

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.	<ul style="list-style-type: none"> 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	<p>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.</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 2.8%, 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</p>	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	<ul style="list-style-type: none"> 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	<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>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.</p> <p>Action The low rate of breastfeeding locally is now the subject of much closer monitoring in order to improve rates in</p>	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	<p>Targets within healthy child programme</p> <ul style="list-style-type: none"> • 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(NCM P) 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	<p>Performance Update</p> <p>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%.</p> <p>HPV immunisation rates are:</p> <ul style="list-style-type: none"> • 88.5% 1st dose • 88.2% 2nd dose • 86.7% 3rd dose <p>This performance is above the national</p>	Amber

Number	Action	Performance Measure and measured	By whom	By when	Progress	RAG
					<p>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 3rd dose was only just above 50%.</p> <p>National Childhood Measurement Programme (NCMP)</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"> • 10% of reception aged children being identified as overweight or obese • 21% of year six children identified as overweight or obese. <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 year-end out turn performance data that is comparable with other areas.</p> <p>There is considerable activity in relation</p>	

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					<p>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"> • 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 <p>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</p>	

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	<ul style="list-style-type: none"> • Reduce rates of teenage conceptions • Reduce rates of teenage mothers 	Public Health	Quarterly reporting on data	<p>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.</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. Other work that is taking place includes developing programmes which work with first time teenage mums to reduce a second unplanned pregnancy</p>	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.	<ul style="list-style-type: none"> • 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	<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 Longueville – based on the knowledge that many parents in Hampton already access provision in the neighbouring ward.</p>	Amber

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					<p>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 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</p>	

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					<p>national averages. Further comparative data will be available in December 2013.</p> <p>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.</p> <p>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</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					<p>childminders had signed up to take funded children by the end of January 2014.</p> <p>As of 1st 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. <u>Of those inspected</u></p> <ul style="list-style-type: none"> • 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 <p>Recent Ofsted Data released 4th March 2014 shows that inspections for the period 1st September 2012 and 31st October 2013;</p> <ul style="list-style-type: none"> • Childcare on non-domestic premises; 75% are graded good or above (nationally 67%) <p>If this is looked at across <u>All</u> provision to include childminders this figure does</p>	

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					<p>drop slightly but shows a slight improvement on the inspection grades of All provision between 1st Sept 2012 – 31st Aug 2013 figures of 1%</p> <ul style="list-style-type: none"> All provision 68% graded good or above (national this figure is 67%) <p>This is also an improvement of inspection grades for childminders for the same period with an increase of 2%</p> <ul style="list-style-type: none"> 59% < 61% 	
1.1.6	Continued effective implementation of the Family Nurse Partnership.	<p>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</p>	Kirsty Lynn	Quarterly reporting from FNP Board	<p>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:</p> <ul style="list-style-type: none"> 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%) <p>Attrition Goal, Data not available until end of the first cohort July2014.</p>	

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		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.	<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. 	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
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; • 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	<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</p>	

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		<p>identified as being eligible for a place who take up the offer;</p> <ul style="list-style-type: none"> • 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 			<p>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. • Special Educational Needs Coordinator to work within settings to help identify and support vulnerable children. <p>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.</p> <p>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.</p> <p>In terms of recent performance, the actual number of two-year-olds confirmed to be eligible and offered a funded placed during Autumn</p>	

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					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	<ul style="list-style-type: none"> 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% of 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	<p>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:</p> <ul style="list-style-type: none"> 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; <p>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</p> <p>The children's centre consultation was completed on 8 January 2014 and has</p>	

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		<p>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</p>			<p>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.</p> <p>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.</p> <p>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.</p>	
1.1.10	Ensure that families routinely provide feedback on the effectiveness of services within an evidence based	<ul style="list-style-type: none"> Implementation of the Outcomes Star across all service delivery; Data captured demonstrates 	Karen Moody	Sept 2014	<ul style="list-style-type: none"> 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

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	framework and that this data is used to inform service delivery	improving effectiveness of services and is used in commissioning process.			<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<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 	Julian Base	Quarterly review	<p>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.</p> <p>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.</p> <p>Most recent data has demonstrated</p>	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	<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 management programmes • National Child Measurement Programme data 	Julian Base	Quarterly review	<p>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.</p> <p>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.</p> <p>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.</p>	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	<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	Quarterly review	<p>The Youth Health Champion programme continues to gain excellent engagement, with RSPH accredited training and operation Smokestorm training being delivered.</p> <p>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</p>	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	<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 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
		<p>onward referrals to treatment/ preventative services</p> <ul style="list-style-type: none"> 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.	<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	Quarterly review	<p>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.</p> <p>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.</p>	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	<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,	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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Better outcomes for carers % increased of carers recognised and supported % increase in carer satisfaction in annual national survey 	Nick Blake	31. 03.13	<p>Strategy completed and published (November 2013), implementation ongoing through Strategy Working Group.</p> <p>Carers Prescription Service has gone live Jan 14 across both LCG's.</p> <p>Carers Support Service is currently out to procurement – this is a whole lifespan service for both young carers and adult carers.</p>	
3.1.4	New transport options delivered for ASC customers	<ul style="list-style-type: none"> More personalised transport options in place Better use of community options Better use of contracted services (less 	Nick Blake	31.03.13	<p>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.</p> <p>ASC is working with VCS partners</p>	

Number	Action	Performance Measure	By whom	By when	Progress	RAG
		<p>down time for vehicles)</p> <ul style="list-style-type: none"> Better co-ordination across all transport commissioned by PCC 			on a sustainable transport bid.	
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		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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
		<ul style="list-style-type: none"> • 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 			<p>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.</p> <p>The bid is a non-recurrent fund and sustainability of beneficial work needs to be consolidated by April 2015.</p> <p>Public Health input locally is an essential requirement.</p> <p>Older people procurement is ongoing but once established the suicide prevention and mental health wellbeing connection with the successful bidder will be very important.</p> <p>Suicide prevention work for children will be addressed via the Emotional Wellbeing and Mental Health Strategy for Children and Young People 2014-2016.</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. 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"> • 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		<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 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</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"> • 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 			<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 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.</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"> • Number of children and young people referred to the 	Rachel Gomm CPFT		<p>CPFT Progress: commissioners agreed to CAPA/CYP IAPT; Transitions CQUIN info & 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; <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> 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	<p>Stakeholder group has agreed priorities</p> <p>Progress is reported to Stakeholder Group bi – monthly.</p> <p>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"> 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> <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					
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4.1.8	Developing a specific and holistic re-ablement response within mental health services that incorporates	<ul style="list-style-type: none"> No of people accessing the service No of referrals by political ward 	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 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: 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	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
					<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>	
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> <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 services that reduce or delay the need for more specialist services; needs	<ul style="list-style-type: none"> Number of children and young people accessing Short breaks: Number of Short Break sessions delivered across the city 	Janet Dullaghan/Carrie Gamble	March 2013	<p>Baseline and Performance information:</p> <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"> 32 receiving direct payments 6 receiving link care 26 receiving short breaks at Cherry Lodge <p>Performance Update: Work is underway to develop an</p>	Green

Number	Action	Performance Measure	By whom	By when	Progress	RAG
					<p>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> <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. Direct payments actively encouraged at CWD.</p> <p>Consultation with parent/carer</p>	

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;	<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 • 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	<ul style="list-style-type: none"> 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.	<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	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	<ul style="list-style-type: none"> New model approved by various boards and the implementation 	Mubarak Darbar	31 st March 2014	Cabinet approved on the 16 th 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.	<ul style="list-style-type: none"> Development of Single Plan and Local Offer <p>Baseline Data: <u>July '12:</u></p> <ul style="list-style-type: none"> 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	<p>Performance Update: <u>July 13:</u></p> <ul style="list-style-type: none"> 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%. <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 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</p>	

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