

Health and Wellbeing Board
Strategic Delivery Plan 2013/14
August 2013

Priority One: Securing the foundations of good health
Accountable Lead: Wendi Ogle-Welbourn / Adrian Chapman/ Maggie McCutcheon/Malcolm Bishop
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.	<ul style="list-style-type: none"> Reduced smoking rates in pregnancy Reduced numbers of children born with low birth rates 	Conception to Five Pathway Group (part of the Children & Families Joint Commissioning Board work) – Janet Dullaghan	Ongoing Quarterly	<p>Within the Family Nurse Partnership (FNP) service there has been a 70% increase in referrals in 2012/13 from community midwives since introducing routine CO monitoring 34 pregnant quits 89% increases from last year with a 65% quit rate.</p> <p>Within midwifery services the antenatal pathway specifically targets pregnant women and refers to smoking cessation services. Baseline data and targets to be identified.</p>	
1.1.2	Implement targeted activities to promote breastfeeding	<ul style="list-style-type: none"> Increased rates of breastfeeding initiation Increased breast feeding continuation rates 	CCG – Maggie McCutcheon NHS England – Tracey Cogan	Ongoing Quarterly reporting on current data	<p>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. Baseline data to be set and targets . A review of licensed Baby Cafes (offering specific evidence-based support to breastfeeding mothers) will be undertaken during the autumn. Breastfeeding peer supporters working with new breastfeeding mothers continue to offer consistent accessible support at the maternity unit and in the community.</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
1.1.3	Implement the Healthy Child Programme	<ul style="list-style-type: none"> Improve childhood immunisation rates Reducing rates of childhood obesity at age 4-5 years. 	Conception to Five Pathway Group (part of the Children & Families Joint Commissioning Board work) – Janet Dullaghan	Ongoing targets reporting Quarterly	<p>The health child programme has been developed and is currently being implemented by Health Visitors. A number of workshops have been held with the early years workforce, including children's centres, midwifery and health visitors to develop a pre-birth to 5 pathway, this is linked to the Healthy Child Programme and the need for early identification of difficulties and access to early help services across children, adults and health services.</p> <p>Baseline data to be set and targets :</p> <ul style="list-style-type: none"> Improve childhood immunisation rates Reducing rates of childhood obesity at age 4-5 years. 	
1.1.4	Implement effective programmes to reduce rates of teenage pregnancy	<ul style="list-style-type: none"> Reduce rates of teenage conceptions Reduce rates of teenage mothers 	Public Health – Sue Mitchell	Quarterly reporting on data	<p>Teenage pregnancy rates have recently dropped in Peterborough although higher than England average. At Dec 2011 rates still remaining stable at a low rate of 34.9 compared to 50.9 in the previous year with England average at 30.9. The rolling quarterly average for 2011 is 36.0, the SN average for the same period is 40.3 and England 30.9. Peterborough is between these 2 averages. The first meeting of the Early Years Working group has taken place. Through the emerging Early Years Working group ensure that the methodology associated with Family Nurse Partnership is drawn on to impact on teenage pregnancy rates across Peterborough. Contraceptive and sexual health services are to be re-procured during the second half of 2013/14.</p>	
1.1.5	Ensure delivery of the childcare sufficiency strategy and that provision is of a high quality.	<ul style="list-style-type: none"> Number of available child care places Number of children 	Pam Setterfield Karen Hingston	Ongoing	An Early Years Sufficiency Report has been written identifying the areas of need for early childhood provision.	

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		<ul style="list-style-type: none"> accessing child care settings Percentage of child care settings assessed as good or outstanding by OFSTED. 			<p>Opportunity Peterborough is working with this document to develop a new marketing strategy to attract new providers into the market place.</p> <p>Support for settings, particularly child minders, continues to focus on improving the quality of provision and to meet expectations of Ofsted's criteria for Good and Above current rating for good and above 74%.</p> <p>In July there were 15 inspection reports published; (4 Outstanding settings identified this month)</p> <p>Settings : Outstanding 3 Good 3 Satisfactory 4 Inadequate 0</p> <p>Childminders: Outstanding 1 Good 3 (two of which were first inspections) Satisfactory 1 Inadequate 0</p>	
1.1.6	Continued effective implementation of the Family Nurse Partnership.	<ul style="list-style-type: none"> Number of families referred to FNP Rate of families referred to FNP and who go on to engage with the programme increases. 	Kirsty Lynn	On-going	<p>The FNP team have been in post for just over a year and deliver the FNP Programme. FNP have received referrals from a range of agencies including Children's Social Care and Primary Care.</p> <p>As the Family Nurse's develop their skills and the parallel expansion of the Health Visiting service is completed, allowing implementation of progressive pathways, Family Nurses will be in a position to support Health Visitor skills and allow services to support all venerable</p>	

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					families, using motivational interviewing and mirroring some of the FNP Nurses ways of working. Therefore improving engagement with all vulnerable families in the city. FNP exceeded the national target for % recruited Under 16 weeks. Slightly under national target (3%) for recruitment of eligible referrals.	
1.1.7	To develop and deliver the Connecting Mums (peri-natal) project, in conjunction with the roll out of the Solihull parenting programme.	<ul style="list-style-type: none"> • Number of mothers engaged in the programmes; • Percentage of those engaging with the programmes who report an improved quality of relationship with their child. 	Pam Setterfield Fiona Bauke	Sept 13	Barnardos have been working with the Midwifery service to develop the Solihull approach as a pilot, if this is successful it will roll out across all children's centres. This approach focuses on pre-birth to two year olds and the importance of attachment. 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. Solihull Pilot will commence in September 2013.	
1.1.8	Ensure two-year funding programme targets those most in need	<ul style="list-style-type: none"> • Numbers of children accessing two-year funding; • Percentage of those identified as being eligible for a place who take up the offer; • Narrowing the achievement gap between the most vulnerable children and all children at foundation stage 	Pam Setterfield Karen Hingston	Sept 2013	<p>The trajectory funding available for the financial year 2013 to 2014 will be used to secure continuity of childcare and to support the most vulnerable families with provision before funding is rolled out in September. Text back system informing families of their entitlement highly successful.</p> <p>To help narrow the gap between the most vulnerable children and all children at foundation stage the following support has been provided to early settings:</p> <ul style="list-style-type: none"> • Birth – 3 early childhood specialist to work within settings. • Childhood specialist for inclusion to support settings for children with additional needs. • Senco to work within settings to help 	

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					identify and support vulnerable children.	
1.1.9	Ensure Children's Centres successfully target the most vulnerable children in our community and secure improved outcomes for them	<ul style="list-style-type: none"> Engagement by families where children subject to Child Protection or Child in Need Plan; 	Pam Setterfield	Monitoring ongoing Review October 2013	Currently a re-visioning of the roll and function of the children's centres is in operation. The Children's Centres to move towards supporting the most vulnerable families. Base line data to be set and targets.	
1.1.10	Ensure that families routinely provide feedback on the effectiveness of services within an evidence based framework and that this data is used to inform service delivery	<ul style="list-style-type: none"> Implementation of the Outcomes Star across all service delivery; Data captured demonstrates improving effectiveness of services and is used in commissioning process. 	Karen Hingston	October 2013	Staff currently receiving training in Outcomes Star and Family Star. This tool will be used from Sept 2013. Contracting process will monitor gathering of information on effectiveness as well as Ofsted inspections.	
1.1.11	Deliver the Connecting Families Programme	<ul style="list-style-type: none"> 350 families 'turned around' in the three years of the programme. 	Wendi Ogle-Welbourn	Quarterly reporting	Programme on track.	

What difference has this made

Priority Two: Preventing and treating avoidable illness
Accountable Lead: Sue Mitchell/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	<ul style="list-style-type: none"> 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 enforcement of tobacco legislation 	Julian Base	Dec 2013	<p>Smokefree Plan prepared, Smokefree Alliance established, implementation underway.</p> <p>Highest number of smoking quitters recorded since 2000 achieved during 2012/2013.</p> <p>Current year on course to meet challenging 13/14 target. Plans are now in place for 'stoptober' campaign and in development for New Year and March 2014 No Smoking day campaigns. New initiatives with PSHFT launched this year, including direct web-based referral system in place at City Hospital.</p> <p>Health Champion programme implemented.</p> <p>Increased numbers of smoking quitters resulting in a reduction prevalence during the last three years from over 27% down to 23.7% (England rate 21%).</p>	
2.1.2	Develop and implement a Change 4 Life Plan targeted physical activity and weight management interventions for children and adults	<ul style="list-style-type: none"> Number of referred adults accessing and completing physical activity programmes Number of referred children and families accessing and completing weight 	Julian Base	Dec 2013	<p>Change 4 Life prepared, Change 4 Life Alliance established, implementation underway.</p> <p>National C4L road-show visited Peterborough during August, local summer campaign underway and working with Children's Centres.</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<ul style="list-style-type: none"> management programmes National Child Measurement Programme data 			<p>Specific programmes implemented – Carnegie Weight Management Programme, ‘Lets Get Moving’, ‘Lets Keep Moving’ plus other physical activity interventions such as walking for health, recreational cycling, promoting use of ‘green’ gyms in partnership with Vivacity and others.</p> <p>Peterborough short-listed for the National Sustainable Food City Initiative.</p> <p>Base line data to be set and targets.</p>	
2.1.3	Develop health champion programme within schools, workplaces and neighbourhoods and communities supported by RSPH health awareness programmes	<ul style="list-style-type: none"> Number of people accessing and completing RSPH programmes Number of people registered as health champions Number of workplaces signing Responsibility Deal 	Julian Base	Dec 2013	<p>RSPH accreditation established.</p> <p>Health champion programme implemented.</p> <p>Plans are in place to work with Public Health England to bring the PH Local Responsibility Deal to Peterborough during autumn starting with the City Council and rolling out to local employers.</p>	
2.1.4	Reduce level of non-communicable disease through NHS Health Check programme	<ul style="list-style-type: none"> 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 	Chas Ryan	April 2014	<p>Programme established in local GP Practices, additional targeted development to further reduce health inequalities required.</p> <p>During April-June 2013, 1411 health checks were delivered, on track to achieve the annual target.</p> <p>This programme is very closely aligned to the CCG priority of reducing the burden of coronary heart disease and stroke in the city.</p> <p>There is a specific focus on ensuring the programme is accessible for people with</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		existing disease/at high risk identified; number of onward referrals to treatment/preventative services <ul style="list-style-type: none"> The programme prioritises GP practices with higher levels of deprivation and burden of cardiovascular disease 			Learning Disabilities.	
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.	<ul style="list-style-type: none"> Increased understanding and awareness of healthy and seasonal foods Number of schools engaged to improve food and food culture 	Julian Base / PECT	Review Apr 2014	Programme established in targeted schools and communities, Sustainable Cities bid submitted and approved.	

What difference has this made

Priority Three: Healthier older people who maintain their independence for longer
Accountable Lead: Tim Bishop/ 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	<ul style="list-style-type: none"> • 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, Tim Bishop	March 2013	Transformation in progress.	
3.1.2	Deliver a dementia resource centre for The City	<ul style="list-style-type: none"> • Improved outcomes for people with dementia and their carers • Higher carer satisfaction 	Nick Blake	01.03.13	Procurement underway.	
3.1.3	Agree and implement the joint health and social care carers strategy	<ul style="list-style-type: none"> • Better outcomes for carers • % increased of carers recognised and supported • % in crease in carer satisfaction in annual national survey 	Nick Blake	31. 03.13	Strategy written. TO be signed off and published by 01.09.13.	
3.1.4	New transport options delivered for ASC customers	<ul style="list-style-type: none"> • More personalised transport options in place 	Nick Blake	31.03.13	New relationship begun with Enterprise as transport partner.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<ul style="list-style-type: none"> Better use of community options Better use of contracted services (less down time for vehicles) Better co-ordination across all transport commissioned by PCC 			Exploring more fully integrated commissioning options with PCC transport team.	
3.1.5	To re-commission home care services	<ul style="list-style-type: none"> New home care services in place 	Nick Blake, Terry Prior, Mubarak Darbar, Serco contracts and procurement team		Procurement process underway. Evaluation to take place in September.	
3.1.6	To develop a Market Position statement for ASC commissioning	<ul style="list-style-type: none"> Statement written and published Providers understand the commission intentions for ASC in Peterborough 	Tim Bishop	31.12.13	Work commenced.	

What difference has this made

Priority Four: Supporting good mental health
Accountable Lead: Tim Bishop/ Wendi Ogle – Welbourn/ Jon Ellis/Cathy Mitchell/Maggie McCutcheon
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	<ul style="list-style-type: none"> CQUIN milestones 	John Ellis	Dec 2013	Regular updates to Mental Health Stakeholder Group.	
4.1.2	Re-establish local suicide prevention group	<ul style="list-style-type: none"> Improved risk assessment and clarity of where to signpost people in crisis 	Dr Panday	Apr 2014	Regular updates to Mental Health Stakeholder Group.	
4.1.3	Universal settings support children and young people effectively and promote their resilience	<ul style="list-style-type: none"> Information from the SHU survey of Peterborough pupils and other surveys of young people undertaken in the city and inform needs assessment and delivery of services 	Maggie McCutcheon and Janet Dullaghan		<p>The new specification for school nurses now highlights the role of the school nurse in supporting emotional health and wellbeing.</p> <p>Mental health awareness training to be developed for universal services e.g. schools</p> <p>Comprehensive CAMHs strategy being developed.</p>	
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	<ul style="list-style-type: none"> 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 	Janet Dullaghan/Maggie McCutcheon		<p>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.</p> <p>Work with all partners to develop and improve access to tier 2 services will be part of the CAMH strategy work.</p> <p>School and other professions can now refer directly into 3T's services (short term counselling therapy).</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<p>measures show improvements in the emotional and mental health and well being of children and young people accessing tier 2 services;</p> <ul style="list-style-type: none"> • 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 				
4.1.5	Tier 3 CAMH services are commissioned such that 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	<ul style="list-style-type: none"> • Number of children and young people referred to the 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 	Maggie McCutcheon		<p>Comprehensive CAMHs Strategy being developed.</p> <p>Performance reporting to lead commissioner now in place.</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<ul style="list-style-type: none"> of intervention; Reduced numbers of children and young people admitted to hospital 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	<ul style="list-style-type: none"> To be determined 	T. Prior / S. Panday	October	First draft completed and emerging theme identified. Housing, Employment, Offender Health.	
4.1.7	Revising policy on parents and carers with mental health problems	<ul style="list-style-type: none"> Identification of number of parents and carers Identification of numbers of children 	CCG	Monthly reporting to CPFT/CCG performance monitoring meeting	<p>Jon Chapman PSCB and Carol Davis CPFT taking this forward.</p> <p>CCG to agreed with CPFT performance measures.</p>	
4.1.8	Developing a specific and holistic reablement response within mental health services that incorporates BME and hard to reach communities Services targets most deprived political wards	<ul style="list-style-type: none"> No of people accessing the service No of referrals by political ward 	CPFT	Monthly performance management	Currently in discussion with CPFT regarding the refocus of resources.	

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: Tim Bishop/ 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	<ul style="list-style-type: none"> Improved working between Local Authority and Health 	Sue Jestice	Dec 2013	<p>150 people trained in the use of the JFT and CHC process.</p> <p>Increase 15% of patients with MH and LDP receiving joint funding.</p> <p>Improved knowledge of CHC process and increase in numbers being found eligible to receive CHC 100% health funding.</p>	
5.1.2	Quarterly Transition Meetings between LA and health	<ul style="list-style-type: none"> 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	<p>Assessment being completed within agreed time period.</p> <p>Smoother transition to adult services.</p>	
5.1.3	Ensure the delivery of a range of short break services that reduce or delay the need for more specialist services; needs	<ul style="list-style-type: none"> Increase in number of children and young people accessing short breaks; Increase in number of 	Janet Dullaghan	March 2013	<p>A flexible range of short breaks have just been agreed with local providers. '0-19 activities', '8-19 activities'. 'Disability Sports', 'Siblings (emotional health and wellbeing)' and 'Information, Advice and Guidance.'</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<p>families accessing direct payments;</p> <ul style="list-style-type: none"> Reduction in number of children and young people with disabilities who are placed in out of city placements Feedback from children, young people and their families about the effectiveness of services 			<p>The plans for the procurement of 'wrap around' services have progressed to consider a framework arrangement for 'one to one support' providers, contracted support for families who access their support package via Direct Payments and the provision of tickets and passes distributed through local parent/carer forums. This has maximised the Short Breaks financial allocation. The Short Breaks 'capital' allocation is currently out for bids.</p> <p>Direct payments actively encouraged at CWD allocation panel resulting in 10% increase in take-up.</p> <p>CWD eligibility criteria and short breaks offer out to consultation with parent/carer forums, linked to "Healthwatch" locally who are doing workshops on access to services for CWD. 2 workshops held locally for parents/carers and CWD on what they thought of the Short Breaks offer.</p> <p>Increase in Link and retained carer scheme, 6 link and 2 retained carers.</p> <p>Outreach and domiciliary care services also developed to provide more flexible approach to meet the needs of families of CWD.</p>	
5.1.5	Improve transitional arrangements for young people with disabilities and continuing care needs;	<ul style="list-style-type: none"> Children with complex health needs are identified at 16 and CHC assessed or reviewed prior to 18th birthday and transfer to adult services 	Mubarak Darbar, Jenny Goodes, Janet Dullaghan	Sept 2013	Transitions working group set up as a work stream of the CWD Strategy Group. Agreed to develop a 14-25 transitions team with adult social care team. Proposal sent to Children and Adult Departmental Management Teams for agreement.	
5.1.6	Improve joint commissioning and joint working arrangements	<ul style="list-style-type: none"> Review of the CC arrangements in 	Maggie McCutcheon	Sept 2013	Review commenced.	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
	between health and the local authority for children with continuing care	Peterborough				
5.1.7	Eligible adults with a learning disability to receive an annual health check through the NHS funded Directed Enhanced Service	<ul style="list-style-type: none"> 95% completion 	DG	31 March 2014	Q1 data identifies 23 health checks out of 337 completed.	
5.1.8	Commission a learning disability accommodation strategy to establish robust pathways into independent accommodation.	<ul style="list-style-type: none"> Accommodation strategy approved by various boards and pipeline re housing needs to the procurement phase 	Mubarak Darbar	30 September 2013	1 draft completed and reviews by Learning Disability Partnership Board.	
5.1.9	Undertake of visioning exercise around learning disability day opportunities to ensure services are person centred and provide community based opportunities and access to employment.	<ul style="list-style-type: none"> New model approved by various boards and the implementation phase underway. 	Mubrak Darbar		Service User and carer engagement underway. Dialog with independent sector commences. Various options and models considered with staff and wider stakeholders.	
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.	<ul style="list-style-type: none"> Development of Single Plan and Local Offer 	Janet Dullaghan/Jenny Goodes	September 2015	Task and finish group set up, governed by the Children with Disabilities Strategy Group.	

What difference has this made

Improved knowledge, understanding and relationship between health and social care. As a result of this customers health and social care needs are addressed jointly. Feedback from customers and carers are positive.