

Health and Wellbeing Board  
Strategic Delivery Plan 2013/14  
January 2014

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| <b>Priority One: Securing the foundations of good health</b>  |
| <b>Accountable Lead: Janet Dullaghan</b>  |
| <b>Aims:</b>  |
| 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"> <li>Reduced smoking rates in pregnancy from 17.7% to 16% by 2014 and to 14% by 2016</li> <li>Reduced numbers of children born with low birth rates.</li> </ul> | Public Health lead<br>Cheryl McQuire | Ongoing Quarterly Reporting against performance measures | <p>The Live Healthy Smoke free service is on track to achieve this outcome and are currently exceeding the number of quitters required to meet the trajectory</p> <p>A specialist smoke free service for pregnant women who smoke is in place at the Healthy Living Centre. We are exploring how referrals to this service can be generated by the recently established electronic referral system in use in Peterborough Hospital. Such an approach would lead to more women who smoke being identified and referred to the service.</p> <p>. 'Low birth rate' is one of the Health Improvement indicators within the Public Health Outcomes Framework.</p> <p>Latest data for Peterborough (2011) is that of all live births at term with low birth weight was 2.83%, this is similar to the England average of 2.85%.</p> | Amber |

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|        |  |   |   |  | However it is the second highest in the region, Luton stands alone at 5.30% while the lowest in the region is Norfolk 2.03%.  |     |
| 1.1.2  | Implement targeted activities to promote breastfeeding | <ul style="list-style-type: none"> <li>Increased rates of breastfeeding; The local target set by commissioners for breastfeeding initiation and prevalence of breastfeeding at 6-8 weeks is 48% initiation</li> </ul> | NHS England<br>Sharon Palmer<br>CCG Commissioners | Ongoing<br>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; overall responsibility for improving breastfeeding performance lies with the local partnership.</p> <p><b>Performance Update:</b><br/>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.</p> <p><b>Action</b></p> | Red |

| Number | Action                                | Performance Measure   | By whom  | By when                             | Progress   | RAG   |
|--------|---------------------------------------|---|--|-------------------------------------|--|-------|
|        |                                       |   |  |                                     | The low rate of breastfeeding locally is now the subject of much closer monitoring in order to improve rates in 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 | <p>Targets within healthy child programme</p> <ul style="list-style-type: none"> <li>• New birth visit within first 14 days 95%</li> <li>• Percentage of children seen for their 2 ½ year check 95%</li> <li>• Improving childhood immunisation rates; target for HPV 90% locally, 85% nationally</li> <li>• Reducing rates of obesity through the The National Childhood measurement programme(NCM P) targets for reception and</li> </ul> | <p>Sharon Palmer (NHS England HV's)<br/>Janet Dullaghan (school Nursing)</p> | Ongoing targets reporting Quarterly | <p><b>Performance Update</b><br/>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.</p> <p>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%.</p> <p>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%.<br/>HPV immunisation rates are:</p> <ul style="list-style-type: none"> <li>• 88.5% 1<sup>st</sup> dose</li> </ul> | Amber |

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|        |        | <p>year 6 children are 90% of children weighed and measured</p> |         |         | <ul style="list-style-type: none"> <li>• 88.2% 2<sup>nd</sup> dose</li> <li>• 86.7% 3<sup>rd</sup> dose</li> </ul> <p>This performance is above the national 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.</p> <p>This performance represents a Significant improvement on 2012-13 performance when performance for the 3<sup>rd</sup> dose was only just above 50%.</p> <p><b>National Childhood Measurement Programme (NCMP)</b></p> <p>95% of reception pupils and 100% of year 6 children have been weighed and measured.</p> <p>The number of children weighed and measured has continued to increase and local figures indicate that:</p> <ul style="list-style-type: none"> <li>• 10% of reception aged children being identified as overweight or obese</li> <li>• 21% of year six children identified as overweight or obese.</li> </ul> <p>The service therefore continues to be within target (11%) for reception aged children but over target (15%) for year six children.</p> <p>The NCMP data is about to be finalised and submitted so we will shortly have</p> |     |

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|        |        |                     |         |         | <p>year-end out turn performance data that is comparable with other areas.</p> <p>There is considerable activity in relation 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</p> <p>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.</p> <ul style="list-style-type: none"> <li>• 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</li> </ul> <p>Other main activity currently is local promotion and targeting of national campaigns – Change4Life (through</p> |     |

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|--------|---|--|---------------|-----------------------------|---|-------|
|        |   |  |               |                             | work with Children's Centres and schools). After Christmas will be new campaign – Foodsmart – to promote healthy eating through signing up for recipes and food vouchers.   |       |
| 1.1.4  | Implement effective programmes to reduce rates of teenage pregnancy | <ul style="list-style-type: none"> <li>• Reduce rates of teenage conceptions</li> <li>• Reduce rates of teenage mothers</li> </ul> | Public Health | Quarterly reporting on data | <p><b>Baseline Information</b><br/>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.</p> <p>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 data 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.</p> <p>Other work that is taking place includes</p> | Amber |

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|--------|--|---|-----------------|---------|--|-------|
|        |  |   |                 |         | developing programmes which work with first time teenage mums to reduce a second unplanned pregnancy<br>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. | <ul style="list-style-type: none"> <li>• Number of available child care places</li> <li>• Number of children accessing child care settings</li> <li>• Percentage of child care settings assessed as good or outstanding by OFSTED.</li> </ul> | Pam Setterfield | Ongoing | <p>The Early Years Market Sufficiency Report published in March 2013 will be updated with a further needs analysis over the next few months.</p> <p>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.</p> <p>For example, in Orton with Hampton ward, and extra 100 places were projected as being required by September 2013.</p> <p>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 Longeuvre –</p> | Amber |

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|        |        |                     |         |         | <p>based on the knowledge that many parents in Hampton already access provision in the neighbouring ward. 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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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</p> |     |

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|        |   |   |             |                                    | <p>good or outstanding. Provision in Peterborough is closing the gap with national averages. Further comparative data will be available in December 2013.</p> <p>As of 1<sup>st</sup> November 2013 based on <u>published</u> inspection reports;</p> <p>Of the 106 registered childcare providers; 6 (6% of the total) are awaiting a first inspection.<br/><u>Of those inspected</u></p> <ul style="list-style-type: none"> <li>• 18 (18% of those inspected) are graded outstanding</li> <li>• 65 (65% of those inspected) are graded good</li> <li>• 17 (17% of those inspected) are graded satisfactory</li> <li>• 49 (27% of those inspected) are graded satisfactory</li> </ul> |     |
| 1.1.6  | Continued effective implementation of the Family Nurse Partnership. | <p><b>Baseline information:</b><br/>Target for Gestational Goal: 60% of clients enrolled by 16<sup>th</sup> week;<br/>Dosage Goal: each client to received 80% of</p> | Kirsty Lynn | Quarterly reporting from FNP Board | <p><b>Performance Update:</b><br/>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:</p>  |     |

| Number | Action   | Performance Measure   | By whom     | By when    | Progress  | RAG   |
|--------|--|---|-------------|------------|---|-------|
|        |  | <p>expected visits during pregnancy;<br/>Attrition Goal: dropout rate of no more than 40% (10% in pregnancy, 20% during infancy, 10% during infancy).</p>   |             |            | <ul style="list-style-type: none"> <li>Gestational goal Achieved 70.6 % well above target of 60%</li> <li>Dosage Goal: at 69.2% this is expected to build as project is in first year of operation</li> <li>Eligible clients enrolled - 73.9% (fidelity goal 75%)</li> </ul> <p>Attrition Goal, Data not available until end of the first cohort July 2014.</p>   |       |
| 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"> <li>Number of mothers engaged in the programmes;</li> <li>Percentage of those engaging with the programmes who report an improved quality of relationship with their child.</li> </ul> | Fiona Bauke | March 2014 | <p>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.</p> <p>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.</p> <p>15 volunteers have been recruited and trained for the Connecting Mums programme as of October 2013.</p> | Amber |

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| 1.1.8  | Ensure two-year funding programme targets those most in need                                    | <ul style="list-style-type: none"> <li>Numbers of children accessing two-year funding;</li> <li>As from Sept 2013 there have been 570 two year olds accessing a two year old place</li> <li>Percentage of those identified as being eligible for a place who take up the offer;</li> <li>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.</li> <li>Narrowing the achievement gap between the most vulnerable children and all children at foundation stage</li> </ul> | Pam Setterfield / Karen Hingston | Sept 2013          | <p>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.</p> <p>Quality of provision: 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"> <li>Birth – 3 early childhood specialist to work within settings.</li> <li>Childhood specialist for inclusion to support settings for children with additional needs.</li> <li>Special Educational Needs Coordinator to work within settings to help identify and support vulnerable children.</li> </ul> |     |
| 1.1.9  | Ensure Children's Centres successfully target the most vulnerable children in our community and | <ul style="list-style-type: none"> <li>Number of children under 5 years registered with the children's centre (target of 75% of</li> </ul>  | 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:   |     |

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|--------|--|---|----------------|------------|--|-------|
|        | secure improved outcomes for them  | <p>reach community)</p> <ul style="list-style-type: none"> <li>Number of children under 5 years accessing the children's centre in each quarter (target of 30% f reach community)</li> <li>Number of targeted children and families accessing the children's centre on a quarterly basis (targets between 30% and 15%)</li> </ul> <p>Targeted families inc:<br/>           Teenage parents<br/>           Lone parents<br/>           Fathers<br/>           Black and Ethnic minorities<br/>           Gypsy and traveller families<br/>           Children and parents with a disability<br/>           Children with a CP/CIN plan<br/>           Children living in workless households</p> |                |            | <ul style="list-style-type: none"> <li>To 0 -5 strategy developed by the Early Years working groups;</li> <li>The implementation of the new Ofsted Framework for the inspection of Children's Centres;</li> <li>Current re-visioning work;</li> </ul> <p>The changing needs of Peterborough in respect of the arrival of new communities.<br/>           Consultation on future of children centres commenced December will close on 8<sup>th</sup> January 2014</p> |       |
| 1.1.10 | Ensure that families routinely provide feedback on the effectiveness of services within an | <ul style="list-style-type: none"> <li>Implementation of the Outcomes Star across all service delivery;</li> <li>Data captured</li> </ul>   | Karen Hingston | March 2014 | A programme of training for practitioners working with children and their families in use of the Outcomes Star has now commenced [as of November 2013] and performance   | Amber |

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|        | evidence based framework and that this data is used to inform service delivery | demonstrates improving effectiveness of services and is used in commissioning process.                              |                     |                     | monitoring of children's centres will include information from the use of the stars alongside more traditional measures such as OFSTED performance assessment |       |
| 1.1.11 | Deliver the Connecting Families Programme                                      | <ul style="list-style-type: none"> <li>350 families 'turned around' in the three years of the programme.</li> </ul> | 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%

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| <b>Priority Two:</b> Preventing and treating avoidable illness  |
| <b>Accountable Lead:</b> Adrian Chapman/ Cathy Mitchell   |
| <b>Aims:</b>  |
| 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"> <li>Smoking during pregnancy</li> <li>Smoking among young people</li> <li>Smoking among adults</li> <li>Reduction in exposure to secondhand smoke</li> <li>Effective communication of the harm caused by tobacco use</li> <li>Effective local enforcement of tobacco legislation</li> </ul> | 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>‘Stoptober’ campaign successfully delivered during October at various locations generating over 300 referrals to the service. Plans in place to deliver high profile “health harms” campaign in January 2014.</p> <p>The National Centre for Smoking Cessation and Training (NCSCT) referral system continues to be embedded within the hospital and since July 2013 169 referrals have been received.</p> <p>As a result of the smokefree</p> |     |

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|        |   |  |             |          | services continued improvements and performance it has been ranked among the best 15 smoking cessation services in the country following a review by the NCSCT, commissioned by Public Health England.   |     |
| 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"> <li>Number of referred adults accessing and completing physical activity programmes</li> <li>Number of referred children and families accessing and completing weight management programmes</li> <li>National Child Measurement Programme data</li> </ul> | Julian Base | Dec 2013 | <p>Change 4 Life prepared, Change 4 Life Alliance established, implementation underway.</p> <p>Physical activity pathways for adult “Let’s Get Moving” programme implemented, with a significant increase in quality of referrals from health professionals specifically through the Health Checks programme. Attendance at the follow on programme “Let’s Keep Moving” is very good and consistent. All programmes operating at full capacity. Eight more due to commence in January with confirmed attendance from 92 clients</p> <p>Child Weight Management programme (Morelife) continues to be delivered with an audit of the two most recent programmes (Nov 2013) demonstrating excellent</p> |     |

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|--------|---|---|-------------|----------|---|-----|
|        |   |   |             |          | <p>standards of delivery and a reduction in BMI's for both children and their parents- 29 families attended. Next three programmes commencing in January 2014 including a pilot in a local primary school following a review of NCMP programme data that demonstrated a high prevalence of overweight and obese children- 45 families confirmed to attend the 10 week programme.</p> <p>As part of National Obesity week (Jan 2014), Live Healthy practitioners will be delivering healthy eating sessions in 12 primary schools supported by volunteer health champions. This will coincide with the high profile Change4Life "foodsmart" campaign. Plans are in place to deliver events across a range of settings.</p> <p>Peterborough short-listed for the National Sustainable Food City Initiative.</p> |     |
| 2.1.3  | Develop health champion programme within schools, workplaces and neighbourhoods and | <ul style="list-style-type: none"> <li>Number of people accessing and completing RSPH programmes</li> </ul> | Julian Base | Dec 2013 | RSPH accreditation established. To date 300 individuals have successfully completed the Level 1 award in Health Awareness and   |     |

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|        | communities supported by RSPH health awareness programmes | <ul style="list-style-type: none"> <li>• Number of people registered as health champions</li> <li>• Number of workplaces signing Responsibility Deal</li> </ul> |         |         | <p>level 2 award in Understanding Health Improvement.</p> <p>New RSPH accredited training courses will be offered through the centre including levels 1 and 2 in Healthy Eating and Special Diets, level 2 in Understanding Behaviour Change, Level 2 in Smoking Cessation and Level 2 in Mental Health &amp; Wellbeing.</p> <p>Health champion programme implemented. The youth health champion programme continues to gain excellent engagement with 22 active champions and a further 70 YP registered to become champions. In addition 15 volunteers signed up as community health champions and 33 workplace health champions have been recruited and trained.</p> <p>In addition to the core commitments outlined with the Department of Health's Responsibility Deal a total of 9 collective pledges have been identified that will demonstrate the City Council's commitment and act as an example of good practice to other local employers.</p> |     |

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| 2.1.4  | Reduce level of non-communicable disease through NHS Health Check programme | <ul style="list-style-type: none"> <li>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</li> <li>Evaluation of programme to include Number patients with existing disease/at high risk identified; number of onward referrals to treatment/preventative services</li> <li>The programme prioritises GP practices with higher levels of deprivation and burden of</li> </ul> | Chas Ryan | April 2014 | <p>Programme established in local GP Practices, additional targeted development to further reduce health inequalities required.</p> <p>To date a total of 4,192 patients have been assessed with 517 patients receiving information to raise their awareness of Dementia. 231 patients have been identified as having a risk of developing cardiovascular disease while 241 assessed patients have been prescribed statins to lower cholesterol. In addition 72 patients have been identified as being hypertensive and 20 assessed patients as diabetics.</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>Referrals to associated service programmes have been embedded across all GP practices delivering health checks with 111 patients referred to physical activity programmes and 125 referred to weight management programmes.</p> |     |

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|        |   | 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. | <ul style="list-style-type: none"> <li>Increased understanding and awareness of healthy and seasonal foods</li> <li>Number of schools engaged to improve food and food culture</li> </ul> | Julian Base / PECT | Review Apr 2014 | Programme established in targeted schools and communities, Sustainable Cities bid for Soil Association funding submitted by PECT was unsuccessful, however as a founding partner in the programme local activity will be developed through the Food for Life programme scheduled to commence in 2014/2015. |     |

**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.

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| <b>Priority Three:</b> Healthier older people who maintain their independence for longer           |
| <b>Accountable Lead:</b> Nick Blake/ Ewan Kelsall  |
| <b>Aims:</b>   |
| 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 |
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| 3.1.1  | Ensure the transformation of Adult Social Care leads to better outcomes for customers | <ul style="list-style-type: none"> <li>• New front door established</li> <li>• Better access to information and advice</li> <li>• Better preventative offer in place</li> <li>• Greater access to reablement and transition services</li> <li>• Refocused personalisation offer for people who need longer term support</li> </ul> | Tina Hornsby, Debbie McQuade, | March 2013 | Transformation in progress.  |     |
| 3.1.2  | Deliver a dementia resource centre for The City                                       | <ul style="list-style-type: none"> <li>• Improved outcomes for people with dementia and their carers</li> <li>• Higher carer satisfaction</li> </ul>   | Nick Blake                    | 01.03.13   | DRC procurement completed, and new services being implemented. Building refurbishment to begin in Q4 13/14 with likely completion by July 2014 |     |

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| 3.1.3  | Agree and implement the joint health and social care carers strategy | <ul style="list-style-type: none"> <li>Better outcomes for carers</li> <li>% increased of carers recognised and supported</li> <li>% increase in carer satisfaction in annual national survey</li> </ul>  | Nick Blake  | 31. 03.13 | Strategy completed and published (November 2013), implementation ongoing through Strategy Working Group.<br>Carers Prescription Service has gone Live Jan 14 across both LCG;s |     |
| 3.1.4  | New transport options delivered for ASC customers                    | <ul style="list-style-type: none"> <li>More personalised transport options in place</li> <li>Better use of community options</li> <li>Better use of contracted services (less down time for vehicles)</li> <li>Better co-ordination across all transport commissioned by PCC</li> </ul> | Nick Blake  | 31.03.13  | New relationship begun with Enterprise as transport partner.<br><br>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"> <li>New home care services in place</li> </ul>   | Nick Blake,<br>Terry Prior,<br>Mubarak Darbar,<br>Serco |           | Procurement process completed – new framework start date of 20 January 2014.   |     |

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|        |  |   | contracts and procurement team |          |  |     |
| 3.1.6  | To develop a Market Position statement for ASC commissioning | <ul style="list-style-type: none"> <li>Statement written and published</li> <li>Providers understand the commission intentions for ASC in Peterborough</li> </ul> |                                | 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

|  |
|--|
| <b>Priority Four:</b> Supporting good mental health  |
| <b>Accountable Lead:</b> Terry Prior/ John Ellis/Cathy Mitchell/Janet Dullaghan  |
| <b>Aims:</b>   |
| 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"> <li>CQUIN milestones</li> </ul>                                   | John Ellis | April 2014 | <p>Review Group meets monthly – current work includes:-</p> <ul style="list-style-type: none"> <li>Revised referral guidelines for GPs to ensure appropriate referrals and effective use of the ARC;</li> <li>Formalise the process for referrals from 111 line and other agencies</li> <li>Local GP mh lead Dr Panday to visit ARC weekly to support triage process and identify further referral support and advice needed by local GPs</li> </ul> <p>Further workshops planned locally early 2014 on management of mental health problems and referral process</p> <p>Good progress being made with key milestones and actions.</p> | A     |
| 4.1.2  | Re-establish local suicide prevention group       | <ul style="list-style-type: none"> <li>Suicide prevention Group reconvened September 2013</li> </ul> | Dr Panday  | April 2014 | <p>Links to Local Mental Health Stakeholder Group and County Wide Group</p> <p>East of England bid submitted for resources to support implementation</p>   | Green |

| Number | Action   | Performance Measure   | By whom         | By when | Progress  | RAG |
|--------|--|---|-----------------|---------|---|-----|
|        |  | <ul style="list-style-type: none"> <li>• Bi monthly meetings</li> <li>• High Risk Groups identified</li> <li>• Training Programme identified</li> <li>• Police implemented Training Programme this will be extended to Court Staff</li> <li>• Local protocol for dealing with suicide presentation being developed</li> <li>• Wider Wellbeing agenda to be developed</li> </ul> |                 |         | <p>plan<br/>           Detailed Implementation Plan to be agreed.</p> <p>Good progress being made but may require further capacity and resource.</p>                            |     |
| 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.<br>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 | <ul style="list-style-type: none"> <li>• Number of children and young people accessing Tier 2 services within the city</li> <li>• Waiting times between point of referral and child first being seen within tier 2 services;</li> <li>• Waiting time from assessment appointment to treatment;</li> <li>• Clinical outcomes measures show improvements</li> </ul> | Janet Dullaghan<br>Rachel Gomm<br>CPFT.<br>CCG<br>commissioner |         | <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>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.</p> <p>Tier 2<br/>3 T's service. (short term counselling)<br/>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.<br/>The service is small with a current</p> | A   |

| Number | Action  | Performance Measure   | By whom             | By when | Progress   | RAG |
|--------|---|---|---------------------|---------|--|-----|
|        |   | <p>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"> <li>• Referrals to tier 3 and 4 services is reduced.</li> <li>• Use of the Child and Young Person Outcomes Star as these become available to measure effectiveness of services in building resilience; Feedback from schools</li> </ul> |                     |         | <p>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</p> <p>CPFT<br/>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.<br/>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 &amp; 2 advice. SOP, Standard Operating Procedure being developed for school nurses for Self Harm and Emotional Difficulties.<br/>Tier 2 service important for commissioned multi agency offer to be clear.</p> <p>Progress is being made but it would appear further capacity and clarity is required regarding care pathways.</p> |     |
| 4.1.5  | Tier 3 CAMH services are commissioned such that | <ul style="list-style-type: none"> <li>• Number of children and young people referred to the</li> </ul>   | Rachel Gomm<br>CPFT |         | <p>CPFT<br/>Progress: commissioners agreed to CAPA/CYP IAPT; Transitions CQUIN info &amp; CAMHS met CQUIN waiting list target by</p>   | 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;<br><ul style="list-style-type: none"> <li>• Percentage of referrals to tier 3 service resulting in appointments being offered and kept;</li> <li>• Waiting time between referral and first appointment</li> <li>• Waiting time between assessment appointment and treatment;</li> <li>• Clinical outcomes measures show demonstrable impact of intervention;</li> <li>• Reduced numbers of children and young people admitted to hospital</li> </ul> |         |         | 31/10/13<br>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.<br><br>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:<br>Suicide Strategy<br>Development Public Health MH Strategy<br>Police MH Strategy<br>MH Employment Strategy<br>Accommodation Strategy<br>Joint CCG MH Strategy | <ul style="list-style-type: none"> <li>Strategy includes Objectives and Desired Outcomes</li> <li>Strategy includes a range of change initiatives. The resource for these change initiatives has been identified and impact for stakeholders stated.</li> </ul> | T. Prior / Dr. S Panday     | March 2014   | <p>Finalising of Objectives and Outcomes delayed</p> <p>Progress is reported to Stakeholder Group bi – monthly.</p> <p>Good progress being made now need to finalise with stakeholder’s key priorities, objectives and outcomes. These to be reflected in a number of change initiatives.</p>   | A       |                 |                       |                             |  |  |  |  |  |
| 4.1.7   | Revising policy on parents and carers with mental health problems  | <ul style="list-style-type: none"> <li>Identification of number of parents and carers</li> <li>Identification of numbers of children</li> </ul>   | 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> <p>Table 1 Data from Audit</p> <table border="1"> <thead> <tr> <th>Name of</th> <th>Number Families</th> <th>Is there a connection</th> <th>People from audit that need</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Name of | Number Families | Is there a connection | People from audit that need |  |  |  |  |  |
| Name of | Number Families  | Is there a connection   | People from audit that need |  |   |         |                 |                       |                             |  |  |  |  |  |
|         |  |   |                             |  |   |         |                 |                       |                             |  |  |  |  |  |

| Number        | Action  | Performance Measure   | By whom   | By when                        | Progress  | RAG           |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
|---------------|---|---|---|--------------------------------|---|---------------|----------|--|---|------|---|---------------|---|------|---|--|---|------|---|-------------------------|--|------|---|-------------|---|------|---|-------------------------------|--|------|---|--------------|--|------|---|--|---|--|
|               |   |   |   |                                | <table border="1"> <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<br/><br/>(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<br/>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<br/>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> <p>Policy agreed but we lack regular data and follow up Need to establish an implementation plan for the revised policy.</p> | Social Worker | involved | with Children and Families (statutory) or CAF(non statutory) | discussion in terms of CAF<br><br>(Other people have no concerns in terms of risk or need to complete CAF)) | SW 1 | 3 | 1 - statutory | 2 | SW 2 | 3 |  | 1 | SW 3 | 9 | 2 – CAF<br>7- Statutory |  | SW 4 | 4 | 2-statutory | 2 | SW 5 | 2 | 1 Young Carers<br>2 Statutory |  | SW 6 | 2 | 2- Statutory |  | SW 7 | 2 |  | 1 |  |
| Social Worker | involved  | with Children and Families (statutory) or CAF(non statutory)  | discussion in terms of CAF<br><br>(Other people have no concerns in terms of risk or need to complete CAF)) |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 1          | 3   | 1 - statutory   | 2   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 2          | 3   |   | 1   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 3          | 9   | 2 – CAF<br>7- Statutory   |   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 4          | 4   | 2-statutory   | 2   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 5          | 2   | 1 Young Carers<br>2 Statutory   |   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 6          | 2   | 2- Statutory  |   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| SW 7          | 2   |   | 1   |                                |   |               |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |
| 4.1.8         | Developing a specific and holistic re-ablement response within mental health services that incorporates | <ul style="list-style-type: none"> <li>No of people accessing the service</li> <li>No of referrals by political ward</li> </ul> | CPFT  | Monthly performance management | <p>Re-ablement is a key development area under discussion between ASC and CPFT.</p> <p>No data available</p> <p>This aspect is currently subject to</p>   | R             |          |  |   |      |   |               |   |      |   |  |   |      |   |                         |  |      |   |             |   |      |   |                               |  |      |   |              |  |      |   |  |   |  |

| Number | Action  | Performance Measure | By whom | By when | Progress                    | RAG |
|--------|---|---------------------|---------|---------|-----------------------------|-----|
|        | BME and hard to reach communities<br><br>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 of 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"> <li>Improved working between Local Authority and Health</li> </ul>   | Sue Jestice            | Dec 2013   | <p>150 people trained in the use of the JFT and CHC process. (2014) 200 People trained with 50 further in Joint funding tool.</p> <p>Increase 15% of patients with MH and LDP receiving joint funding. 2014 20% patients receiving JF.</p> <p>Improved knowledge of CHC process and increase in numbers being found eligible to receive CHC 100% health funding.</p> | Green |
| 5.1.2  | Quarterly Transition Meetings between LA and health   | <ul style="list-style-type: none"> <li>Children with complex health needs are identified at 16 and CHC assessed or reviewed prior to 18<sup>th</sup> birthday and transfer to adult services</li> </ul> | Sue Jestice            | On going   | <p>Assessment being completed within agreed time period.</p> <p>Smoother transition to adult services.</p> <p>2014. Regular Meetings held monthly to identify and promote an earlier transition.</p>   |       |
| 5.1.3  | Ensure the delivery of a range of short break   | <ul style="list-style-type: none"> <li>Number of children and</li> </ul>  | Janet Dullaghan/Carrie | March 2013 | Baseline and Performance information:  | Green |

| Number | Action   | Performance Measure   | By whom | By when | Progress   | RAG |
|--------|--|---|---------|---------|--|-----|
|        | services that reduce or delay the need for more specialist services; needs | young people accessing Short breaks: <ul style="list-style-type: none"> <li>• Number of Short Break sessions delivered across the city</li> </ul> | Gamble  |         | <p>Over the last year there were over 300 registrations for commissioned services/activities in addition there are:</p> <ul style="list-style-type: none"> <li>• 32 receiving direct payments</li> <li>• 6 receiving link care</li> <li>• 26 receiving short breaks at Cherry Lodge</li> </ul> <p><b>Performance Update:</b><br/>Work is underway to develop an 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 .</p> <p>'0-19 activities', '8-19 activities, 'Disability Sports', Siblings (emotional health and well being)' and 'Information, Advice and Guidance'.</p> <p>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.</p> |     |

| Number | Action   | Performance Measure   | By whom | By when    | Progress  | RAG   |
|--------|--|---|---------|------------|---|-------|
|        |  |   |         |            | <p>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.</p> <p>The Short Breaks 'capital' allocation has been utilised.</p> <p>Direct payments actively encouraged at CWD.</p> <p>Consultation with parent/carer forums, linked to "Healthwatch".</p> <p>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.</p> <p>Feedback about the effectiveness of services; contract monitoring includes children, young people and families reporting positive experiences from their own understanding.</p> |       |
| 5.1.5  | Improve transitional arrangements for young people with disabilities and continuing care | <ul style="list-style-type: none"> <li>Children with complex health needs are identified</li> </ul> | 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   | Amber |

| Number | Action  | Performance Measure   | By whom             | By when       | Progress  | RAG |
|--------|---|---|---------------------|---------------|---|-----|
|        | needs;  | <p>at 16 and CHC assessed or reviewed prior to 18<sup>th</sup> birthday and transfer to adult services</p> <ul style="list-style-type: none"> <li>• Smooth transition between 14 to 25</li> </ul> |                     |               | <p>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.</p> <p>1, ASC cannot take children for transitions until 17 however the CHC and CSC/ASC working group making good progress.</p> <p>2. ASC threshold changed to substantial and critical. Children services working to different thresholds.</p> |     |
| 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       | <ul style="list-style-type: none"> <li>• 95% completion</li> </ul>  | DG                  | 31 March 2014 | <p>Q13 data identifies 93 health checks out of 343 completed.</p> <p>Q4 is when the greatest number of health checks are done.</p>  |     |
| 5.1.8  | Commission a learning disability  | <ul style="list-style-type: none"> <li>• Accommodation strategy</li> </ul>  | Mubarak Darbar      | 30 September  | Meeting local and partner Registered Social Landlords's   |     |

| Number | Action   | Performance Measure  | By whom        | By when                     | Progress   | RAG |
|--------|--|--|----------------|-----------------------------|--|-----|
|        | accommodation strategy to establish robust pathways into independent accommodation.  | approved by various boards and pipeline re housing needs to the procurement phase  |                | 2013                        | working in partnership to find housing solutions.  |     |
| 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"> <li>New model approved by various boards and the implementation phase underway.</li> </ul>  | Mubarak Darbar | 31 <sup>st</sup> March 2014 | Cabinet approved on the 16 <sup>th</sup> December 2013 to go to consultation on the recommendations to remodel outdated and traditional day 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.                           | <ul style="list-style-type: none"> <li>Development of Single Plan and Local Offer</li> </ul> <p><b>Baseline Data:</b><br/><u>July '12:</u></p> <ul style="list-style-type: none"> <li>23.9% of children identified as having SEN in Peterborough; national average was 19%; stat neighbour average was 19.2%.</li> <li>4% of children</li> </ul> | Jonathan Lewis | September 2015              | <p><b>Performance Update:</b><br/><u>July 13:</u></p> <ul style="list-style-type: none"> <li>22.6% of children identified has having SEN in Peterborough; national average is 18.6%</li> <li>3.8% of children and young people have a statement of SEN in Peterborough; national average is 2.8%.</li> </ul> <p>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</p> |     |

| Number | Action | Performance Measure  | By whom | By when | Progress   | RAG |
|--------|--------|--|---------|---------|--|-----|
|        |        | and young people had a statement of SEN in Peterborough; national average was 2.8%; stat neighbour average was 2.9%. |         |         | <p>average of 5.8% but above stat neighbour average of 4.2%).</p> <p>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.</p> <p>Workshops for parents and professionals to be held in November 13 to shape the local offer for children and young people with SEND.</p> |     |

**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