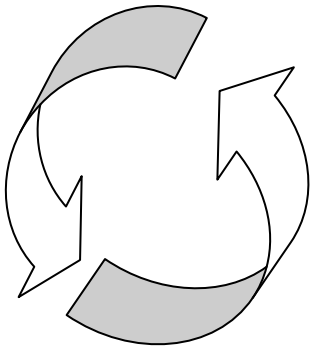
Peterborough HEALTH AND WELL-BEING BOARD

Strategic vision, direction, objectives and outcome setting and oversight.

PETERBOROUGH CHILDREN & FAMILIES JOINT COMMISSIONING BOARD, OTHER PARTNERSHIP FORUMS

Delivery of strategic objectives, localised monitoring of outcomes.





PSCB & PSAB

Oversight of practice and protection outcomes:

Scrutiny, challenge

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 12
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn, Director for Communities	Tel. 01733 863749

HEALTH AND WELLBEING BOARD PEER REVIEW

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn Director of Communities	**Deadline date: N/A**
The Board is asked to note the initial feedback presentation (Appendix 1) from the Peer Review and consider the recommended actions from this.	

1.0 ORIGIN OF REPORT

1.1 This report is submitted to the Board following the Peer Review 11th March – 15th March 2014.

2.0 PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to inform and seek the views of the Health and Wellbeing Board on the initial feedback from the Peer Review.

2.2 This report is for the Board to consider under its terms of reference 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'.

3.0 BACKGROUND AND SUMMARY

3.1 The Peer Review was over four days, this comprised of a number of individual interviews and focus groups, (Appendix 2) the initial findings of the review are depicted in a presentation, (Appendix 1) this will be followed up with a formal report for the board to consider.

3.2 Key recommendations:

- Build relationships across the system
- Re-organise the Health and Wellbeing board
- Agree our health and wellbeing priorities, based on need and impact
- Link our priority actions to the financial and capacity challenges across the health and care system
- Focus on integration of health and care through a shared vision
- Quickly complete the plan for moving commissioning of adult social care responsibilities to the Communities Directorate
- Establish Public Health leadership and appoint a substantive and full time Director of public Health
- Ensure we are sighted on the council's statutory public health responsibilities

3.3 The Health and Wellbeing Board are asked to consider any immediate actions we should take prior to the formal report from the Peer Review being received.

4.0 CONSULTATION

1.1 The Peer Review met with a wide range of partners as part of their review.

5.0 ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board consider initial recommendations from the review and agree appropriate actions and activity.

6.0 REASONS FOR RECOMMENDATIONS

6.1 To ensure the Health and Wellbeing Board are fully aware of the initial findings of the peer review and are able to consider appropriate actions and activity arising from this.

7.0 BACKGROUND DOCUMENTS

7.1 None

Local Government Association

Peterborough City Council

Health and wellbeing peer challenge
11– 14 March 2014

PETERBOROUGH CITY COUNCIL

www.local.gov.uk

Introduction

- LGA's new health and wellbeing system improvement programme, co-created with a number of national organisations
- Health and wellbeing peer challenge is one of the core elements
- Made to feel very welcome (special thanks to Helen Gregg)
- People have been open and candid
- Feed back key points from what we have seen, heard and been told
- In three days: 40 sessions; 6 Councillors; 3 site visits; 76 Staff and Partners; 30 Documents; and previously observed the HWB meeting

The team

- John Garrett, Deputy Chief Executive, Sandwell MBC
- Cllr Steve Charmley, previous member of the HWB/Cabinet Member for Health & Wellbeing, Shropshire Council
- Professor Kate Ardern, Executive Director of Public Health, Wigan Council
- Joe Gannon, Local Government Adviser to PHE
- Richard Cienciala, Deputy Director for Health and Wellbeing, Department of Health for England
- Satvinder Rana, Programme Manager, Local Government Association

Methodology

Five headline questions:

1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for ensuring accountability to the public?

Feedback on strengths and areas for consideration

You also asked us to focus on childhood obesity

- Is there a clear and appropriate approach to reducing childhood obesity within the community? Does this approach include an understanding of childhood obesity as it effects the local population?
- Does the council provide effective system leadership to support and promote a reduction in childhood obesity?
- How effectively has the Council and its partners put the strategy into action?
- Are there effective arrangements for evaluating what works? Are these arrangements comprehensive and pull together the various local interventions into one place so the system and public can see the difference that is being made?
- How effective is community and user engagement?

Quotes of the week

"It's hard to identify priorities"

"Good will is there, but its early days"

"History hangs heavily"

"The council and the CCG are starting to dance with each other"

"Peterborough has heart and passion"

" Peterborough is not an Island"

Context

- A rapidly changing city and embraced
- Sense of place and pride
- Significant Health & Wellbeing challenges, but understood
- Shared financial imperative across the system
- Shared desire to work together – integration a priority
- Talented and committed people

Headline Messages

- Preparedness for take off
- Relationships
- Focus
- Public Health leadership
- Childhood Obesity

Preparedness for take off

- Many examples of good practice
- Clear evidence of ability to make bold decisions
- A stronger focus on commissioning within the council
- Creation of Programme Board seen as very positive, as is the Joint Commissioning Group
- Strong information and analysis base
- Refresh of Health & Wellbeing strategy and other strategies
- Good understanding of wider determinants of health
- Good basis for emergency planning

Relationships

- Health and Wellbeing Board needs a refresh
- History is still hanging heavily
- Mutual understanding of each others challenges
- Wider political engagement needed

Focus

- Structures are in place
- The health challenges are clearly understood
- But there is no shared narrative about what to do and how to do it together
- Focussed strategy and delivery plans needed e.g BCF, older people and urgent care
- Prioritisation must address both health improvement, financial demands and sustainability

Public Health Leadership

- Public Health function
  - Council's perception is one of integration
  - Public Health Team and partner perception is one of disintegration
  - The council's perception is one of considered re-evaluation
  - Other people's perception is one of drift and disinterest

- Both the council and the Health & Wellbeing Board need to be properly sighted on their statutory public health assurance responsibilities with regard to health protection including emergency planning and response

- The Health & Wellbeing Board needs to seek assurance from PHE and NHS England with regard to the performance, commissioning and quality of screening and immunisation programme

Childhood Obesity

Our findings relating to childhood obesity illustrate the positives and challenges the system faces in working together

Key recommendations

- Build the relationships across the system
- Reorganise the Health & Wellbeing Board
- Agree your health and wellbeing priorities, based on need and impact
- Link your priority actions to the financial and capacity challenges across the health and care system
- Focus on the integration of health and care through a shared vision
- Quickly complete the plan for moving commissioning of adult social care responsibility to Communities Directorate
- Establish Public Health leadership and appoint a substantive DPH
- Ensure you are sighted on the council's statutory public health responsibilities

Next steps

- Summary report within 2-3 weeks for you to comment
- Offer of follow-up support
- On-going relationship with LGA Principal Adviser, Rachel Litherland

Thank you

Comments and questions

For more information please contact

Satvinder Rana, Programme Manager,
Local Government Association
satvinder.rana@local.gov.uk
Tel: 07887 997 124

APPENDIX 2

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

Day One – Tuesday 11 March

Time	Workstream 1 (x 2 peers)	Workstream 2 (x 2 peers)	Workstream 3 (x 2 peers)
08:30-09:00	**Meet/greet and distribution of passes** **Town Hall**		
09:00-09:45	**Setting the Scene Meeting *(key officers and elected members)*** Peers, Cllr Marco Cereste (Leader of the Council), Gillian Beasley (Chief Executive), Wendi Ogle Welbourn (Director of Communities), Jana Burton (Executive Director for Adult Social Care, Health & Wellbeing) **Room: Bourges Room, Town Hall**		
09:45-10:00	**Preparation**		
10:00-10:45	**Chair of HWBB / Leader of the Council** Cllr Marco Cereste **Room: Leader's Office, Town Hall**	**Executive Director of Adult Social Care, Health & Wellbeing** Jana Burton **Room: Jana's Office, Town Hall**	**Chief Executive of the Council** Gillian Beasley **Room: CEO Office, Town Hall**
10:45-11:00	**Break**		
11:00-11:45	**Cabinet Member for Children's Services** Cllr Sheila Scott **Room: Members Lounge, Town Hall**	**Vice-Chair of HWBB and Cabinet Member for Adult Social Care** Cllr Wayne Fitzgerald **Cabinet Meeting Room, Town Hall**	**Interim Director of Public Health** Dr Henrietta Ewart **Room: Dr Ewart's Office, Town Hall**
11:45-12:00	**Walk to Bayard Place**		
12:30-13:30	**Local Healthwatch Focus Group** Angela Burrow (Chief Operating Officer) Gill Metcalfe (Director) **Room 1.4 First Floor Bayard Place**	**HWBB Programme Group** Adrian Chapman (Assistant Director for Communities and Targeted Services) Clare Higgins (Deputy Chief Executive Cross Keys Homes) Cathy Mitchell (Local Chief Officer, Borderline and Peterborough LCG) David Whiles (Chairman Healthwatch Peterborough) Jawaid Khan (Community Cohesion Manager) Kevin Tighe (Chief Executive Vivacity) **Room 1.5 First Floor Bayard Place**	**Heads of Service Focus Group** Allison Sunley (Head of Commissioning Targeted & Preventative Services) Karen Kibblewhite (Safer Peterborough Manager) Belinda Child (Housing Strategic Manager) Richard Kay (Group Manager Strategic Planning & Enabling) Nick Harding (Group Manager Development Management) Peter Gell (Strategic Regulatory Services Manager) Steve Bowyer (Head of Economic Development, Opportunity Peterborough) **Room 2.1 Second Floor Bayard Place**
13:30-14:00	**Break**		
14:00-14:45	**Communications Focus Group**		**Chairman Healthwatch Peterborough**

APPENDIX 2

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

	Andy Carter (Project Director for Communications) Julian Base (Live Healthy Service Manager), Gemma George (Senior Governance Officer) **Room 1.4, First Floor Bayard Place**		David Whiles **Room 1.5, First Floor Bayard Place**
14:45-15:00	**Break**		
15:00-16:00	**Senior Managers of Key Stakeholders** Andrew Reed (NHS), Clare Higgins (Cross Keys Homes) **Room 1.4, First Floor Bayard Place**	**Director for Communities** Wendi Ogle-Welbourn **Room: Wendi's Office, Bayard Place**	
16:00-16:30	**Team working and feedback preparation**		
16:30-17:00	**Daily Feedback** Peers, Wendi Ogle-Welbourn, Jana Burton **Room 1.3**		

APPENDIX 2

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

Day Two – Wednesday 12 March

Time	Workstream 1 (x 2 peers)	Workstream 2 (x 2 peers)	Workstream 3 (x 2 peers)
08:30-09:00	**Peer Team Time**		
09:00-09:45	**Cabinet Member for Community Cohesion, Safety and Public Health** Cllr Irene Walsh **Room 1.2, First Floor Bayard Place**	**09:00-10:30** **Public Health Department Management Team** **Room: Dr Ewart's Office, Town Hall** (Attendees: Tina Hornsby (chair), Dr Boika Rechel, Remi Omotoye, Julian Base)	
09:45-10:00	**Break**		**Break**
10:00-10:45	**Director of Governance** Kim Sawyer **Room 1.5 First Floor Bayard Place**		**Children & Families Bill – SEN and Disabilities Link** Carrie Gamble (PCC Commissioning Officer) Louise Ravenscroft (Family Voice) Janet Dullaghan (Head of Commissioning Health & Wellbeing) **Room 1.4 First Floor Bayard Place**
10:45-:11:00	**Break**		
11:00-11:45			**CPFT Meeting** Rachel Gomm (Assistant General Manager CBU) **Room 1.4 First Floor Bayard Place**
11:45-12:00	**Break**		
12:00-13:00	**Human Resources** Mike Kealey (Advisor to HR) **Room 1.5 First Floor Bayard Place**	**Diversity Forum** **Venue: Bourges Room, Town Hall** **Timings 12:30-14:00** **Agenda available**	**Connecting Families Focus group** Christine Greer (Drinksense) Angela Rees (CPFT) Ray Hooke (Partnership Analyst) **Room 1.4 First Floor Bayard Place**
13:30-14:00	**Lead Commissioning Group** Lou Williams, Assistant Director for Commissioning Paul Grubic, Assistant Director, Strategic Commissioning Adults Oliver Hayward, Head of Business Management **Room 1.2**		**Break**
14:00-14:45	**Accountable Officer and Chair of CCG** Andy Vowles		**Director of Growth & Regeneration** Simon Machen

APPENDIX 2

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

	Room 1.5 First Floor Bayard Place		Room 1.4 First Floor Bayard Place
14:45-15:00	**Break**		
15:00-15:45	**Director of Children's Services** Sue Westcott **Room: Sue Westcott's Office, Third Floor Bayard Place**	**Head of Emergency Planning** Kevin Dawson **Room 1.2 First Floor Bayard Place**	**Transformation & Integration Focus Meeting** Jana Burton (Executive Director of Adult Social Care, Health & Wellbeing) Paul Grubic (Assistant Director, Strategic Commissioning Adults) **Room 1.4 First Floor Bayard Place**
15:45-16:30	**Team working and feedback preparation**		
16:30-17:00	**Daily Feedback** Peers, Wendi Ogle-Welbourn, Jana Burton **Room 1.3 First Floor Bayard Place**	**Health Scrutiny Group** **Cllr Brian Rush, Cllr Sylvester** **Room 1.5 First Floor Bayard Place**	**Daily Feedback** Peers, Wendi Ogle-Welbourn, Jana Burton **Room 1.3 First Floor Bayard Place**

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

Day Three – Thursday 13 March

Time	Workstream 1 (x 2 peers)	Workstream 2 (x 2 peers)	Workstream 3 (x 2 peers)
08:30-09:00	**Team Time**		
09:00-09:45	**Detective Superintendent and Chair of the MARU** Gary Ridgeway **Room 1.2 First Floor Bayard Place**	**JSNA Needs Analysis and Information Sharing** Tina Hornsby (Assistant Director, Quality Information & Performance) Remi Omotoye (Senior Public Health Intelligence Analyst) Marcus Richardson (Performance Manager) Philip Hammond (Performance Manager) Ray Hooke (Partnership Analyst) Chris Gilling (Information Management CCG) Tim Sherley (Performance Information Manager CPFT) **Room 3.1 Third Floor Bayard Place**	**Childhood Obesity Focus Group with Headteachers** Anne Byrne (Hampton Vale Primary) Andy Lyons (Hampton Hargate Primary) Judy Moore (St John Church School) **Room 1.4 First Floor Bayard Place**
09:45-10:15	**Break/Travel**		
10:30-11:30	**10:30-11:30** **Off site** **The HALP Group** Venue: Peterborough City Hospital Meet in the Atrium **Contact: Kevin Eagle-Doyle** ***(Kate/Joe then met with Dr Peter Reading, CE Peterborough & Stamford NHS Trust whilst at the hospital)***	**10:15-11:15** **Solihull Project** Venue: First Steps Children's Centre 20 Scalford Drive **Contact: Cathy Bates (Lead Facilitator)**	**10:00-11:00** **Public health delivery focus group** Julian Base (Live Healthy Service Manager) Shakeela Abid (Healthy Lifestyles Manager) **Room 1.4 First Floor Bayard Place**
11:45-12:00	**Regroup / break**		
12:00-13:00	**Voluntary sector focus group** Leonie McCarthy (PCVS), Christine Greer (Drinksense) **Room 1.5 First Floor Bayard Place**	**NHS Public Consultation Forums** Brian Parsons (Vice Chair) Grayson Amies **Room 1.4 First Floor Bayard Place**	**Travel**
13:00-14:00	**Break**		**Off site** **Peterborough Fenland Mind**

APPENDIX 2

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

			Connecting Mums Programme Venue: Brewster Children's Centre, Brewster Avenue **Contact: Fiona Baugh**
14:00-14:45	**Joint Commissioning Forum** Cathy Mitchell, Dr Gary Howsam, Wendi Ogle-Welbourn, Jana Burton **Room 1.4 First Floor Bayard Place**		**Travel**
14:45-15:00	**Break**		
15:00-16:00	**Deputy to the Executive Director for Resources** Jonathan Lewis **Room 1.4**	**15:30** **Peer Review Feedback** Gillian Beasley, Chief Executive **Gillian's office, Town Hall**	**JSNA Development Focus Group** Tina Hornsby (Assistant Director, Quality Information & Performance) Remi Omotoye (Senior Public Health Intelligence Analyst) Phil Newby (Director, Green Ventures) **Room 1.5 First Floor Bayard Place**
16:45	**Daily Feedback** Peers, Wendi Ogle-Welbourn, Jana Burton **Room 1.4 First Floor Bayard Place**		
17:00	**Telephone conversation with Aidan Thomas, CE CPFT**		

Peterborough City Council
Peer Challenge Timetable (v9)
11-14 March 2014

Day Four – Friday 14 March

Time	Workstream 1 (x 2 peers)	Workstream 2 (x 2 peers)	Workstream 3 (x 2 peers)
09:00-12:00	**Team prepares feedback**		
10:00-10:30	**10:00 Joe Gannon to speak to Andrew Reed, NHS England**		
12:30-13:30	**Feedback** Peers, The Leader, Wendi Ogle-Welbourn, Jana Burton, Cllr Irene Walsh, Simon Machen, Julian Base, Tina Hornsby, Cathy Mitchell (Peterborough and Borderline LCGs), Claire Higgins (Cross Keys Homes), Rachel Gomm (CPFT), Angela Burrows (Local Healthwatch) **Room: Bourges/Viersen Room**		
13:30	**Team depart**		

This page is intentionally left blank

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 13
27 MARCH 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn, Director for Communities	Tel. 01733 863749

PROGRAMME BOARD MEMBERSHIP AND TERMS OF REFERENCE

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn Director of Communities	**Deadline date: N/A**
The Board is asked to approve the membership and terms of reference for the Programme Board (Appendix 1 and 2) and the current focus of its work.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following the agreement to develop a programme board to support the Health and Wellbeing Board in improving the health and wellbeing of residents in Peterborough.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to inform and seek the views of the Health and Wellbeing Board on the membership and terms of reference of the Programme Board and the current focus of its work.

2.2 This report is for the Board to consider under its terms of reference 2.1 'to bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and wel being of the community' and 2.3 'to influence commissioning strategies based on the evidence of the joint strategic needs analysis'.

3. BACKGROUND AND SUMMARY

3.1 The Health and Wellbeing Board has a critical role to play in ensuring that the commissioning and delivery of services is focused on improving the health and wellbeing of residents and that where joined up activity between Partners would secure further improvements and efficiencies this happens.

3.2 The programme board has developed its membership and draft terms of reference (attached in Appendix 1 and 2).

3.3 The board has agreed it is important to continue to update the delivery plan, which captures the councils and health's' work that contributes to addressing the priorities in the Health & Wellbeing Strategy; however it has committed to focusing on the root causes of health inequalities in the belief that this is how we will make a real and sustainable difference to the lives of people in Peterborough.

3.4 We have agreed to:

- Analyse the areas of health inequalities and recommend to the Board which ones to focus upon; based upon health, finance and demand outcomes we can achieve
- Capture the resources we have that could be targeted at interventions to reduce the identified health inequalities
- Bend our public health resources towards the interventions that will make the most difference to these inequalities

- Consider not only targeting resources to specific health inequalities but also to a specific 'hot spot' area; which will increase the capacity we have to make a real difference.

4. CONSULTATION

4.1 The Programme Board membership and terms of reference has been discussed with all members of the board and agreed; pending any review of the Health and Wellbeing board membership and terms of reference and refresh of the Health and Wellbeing Strategy.

5. ANTICIPATED OUTCOMES

5.1 That the Health and Wellbeing Board will agree the terms of reference and membership of the the programme board and focus of its work.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure the Health and Wellbeing Board are engaged in activities that reduce health inequalities in the City.

7. BACKGROUND DOCUMENTS

7.1 None

Draft V3 1st February 2014
Peterborough Health and Wellbeing Programme Board and Delivery Groups
Terms of Reference

1. Purpose

The Health and Wellbeing Programme Board will bring to life the vision emerging from the Health and Wellbeing Board and informs the continued development of the Health and Wellbeing Strategy. It draws together the analysis of need, resources, strategic service development and commissioning priorities and outcomes; setting the framework for our joint working and commissioning arrangements. This work will be captured in a delivery action plan.

Health and Wellbeing delivery groups (HWBDG) will undertake the detailed work that underpin the work of the Programme Board.

The work of the HWB Programme Board and HWBDGs will be based on our desire to work together to ensure the sustainable delivery of:

- the right services
- to the right people and communities
- by the right people
- in the right place
- at the right time
- for the right price.

Joint working and commissioning arrangements will be established where they can increase quality, effectiveness and efficiency, achieve better results and greater impact and improve citizen access and engagement.

2. Vision

Safeguard and promote the welfare of vulnerable people and communities and narrow the gap between those who achieve good health and social outcomes and those that don't.

3. High Level Objectives

The HWBPB will work towards meeting the objectives set out within the city's Health and wellbeing Strategy, specifically it will:

- Meet people's and communities needs at the earliest stage to prevent them from entrenching or escalating and requiring support from more specialist services;

- Build resilience, competence and confidence in people and communities to enable them to live independently for as long as possible;

- Build resilience and confidence in people and communities to give them the skills to make informed choices, reducing negative influences on their development and increasing their engagement in positive activities;

- Narrow the gap in health, wellbeing and social outcomes between the majority of people and communities and those who are more vulnerable to poor outcomes;

- Develop a common understanding of prevention and early intervention across all services and establish this as a way of working for all agencies – whether they are commissioned or directly delivered;

- Commission and deliver effective, evidence based and timely services;

- Use valuable resources more effectively and efficiently.

4. Activities

The HWB Programme Board will:

- Develop a shared vision
- Foster joint strategic ownership of shared outcomes and agreements as to each organisations contribution to these
- Identify and publish the resource available
- Create a joint performance framework
- Identify areas where resources can be aligned
- Ensure joint commissioning and delivery of activity
- Develop the broader coalition required to tackle health inequalities
- Develop community capacity and cohesion
- Co-ordinate of adhoc pieces of work
- Seek and make connections with those who can contribute to the reduction of health inequalities in the City

5. Accountability and decision making

Accountability will be to the Health and Well Being Board.

6. Membership and frequency of meetings

The HWBB Programme Board will comprise of:

- Local Authority Adult, Children, Growth and Community Services
- Cabinet Member
- Police
- Adult and Children Safeguarding Board
- Clinical Commissioning Group
- Schools
- Job Centre Plus
- Health Watch
- Voluntary Sector Representative
- Safer Peterborough Partnership Chair
- Leisure provider
- Housing

*Co-opting Area Team in as and when appropriate.

The HWBB Programme Board will meet a minimum of 6 weekly. There will also be the option to call additional meetings to address specific issues.

Two wider stakeholder events may be held during the year.

Agendas and supporting documents will be issued at least one working week before the meetings. Minutes will be produced and circulated within ten working days of the meeting. Peterborough City Council as the responsible Local Authority will provide administrative support for the working of the Executive.

Wendi Ogle- Welbourn

Director for Communities

5th January 2014

This page is intentionally left blank

Health and Wellbeing Board
Strategic Delivery Plan 2013/14
March 2014

Priority One: Securing the foundations of good health
Accountable Lead: Janet Dullaghan
Aims: 1. 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

Number	Action	Performance Measure	By whom	By when	Progress	RAG
1.1.1	Pregnant mothers who smoke are identified and supported to stop smoking.	• Reduced smoking rates in pregnancy from 17.7% to 16% by 2014 and to 14% by 2016 • Reduced numbers of children born with low birth rates.	Public Health lead Cheryl McQuire	Quarterly Review	Most recent data for 2012/13 has demonstrated an increase in smoking status at time of delivery to 18% from the previous year, when smoking status was recorded at 16.8%. The trend previous to the most recent data was a reduction. Therefore more intensified work is required not only to achieve a reduction in the recorded prevalence but to achieve a sustained reduction and trend. 'Low birth rate' is one of the Health Improvement indicators within the Public Health Outcomes Framework. Latest data for Peterborough (2011) is that of all live births at term with low birth weight was 2.8%, this is similar to the England average of 2.8%. However it is the second highest in the region, Luton stands alone at 5.3% while the	Red

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					lowest in the region is Norfolk 2.0%.	
1.1.2	Implement targeted activities to promote breastfeeding	• Increased rates of breastfeeding; The local target set by commissioners for breastfeeding initiation and prevalence of breastfeeding at 6-8 weeks is 48% initiation	NHS England Sharon Palmer CCG Commissioners	Ongoing Quarterly reporting on current data	Maternity Services are commissioned by the CCG whilst Health Visiting Services are commissioned by NHS England. Issues concerning support to new mothers to continue breastfeeding are being addressed through CPFT contract monitoring process; overall responsibility for improving breastfeeding performance lies with the local partnership. **Performance Update:** Breastfeeding initiation and prevalence in September in Peterborough was 36.6%. These are the most recent figures available; there are delays in obtaining figures that relate to Peterborough separately from Cambridgeshire, where breastfeeding rates are higher. Clearly this remains significantly below target, and while Health Services in Peterborough have achieved UNICEF accreditation which evidences that the service is giving a good quality of breastfeeding support, there is as yet a lack of evidence of impact. **Action** The low rate of breastfeeding locally is now the subject of much closer monitoring in order to improve rates in	Red

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					this area and promote a healthy start to life. The Breast feeding strategy group has been reconvened with all partners and an action plan being developed through this group, lead by public health.	
1.1.3	Implement the Healthy Child Programme	Targets within healthy child programme • New birth visit within first 14 days 95% • Percentage of children seen for their 2 ½ year check 95% • Improving childhood immunisation rates; target for HPV 90% locally, 85% nationally • Reducing rates of obesity through the The National Childhood measurement programme(NCMP) targets for reception and year 6 children are 90% of children weighed	Sharon Palmer (NHS England HV's) Janet Dullaghan (school Nursing)	Ongoing targets reporting Quarterly	**Performance Update** The healthy child programme has been developed and is currently being implemented by Health Visitors and, school nurses with input from early years' settings. Performance data relates to the 3 month period to September 2013; this data is produced quarterly and so is the most recent available. New birth visits within 14 days are currently 94.3% - Slightly below target of 95%, but a significant increase on previous quarters' performance of 88%. 2½ checks are currently below target at 79.5%; however the trajectory is improving and is an improvement on performance for the previous year which was 75%. HPV immunisation rates are: • 88.5% 1st dose • 88.2% 2nd dose • 86.7% 3rd dose This performance is above the national	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		and measured			target of 85% but slightly below the local target of 90%. This performance continues to be addressed through the contract monitoring; however the trajectory of uptake is predicting that the local target will be met. This performance represents a Significant improvement on 2012-13 performance when performance for the 3rd dose was only just above 50%. **National Childhood Measurement Programme (NCMP)** 95% of reception pupils and 100% of year 6 children have been weighed and measured. The number of children weighed and measured has continued to increase and local figures indicate that: • 10% of reception aged children being identified as overweight or obese • 21% of year six children identified as overweight or obese. The service therefore continues to be within target (11%) for reception aged children but over target (15%) for year six children. The NCMP data is about to be finalised and submitted so we will shortly have year-end out turn performance data that is comparable with other areas. There is considerable activity in relation	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					to supporting a reduction in the percentage of overweight and obese children, including: Morelife weight management programme – 12 week family based programme for overweight or obese children. There are 5 programmes a year. 2 currently running, 1 for age 4-10 and 1 age 11-17. Data on take up rates and impact available in March '14. 12 places on each course, and take up/retention is better With younger age group. From January will run 2 school based courses (working with those primary schools with higher levels of obese/overweight children) in addition to a further community based programme team is looking at ways of improving take up by teenagers. • Movers and Shakers – will start in Jan 14 – self referral as follow on from Morelife programme (to enable those who want to continue with physical activity to do so in a safe, supportive environment). 6 week physical activity programme Other main activity currently is local promotion and targeting of national campaigns – Change4Life (through work with Children's Centres and schools). After Christmas will be new campaign – Foodsmart – to promote	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					healthy eating through signing up for recipes and food vouchers.	
1.1.4	Implement effective programmes to reduce rates of teenage pregnancy	• Reduce rates of teenage conceptions • Reduce rates of teenage mothers	Public Health	Quarterly reporting on data	**Baseline Information** Local rates of under 18 conceptions in the quarter to June 2012 have risen sharply compared to those in March 2012 from 28 per 1,000 to 38 per 1,000 – this is considerably higher than in recent quarters and is the highest since September 2010. Tracking high rates of teenage conceptions is a major priority in Peterborough and all partners are now actively involved in developing an overarching pathway and action plan. The Vulnerable Young People's Strategic Partnership has been formed recently. Key partners from all agencies working with vulnerable young people are included within the partnership. Midwives working with young mums have begun to feed local performance date directly into the partnership, which will allow better analysis of changing trends and indications of local need than relying on national data, which is always very out of date. Other work that is taking place includes developing programmes which work with first time teenage mums to reduce a second unplanned pregnancy	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					As a result of this work the percentage of second time teenage mums has reduced from 5% to 1% over the past year, which is an excellent outcome.	
1.1.5	Ensure delivery of the childcare sufficiency strategy and that provision is of a high quality.	• Number of available child care places • Number of children accessing child care settings • Percentage of child care settings assessed as good or outstanding by OFSTED.	Pam Setterfield / Karen Hingston	Ongoing	The Early Years Market Sufficiency Report published in March 2013 will be updated with a further needs analysis over the next few months. The 2013 document identified a need for 380 new places for 0-4 year olds across the City by September 2014, with a proportion of those places being available by September 2013. Areas of the City where there were particular shortages have been targeted for the development of provision. For example, in Orton with Hampton ward, and extra 100 places were projected as being required by September 2013. Overall provision has increased by 396 since March 2013 – ahead of the target to be achieved by 2014. However, developing provision in the targeted areas has been challenging and so, for example, only 20 new places have been provided. This shortfall has been partly offset by over provision in neighbouring Orton Longueville – based on the knowledge that many parents in Hampton already access provision in the neighbouring ward.	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					The challenge in Orton with Hampton has been a lack of physical space for development, however plans are being discussed for a pre-school to be developed on the Hampton Vale Primary School. There are currently 5,463 places for children aged 0-4 in the City – 4575 at PVI sector pre-schools, 234 in maintained nursery and similar settings and approximately 654 with child-minders. Work to address on-going shortfalls in particular areas of the City is continuing. The updated needs assessment to be available by the end of the financial year will also include further information on demand for placements, taking into account increased government funding for this type of provision. Support for settings, particularly child minders, continues to focus on improving the quality of provision and to meet the expectations of OFSTED's criteria for Good and Above Current rating as of July 2013 for good and above is 74% - an increase from 69% in the same period last year. Nationally, 77% of settings are rated as good or outstanding. Provision in Peterborough is closing the gap with	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					national averages. Further comparative data will be available in December 2013. The development of the two year old funding entitlement will continue to put pressure on demand for childcare places. In September 2014, the criteria changes again, to include further eligible groups including some parents on working tax credits. The number of eligible children is therefore due to increase from a target of 612 children to 1585, which puts significant pressure on places in Peterborough. The update of the market position statement is being completed which will identify areas in the city where there is sufficient supply and where there will be pressures. A market development incentive scheme will be undertaken, to increase provision in targeted areas. Pro active promotion of taking on funded children has taken place with the childminders which has led to an increase of childminders signing up to take on funded children – including two year olds. 41	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					childminders had signed up to take funded children by the end of January 2014. As of 1st November 2013 based on published inspection reports; Of the 106 registered childcare providers; 6 (6% of the total) are awaiting a first inspection. Of those inspected • 18 (*18% of those inspected*) are graded outstanding • 65 (*65% of those inspected*) are graded good • 17 (*17% of those inspected*) are graded satisfactory • 49 (*27% of those inspected*) are graded satisfactory Recent Ofsted Data released 4th March 2014 shows that inspections for the period 1st September 2012 and 31st October 2013; • Childcare on non-domestic premises; 75% are graded good or above (nationally 67%) If this is looked at across All provision to include childminders this figure does	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					drop slightly but shows a slight improvement on the inspection grades of All provision between 1st Sept 2012 – 31st Aug 2013 figures of 1% • All provision 68% graded good or above (national this figure is 67%) This is also an improvement of inspection grades for childminders for the same period with an increase of 2% • 59% < 61%	
1.1.6	Continued effective implementation of the Family Nurse Partnership.	**Baseline information**: Target for Gestational Goal: 60% of clients enrolled by 16th week; Dosage Goal: each client to received 80% of expected visits during pregnancy; Attrition Goal: dropout rate of no more that 40% (10% in pregnancy, 20% during infancy, 10% during	Kirsty Lynn	Quarterly reporting from FNP Board	**Performance Update**: The referral process to the FNP is now well embedded into most services. The FNP has received referrals from a range of agencies including Children's Social Care and Primary Care Health Visitors and Midwives. Data below is for the quarter to September 2013, which is the most recent available: • Gestational goal Achieved 70.6 % well above target of 60% • Dosage Goal: at 69.2% this is expected to build as project is in first year of operation • Eligible clients enrolled - 73.9% (fidelity goal 75%) Attrition Goal, Data not available until end of the first cohort July2014.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		infanthood.				
1.1.7	To develop and deliver the Connecting Mums (peri-natal) project, in conjunction with the roll out of the Solihull parenting programme.	• Number of mothers engaged in the programmes; • Percentage of those engaging with the programmes who report an improved quality of relationship with their child.	Fiona Bauke	March 2014	Barnardos have been working with the Midwifery service to develop the Solihull Programme as a pilot, which commenced in September. If successful, it is intended to roll it out across the City. The programme emphasises the importance of attachment, focusing on pre-birth to 2 year olds. Alongside this Fenland Mind have secured funding for a project to work peri-natally with parents around improving maternal mental health. This work is now part of the conception to 5 pathway work with partners. 15 volunteers have been recruited and trained for the Connecting Mums programme as of October 2013.	Amber
1.1.8	Ensure two-year funding programme targets those most in need	• Numbers of children accessing two-year funding; • As from Sept 2013 there have been 570 two year olds accessing a two year old place • Percentage of those	Pam Setterfield / Karen Hingston	Sept 2013	Considerable work has been undertaken to identify and encourage the most vulnerable families to access the new 2 year funding that came on stream from September 2013. This has included the use of text messages to confirm eligibility for places. Quality of provision: To help narrow the gap between the most vulnerable children and all children at foundation	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		identified as being eligible for a place who take up the offer; • This data will be updated after head count day in October – which will provide data on those who have had confirmed funding against those who took up the funding. • Narrowing the achievement gap between the most vulnerable children and all children at foundation stage			stage, the following support has been provided to early settings: • Birth – 3 early childhood specialist to work within settings. • Childhood specialist for inclusion to support settings for children with additional needs. • Special Educational Needs Coordinator to work within settings to help identify and support vulnerable children. We continue to receive termly lists from the DfE advising of children eligible for the two year old funded placements, and we continue to contact all families on the list, not already engaged with the service. We are looking to work more closely with the children's centre, to directly contact families who have been confirmed as eligible for a funded place, but who have not then taken up a place, or have not consistently accessed a place. In terms of recent performance, the actual number of two-year-olds confirmed to be eligible and offered a funded placed during Autumn	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					funding period (1 September to 31 December 2013) was 666, exceeding the 612 target. Of the 666 children who were confirmed to be eligible during Autumn funding period, 565 took up a funded place (85% take up of those offered funding). Compared to the DfE target of 612, this is 92% take up.	
1.1.9	Ensure Children's Centres successfully target the most vulnerable children in our community and secure improved outcomes for them	• Number of children under 5 years registered with the children's centre (target of 75% of reach community) • Number of children under 5 years accessing the children's centre in each quarter (target of 30% f reach community) • Number of targeted children and families accessing the children's centre on a quarterly basis (targets between 30% and 15%) Targeted families inc: Teenage parents	Pam Setterfield	Monitoring ongoing	Currently a re-visioning of the role and function of the Children's Centres is in operation. The work of the Children's Centres and the monitoring of the outcomes delivered will be in response to: • To 0 -5 strategy developed by the Early Years working groups; • The implementation of the new Ofsted Framework for the inspection of Children's Centres; • Current re-visioning work; The changing needs of Peterborough in respect of the arrival of new communities. Consultation on future of children centres commenced December will close on 8th January 2014 The children's centre consultation was completed on 8 January 2014 and has	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		Lone parents Fathers Black and Ethnic minorities Gypsy and traveller families Children and parents with a disability Children with a CP/CIN plan Children living in workless households			subsequently been to Cabinet for final approval. This has now been approved. The new structure of the children's centre delivery is based on the establishment of four hubs; Orton, Paston, First Steps (Dogsthorpe) and East with three outreach provisions based at Bretton, Fulbridge and Gladstone. The hubs and outreach centres have been based on levels of deprivation to ensure that services can be effectively targeted at the most vulnerable groups. Contract negotiations are now being undertaken with Spurgeons and Barnardos to determine the future delivery model in the centres and establish new targets based on the revised offer. For the de designated centres, work is ongoing to determine how these facilities will be used in the future and to ensure some level of provision for local communities.	
1.1.10	Ensure that families routinely provide feedback on the effectiveness of services within an evidence based	• Implementation of the Outcomes Star across all service delivery; • Data captured demonstrates	Karen Moody	Sept 2014	• A total of 12 practitioner courses are being delivered between November 2013 and June 2014. To date 116 staff have been trained with a further 80 individuals booked on future courses.	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	framework and that this data is used to inform service delivery	improving effectiveness of services and is used in commissioning process.			• User accounts for all services and teams have now been set up with the first few stars having been entered onto the web based system. • Performance monitoring will in due course include information from the use of the stars alongside more traditional measures such as OFSTED performance assessment for Children's Centres	
1.1.11	Deliver the Connecting Families Programme	• 450 families 'turned around' in the three years of the programme.	Wendi Ogle-Welbourn	Quarterly reporting	Programme on track.	Green

What difference has this made

1. Healthy child programme delivering on new Birth visits and HPV vaccinations.
2. 0-2 pathway developed all children now referred to HV at 22weeks.
3. Solihull pilot started.
4. NCMP working within set targets 11%

Priority Two: Preventing and treating avoidable illness
Accountable Lead: Adrian Chapman/ Cathy Mitchell
Aims: 1. Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all.

Number	Action	Performance Measure	By whom	By when	Progress	RAG
2.1.1	Develop and implement a Smokefree Plan comprehensive tobacco control	• Smoking during pregnancy • Smoking among young people • Smoking among adults • Reduction in exposure to secondhand smoke • Effective communication of the harm caused by tobacco use • Effective local	Julian Base	Quarterly review	Agreed with DPH for the Smokefree strategy to be timetabled for presentation to HWB by May 2014 with further review by Health Scrutiny intended to take place by July 2014. Smoking prevalence in Peterborough is reducing at a faster rate than the England average, with prevalence in Peterborough now similar to the national average rather than being significantly higher. Most recent data has demonstrated	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		enforcement of tobacco legislation			a reduction in smoking prevalence locally by over 4% since 2010 from 25.2% to 21.1% in 2012. In comparison the smoking prevalence in England has reduced by 1.3% over the same period.	
2.1.2	Develop and implement a Change 4 Life Plan targeted physical activity and weight management interventions for children and adults	• Number of referred adults accessing and completing physical activity programmes • Number of referred children and families accessing and completing weight management programmes • National Child Measurement Programme data	Julian Base	Quarterly review	Agreed with DPH for the Change 4 Life strategy to be timetabled for presentation to HWB by May 2014 with further review by Health Scrutiny intended to take place by July 2014. Adult "Let's Get Moving" programme continues to receive a significant number of referrals from health professionals specifically with many generated through the Health Checks programme now a robust pathway is in place. through the Health Checks programme. Attendance at the follow on programme "Let's Keep Moving" remains consistent. Child Weight Management programme (Morelife) continues to be delivered with standards consistently met and key outcomes, such as a reduction in BMI's for both children and their parents, being achieved.	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					Pilot programmes delivered directly in local primary schools where a review of NCMP programme data demonstrated a high prevalence of overweight and obese children has commenced. Additional schools are now being engaged to roll out direct delivery in partnership with schools.	
2.1.3	Develop health champion programme within schools, workplaces and neighbourhoods and communities supported by RSPH health awareness programmes	• Number of people accessing and completing RSPH programmes • Number of people registered as health champions • Number of workplaces signing Responsibility Deal	Julian Base	Quarterly review	The Youth Health Champion programme continues to gain excellent engagement, with RSPH accredited training and operation Smokestorm training being delivered. Further demonstration of the success of this area of work has been the allocation of £120,000 through Health Education England's Workforce Transformation Fund to roll out the youth health champion programme in Peterborough, Huntingdon and Cambridge based on the "adopt and spread" model in 2014/15. Funding has allowed the appointment of an existing volunteer Youth Health Champion within Public Health while two apprentice posts will be recruited	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					Peterborough City Council's corporate management team have agreed in principle to the Council signing up to the Responsibility Deal to demonstrate commitment and act as an example of good practice to other local employers. An associated paper will be presented to the HWB Programme Board.	
2.1.4	Reduce level of non-communicable disease through NHS Health Check programme	• Delivering 6059 Health Checks by GP Practices during 2013/14 to identify patients at higher risk of cardiovascular disease and diabetes, and offer lifestyle modification interventions and treatment to reduce risk • Evaluation of programme to include Number patients with existing disease/at high risk identified; number of	Julian Base	Quarterly review	To date a total of 4,500 patients have been assessed with 1513 of these patients also receiving information to raise their awareness of Dementia. Of the patients assessed to date 609 of these have been identified as having a risk of developing Cardiovascular Disease while 354 assessed patients have been prescribed statins to lower cholesterol. In addition 122 assessed patients have been identified as being Hypertensive and 42 assessed patients diagnosed as Diabetics.	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		onward referrals to treatment/ preventative services • The programme prioritises GP practices with higher levels of deprivation and burden of cardiovascular disease				
2.1.5	Develop Peterborough as a Sustainable City including the development of a Food for Life programme to support schools and communities to improve diet and nutrition.	• Increased understanding and awareness of healthy and seasonal foods • Number of schools engaged to improve food and food culture	Julian Base	Quarterly review	Food for Life programme is on track to commence in 2014/2015. The programme will aim to engage and focus training and main activities in two Secondary school clusters in two different Wards within the City. In addition to work centred in the school clusters, all schools in the City will be able support from the Local Programme Manager, access resources, and attend/be able to access available training and events as part of the wider grant support.	Green

What difference has this made

- **Increase in quality of referrals to the LGM programme received from health professionals for patients with a medical or long term condition through the health checks programme and completion of the General Practitioners Physical Activity Questionnaire (GPAAQ) as a screening and brief intervention tool.**

- **Through promotional activity and by establishing clear referral pathways there has been an increase in referrals from the Hospitals Paediatrician's department for clinically obese children to the Morelife programme. Better uptake of programmes at community based locations. NCMP data provided by the PH intelligence team has enabled the service to target interventions in areas with high prevalence of overweight and obese children.**
- **Volunteer Health Champions provide a valuable service and contribute to reducing health inequalities by reaching out to and delivering healthy lifestyle messages to those individuals/communities not accessing mainstream health services.**

Priority Three: Healthier older people who maintain their independence for longer

Accountable Lead: Nick Blake/ Ewan Kelsall

Aims:

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

Number	Action	Performance Measure	By whom	By when	Progress	RAG
3.1.1	Ensure the transformation of Adult Social Care leads to better outcomes for customers	• New front door established • Better access to information and advice • Better preventative offer in place • Greater access to reablement and transition services • Refocused personalisation offer for people who need longer term support	Tina Hornsby, Debbie McQuade,	March 2013	Transformation in progress.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
3.1.2	Deliver a dementia resource centre for The City	• Improved outcomes for people with dementia and their carers • Higher carer satisfaction	Nick Blake	01.03.13	DRC procurement completed with contract awarded to the Alzheimer's Society, new services have been implemented. Building refurbishment begins in Q4 13/14 with likely completion by July 2014	
3.1.3	Agree and implement the joint health and social care carers strategy	• Better outcomes for carers • % increased of carers recognised and supported • % increase in carer satisfaction in annual national survey	Nick Blake	31. 03.13	Strategy completed and published (November 2013), implementation ongoing through Strategy Working Group. Carers Prescription Service has gone live Jan 14 across both LCG's. Carers Support Service is currently out to procurement – this is a whole lifespan service for both young carers and adult carers.	
3.1.4	New transport options delivered for ASC customers	• More personalised transport options in place • Better use of community options • Better use of contracted services (less	Nick Blake	31.03.13	ASC are working with the support of Communities to develop transport options. This is part of a wider corporate transport project. Soft market testing will be carried out over the next 3 months to understand the range of options available. ASC is working with VCS partners	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		down time for vehicles) • Better co-ordination across all transport commissioned by PCC			on a sustainable transport bid.	
3.1.5	To re-commission home care services	• New home care services in place	Nick Blake, Terry Prior, Mubarak Darbar, Serco contracts and procurement team		The new homecare framework is in now in place. Work is ongoing to work proactively with new providers to deliver high quality, outcome focussed services.	
3.1.6	To develop a Market Position statement for ASC commissioning	• Statement written and published • Providers understand the commission intentions for ASC in Peterborough		31.12.13	MPS version three – final comments from the Institute for Public Care to be incorporated prior to final draft being presented for approval by 31 Jan 2014.	

What difference has this made
DRC – increased investment in dementia services, agreed co-location of health, ASC and VCS services leading to a more integrated system of support, providing focal point for the implementation of the Dementia Strategy
Carers Strategy – provided an opportunity for joint strategy and more integrated working between ASC and health as evidenced by recent work to develop GP Carers Prescriptions and coordinate with ASC carer support

Home care service re-tender – more outcome focussed homecare support, more personalised support that is aligned with the ASC transformation agenda, better value homecare services

Priority Four: Supporting good mental health
Accountable Lead: Terry Prior/ John Ellis/Cathy Mitchell/Janet Dullaghan
Aims: 1. 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

Number	Action	Performance Measure	By whom	By when	Progress	RAG
4.1.1	Review of operation of ARC single point-of-access	• CQUIN milestones	John Ellis	June 2014	Review group remit expanded to include how to enable the ARC to better support GPs to maintain people within primary care and the community rather than being referred into specialist mental health services. Series of planning meetings arranged during March with local GPs and other key stakeholders (incl local authorities and vol orgs) also invited to participate.	
4.1.2	Re-establish local suicide prevention group	• Suicide prevention Group reconvened September 2013	Dr Panday	April 2014	Links to Local Mental Health Stakeholder Group and County Wide Group have been achieved East of England bid submitted for	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		• Bi monthly meetings • High Risk Groups identified • Training Programme identified • Police implemented Training Programme this will be extended to Court Staff • Local protocol for dealing with suicide presentation being developed • Wider Wellbeing agenda to be developed			resources to support implementation plan and has been successful in acquiring £50,000. Detailed Implementation Plan to be agreed with and led by the Voluntary Sector. The bid is a non-recurrent fund and sustainability of beneficial work needs to be consolidated by April 2015. Public Health input locally is an essential requirement. Older people procurement is ongoing but once established the suicide prevention and mental health wellbeing connection with the successful bidder will be very important. Suicide prevention work for children will be addressed via the Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014-2016.	
4.1.3	Universal settings support children and young people effectively and promote their	Information from the SHU survey of Peterborough pupils and other surveys	Janet Dullaghan		Training for staff within universal services a priority identified in the emotional health and wellbeing needs assessment and will be a commissioning priority from April 2014.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	resilience	of young people undertaken in the city and inform needs assessment and delivery of services			The new specification for school nurses now highlights the role of the school nurse in supporting emotional health and wellbeing. Pathway being developed to support children in schools and appropriate referral to 3T's when need identified.	
4.1.4	Services are commissioned to support children and young people with developing additional mental or emotional health needs at tier 2, preventing need for accessing services at Tier 3	• Number of children and young people accessing Tier 2 services within the city • Waiting times between point of referral and child first being seen within tier 2 services; • Waiting time from assessment appointment to treatment; • Clinical outcomes measures show improvements	Janet Dullaghan Rachel Gomm CPFT. CCG commissioner		There is a gap in adequate services for tier 2. Cambridge and Peterborough Foundation Trust (CPFT) the provider of child and adolescent mental health services (CAMH) currently do not support tier 1 or tier 2 services. A CAMH strategy is currently being developed with all partners to identify priorities in this area and a commissioning plan as part of this work. Tier 2 3 T's service. (short term counselling) The pathway for referral to 3T's is now much clearer and work is going on with the school nursing service to be part of this pathway. Professions can now refer directly into 3T's services and schools continue to be the main single source of referrals. Referrals from CAMHS continue to increase and the interface between CAMHS and 3Ts is also clearer. The service is small with a current	A

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		in the emotional and mental health and well being of children and young people accessing tier 2 services; • Referrals to tier 3 and 4 services is reduced. • Use of the Child and Young Person Outcomes Star as these become available to measure effectiveness of services in building resilience; Feedback from schools			caseload of 50 young people who have 6-8 counselling sessions there is currently a waiting list of 40 children, however the service has been successful in bidding for money to have an additional member of staff to increase the service CPFT Action: Tier 2 does not prevent a need for accessing Tier 3 (it may actually increase referrals) thus the Performance Measure needs amending, also the increase in acuity is a national issue. Progress: plan to introduce Tier 2 (minimal service) /CAPA/CYP IAPT and Single Point of Access (ARC) agreed by commissioners; CAMH work with health colleagues/universal services/schools with Tier 1 & 2 advice. SOP, Standard Operating Procedure being developed for school nurses for Self Harm and Emotional Difficulties. Tier 2 service important for commissioned multi agency offer to be clear. Progress is being made but it would appear further capacity and clarity is required regarding care pathways.	
4.1.5	Tier 3 CAMH services are commissioned such that	• Number of children and young people referred to the	Rachel Gomm CPFT		CPFT Progress: commissioners agreed to CAPA/CYP IAPT; Transitions CQUIN info & CAMHS met CQUIN waiting list target by	A

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	children and young people with more complex needs are able to access tier 3 services in a timely way with resultant improvements in their mental health and emotional wellbeing	tier 3 service; • Percentage of referrals to tier 3 service resulting in appointments being offered and kept; • Waiting time between referral and first appointment • Waiting time between assessment appointment and treatment; • Clinical outcomes measures show demonstrable impact of intervention; • Reduced numbers of children and young people admitted to hospital			31/10/13 CAMHS interface with CIC team and YOS HV's assessing & supporting mother's with PND; TM's from universal services attend MASG fortnightly representing CPFT. Collaborative working with PCH when young people attend or are admitted with emotional health & wellbeing issues. Progress being made but we appear to lack hard data.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		because of mental health issues.				
4.1.6	Development of PCC/LCG MH Commissioning Strategy. This will include making links with: Suicide Strategy Development Public Health MH Strategy Police MH Strategy MH Employment Strategy Accommodation Strategy Joint CCG MH Strategy	• Strategy includes Objectives and Desired Outcomes • Strategy includes a range of change initiatives. The resource for these change initiatives has been identified and impact for stakeholders stated.	T. Prior / Dr. S Panday	March 2014	Stakeholder group has agreed priorities Progress is reported to Stakeholder Group bi – monthly. These to be reflected in a number of change initiatives.	A
4.1.7	Revising policy on parents and carers with mental health problems	• Identification of number of parents and carers • Identification of numbers of children	CCG	Monthly reporting to CPFT/CCG performance monitoring meeting	Jon Chapman PSCB and Carol Davis CPFT taking this forward. CCG to agreed with CPFT performance measures. Table 1 Data from Audit Name of / Number Families / Is there a connection / People from audit that need	

<table>
<tr><th>Number</th><th>Action</th><th>Performance Measure</th><th>By whom</th><th>By when</th><th>Progress</th><th>RAG</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td>
<table>
<tr><td>Social Worker</td><td>involved</td><td>with Children and Families (statutory) or CAF(non statutory)</td><td>discussion in terms of CAF

(Other people have no concerns in terms of risk or need to complete CAF))</td></tr>
<tr><td>SW 1</td><td>3</td><td>1 - statutory</td><td>2</td></tr>
<tr><td>SW 2</td><td>3</td><td></td><td>1</td></tr>
<tr><td>SW 3</td><td>9</td><td>2 – CAF
7- Statutory</td><td></td></tr>
<tr><td>SW 4</td><td>4</td><td>2-statutory</td><td>2</td></tr>
<tr><td>SW 5</td><td>2</td><td>1 Young Carers
2 Statutory</td><td></td></tr>
<tr><td>SW 6</td><td>2</td><td>2-Statutory</td><td></td></tr>
<tr><td>SW 7</td><td>2</td><td></td><td>1</td></tr>
</table>
Policy agreed but we lack regular data and follow up Need to establish an implementation plan for the revised policy.
</td><td></td></tr>
<tr><td>4.1.8</td><td>Developing a specific and holistic re-ablement response within mental health services that incorporates</td><td>• No of people accessing the service
• No of referrals by political ward</td><td>CPFT</td><td>Monthly performance management</td><td>Re-ablement is a key development area under discussion between ASC and CPFT.

No data available

This aspect is currently subject to</td><td>R</td></tr>
</table>

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	BME and hard to reach communities Services targets most deprived political wards				discussion and development.	

What difference has this made

ARC Review: The ARC has been well – received but all involved recognise the need after one year of operation to review how it operates, how GPs, carers, local agencies and patients might more easily access help when required urgently.

Suicide Prevention: The group is developing its priorities but these will include guidance where to signpost people in need oh help and improved risk assessment for GPs.

Priority Five: better health and wellbeing outcomes for people with life-long disability and complex needs

Accountable Lead: Wendi Ogle – Welbourn /Jon Ellis/Sue Jestice

Aims:

1. Maximise the health and wellbeing and 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

Number	Action	Performance Measure	By whom	By when	Progress	RAG
5.1.1	Provide training to health and social care staff on NHS continuing Healthcare and use of the Joint Funding Tool	• Improved working between Local Authority and Health	Sue Jestice	Dec 2013	150 people trained in the use of the JFT and CHC process. (2014) 200 People trained with 50 further in Joint funding tool.	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					Increase 15% of patients with MH and LDP receiving joint funding.2014 20% patients receiving JF. Improved knowledge of CHC process and increase in numbers being found eligible to receive CHC 100% health funding.	
5.1.2	Quarterly Transition Meetings between LA and health	• Children with complex health needs are identified at 16 and CHC assessed or reviewed prior to 18th birthday and transfer to adult services	Sue Jestice	On going	Assessment being completed within agreed time period. Smoother transition to adult services. 2014. Regular Meetings held monthly to identify and promote an earlier transition.	
5.1.3	Ensure the delivery of a range of short break services that reduce or delay the need for more specialist services; needs	• Number of children and young people accessing Short breaks: • Number of Short Break sessions delivered across the city	Janet Dullaghan/Carrie Gamble	March 2013	Baseline and Performance information: Over the last year there were over 300 registrations for commissioned services/activities in addition there are: • 32 receiving direct payments • 6 receiving link care • 26 receiving short breaks at Cherry Lodge **Performance Update:** Work is underway to develop an	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					information system to develop a method or recording all registrations and attendance in order to look at equity of offer, and packages of support. In addition a flexible range of short breaks with local providers is secured . '0-19 activities', '8-19 activities, 'Disability Sports', Siblings (emotional health and well being)' and 'Information, Advice and Guidance'. The plans for the procurement of domiciliary care, one to one support and contracted brokerage support for families who access their support package via Direct Payments are moving to align with Adults Services. Tickets and passes for entry to local community based activities were distributed through local parent/carer forums. This has maximised the Short Breaks financial allocation. The Short Breaks 'capital' allocation has been utilised. Direct payments actively encouraged at CWD. Consultation with parent/carer	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					forums, linked to “Healthwatch”. Parent Participation work is ongoing, moving towards co-production for elements of the SEND reforms including the Single (EHC) Plan and the Local Offer. Joint attendance at regional meetings will strengthen these links in addition to attending joint training. Feedback about the effectiveness of services; contract monitoring includes children, young people and families reporting positive experiences from their own understanding.	
5.1.5	Improve transitional arrangements for young people with disabilities and continuing care needs;	• Children with complex health needs are identified at 16 and CHC assessed or reviewed prior to 18th birthday and transfer to adult services • Smooth transition between 14	ASC/CSC	March 2014	Following an agreement to develop a 14-25 transitions team with children’s and adult social care. The working party has met and are working through the issues. First recruitment to the managers post has been unsuccessful and another underway. A temporary has been appointed and will commence post in mid Jan 2014. Ongoing issues with transition identified. 1, ASC cannot take children for transitions until 17 however the	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		to 25			CHC and CSC/ASC working group making good progress. 2. ASC threshold changed to substantial and critical. Children services working to different thresholds.	
5.1.6	Improve joint commissioning and joint working arrangements between health and the local authority for children with continuing care		Janet Dullaghan/CCG	Nov 2013	Currently exploring opportunities with health around aligning budgets under a Sec 75 agreement	
5.1.7	Eligible adults with a learning disability to receive an annual health check through the NHS funded Directed Enhanced Service	• 95% completion	DG	31 March 2014	Q13 data identifies 93 health checks out of 343 completed. Q4 is when the greatest number of health checks are done.	
5.1.8	Commission a learning disability accommodation strategy to establish robust pathways into independent accommodation.	• Accommodation strategy approved by various boards and pipeline re housing needs to the procurement phase	Mubarak Darbar	30 September 2013	Meeting local and partner Registered Social Landlords's working in partnership to find housing solutions.	
5.1.9	Undertake of visioning exercise around learning disability day opportunities to ensure services are person	• New model approved by various boards and the implementation	Mubarak Darbar	31st March 2014	Cabinet approved on the 16th December 2013 to go to consultation on the recommendations to remodel outdated and traditional day	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	centred and provide community based opportunities and access to employment.	phase underway.			services and bring in line with the transformation and personalisation agenda.	
5.1.10	Implement the SEN and Inclusion Strategy including requirements for all children to have a single plan where appropriate and development of the local offer.	• Development of Single Plan and Local Offer **Baseline Data:** July '12: • 23.9% of children identified as having SEN in Peterborough; national average was 19%; stat neighbour average was 19.2%. • 4% of children and young people had a statement of SEN in Peterborough; national average was 2.8%; stat neighbour average was 2.9%.	Jonathan Lewis	September 2015	**Performance Update:** July 13: • 22.6% of children identified has having SEN in Peterborough; national average is 18.6% • 3.8% of children and young people have a statement of SEN in Peterborough; national average is 2.8%. Inclusion strategy and action plan approved by DMT in August 13. This includes a baseline of 5.6% in July '12 of children and young people who are placed in out of city provision (below national average of 5.8% but above stat neighbour average of 4.2%). Work streams to prepare for the implementation of SEND reforms in the Children and Families work are being established, with the CWD Strategy Group overseeing progress. Workshops for parents and	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					professionals to be held in November 13 to shape the local offer for children and young people with SEND.	

What difference has this made

- CWD strategy and eligibility criteria now completed
- Multiagency strategy group now has representation from all partners and has agreed work streams to deliver the priorities in the strategy
- More flexible short break offer available for CWD which included a wide range of clubs and activities
- Increase of 10% in direct payments
- CWD panel now reviews and agrees medical support to schools, medical and school representation on the panel

UPDATED: 17 MARCH 2014

HEALTH AND WELLBEING BOARD
PROPOSED AGENDA PLAN 2014/15

MEETING DATE	ITEM	CONTACT OFFICER
26 June 2014	Update on SARC Review Public Health Action Plan Revised Terms of Reference and Membership Refreshed HWB Strategy and Delivery Plan Report from NHS England on Screening and Immunisations Performance Report from NHS England on Development of Primary Care Strategy Report from Director of Public Health on Health Protection - Emergency planning and response to emergencies that present a risk to the public's health arrangements Report on Development of the Better Care Fund Action Plan Performance Reports on National Child Measurement Programme and NHS health check assessments Where appropriate tabled reports from CCG/LA/Healthwatch/NHS England and others.	**Tracey Cogan / Mark Hopkins Cambs Constabulary** **Jana Burton / Wendi Ogle-Welbourn** **Wendi Ogle-Welbourn** **Wendi Ogle-Welbourn** **PHE/NHSE** **PHE/NHSE** **Dr Henrietta Ewart** **Cathy Mitchell/Jana Burton** **Julian Base**
25 September 2014	Programme Board Performance report on activity focused on identified priorities and activities in the refreshed Health and Wellbeing Strategy Report from NHS England on Screening and Immunisations performance Report from NHS England on development of Primary Care Strategy Report from Director of Public Health on health protection - emergency planning and response to emergencies that present a risk to the public's health arrangements Report on development of the Better Care Fund Action Plan Report on CSE work Report on sexual health services Where appropriate tabled reports from CCG/LA/Healthwatch/NHS England and others.	**Wendi Ogle-Welbourn** **PHE/NHSE** **PHE/NHSE** **Dr Henrietta Ewart** **Cathy Mitchell** **Russell Waite/ Gary Ridgeway** **Jo Melvin/Wendi Ogle-Welbourn**
11 December 2014	Programme Board Performance report on activity focused on identified priorities and activities in the refreshed Health and Wellbeing Strategy Report from NHS England on Screening and Immunisations performance Report from NHS England on development of Primary Care Strategy	**Wendi Ogle-Welbourn** **PHE/NHSE** **PHE/NHSE**

UPDATED: 17 MARCH 2014

MEETING DATE	ITEM	CONTACT OFFICER
	Report from Director of Public Health on health protection - emergency planning and response to emergencies that present a risk to the public's health arrangements Report on development of the Better Care Fund Action Plan Report on DV Report on substance misuse services Where appropriate tabled reports from CCG/LA/Healthwatch/NHS England and others.	**Dr Henrietta Ewart** **Cathy Mitchell** **Wendi Ogle-Welbourn** **Andy Barringer/Wendi Ogle-Welbourn**
26 March 2015	Annual DPH report on health of the local population Standard agenda items will always be: Programme Board Performance report on activity focused on identified priorities and activities in the refreshed Health and Wellbeing Strategy Report from NHS England on Screening and Immunisations performance Report from NHS England on development of Primary Care Strategy Report from Director of Public Health on health protection - emergency planning and response to emergencies that present a risk to the public's health arrangements Report on development of the Better Care Fund Action Plan	**Jana Burton** **Wendi Ogle-Welbourn** **PHE/NHSE** **PHE/NHSE** **Dr Henrietta Ewart** **Cathy Mitchell**
For Consideration at Future Meetings	Tobacco Control Healthy Child Programme (including breastfeeding, 2.5 health checks) Public protection and regulatory activity to support reduction in health inequalities (including takeaways/fast food/alcohol, air pollution and fire safety) Healthy schools and pupils Warm and safe homes Helping people find good jobs and stay in work Active and safe travel Access to green and open spaces and the role of leisure activities Strong communities, wellbeing and resilience Health and spacial planning	**Julian Base**