

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8
26 MARCH 2015		PUBLIC REPORT
Contact Officer(s):	Helen Gregg, Commissioner, Communities Directorate	Tel. 863618

EXCEPTION REPORT: HEALTH & WELLBEING BOARD ACTION PLAN PROGRESS UPDATE

R E C O M M E N D A T I O N S	
FROM : Health & Wellbeing Programme Board Chair, Wendi Ogle-Welbourn	Deadline date : N/A
The Board is asked to consider the progress made against the action plan and comment accordingly.	

1. ORIGIN OF REPORT

- 1.1 This exception report is submitted to the Health & Wellbeing Board (HWB) following a request from the HWB Chair to regularly report on action plan progress, following the LGA led peer review held in February 2014.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to update HWB members with regard to progress, outlining any issues and challenges, since the last update report provided at the HWB meeting held on 11 December 2014.

3. BACKGROUND AND UPDATE

- 3.1 Following consultation with Health & Wellbeing Programme Board members (HWPB) on 4 March 2015, it has been decided to reformat the action plan to allow for the following:
- Outline the overall desired outcomes and performance indicators for each theme
 - Change the themes to reflect the current work programmes and priorities
 - Allow more text space for comprehensive updates on all actions

- 3.2 The revised themes and leads are summarised below:

Theme Number and Focus	Lead
Theme 1: Children and Young People	Lou Williams Service Director, Childrens Services and Safeguarding
Theme 2: Better Care Fund	Will Patten Assistant Director, Adults Commissioning
Theme 3: Health Protection	Dr Liz Robin Director of Public Health
Theme 4: Joint Strategic Needs Assessment (JSNA)	Dr Liz Robin Director of Public Health
Theme 5: Health & Wellbeing Board Development and Scrutiny	Wendi Ogle-Welbourn Corporate Director, People and Communities

3.3 An example layout of the revised action and delivery plan:

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

Performance Narrative
<p>In the June 2013 Spending Round, the Government announced the creation of a £3.8bn Better Care Fund. The Better Care Fund (BCF) is a single pooled budget between the Local Authorities and CCGs to support health and social care services to work more closely together in local areas. Peterborough City Council (PCC) worked collaboratively on developing its resubmission with Cambridgeshire County Council (CCC), PSHFT, CCG, UnitingCare Partnership (UCP) and the voluntary sector.</p> <p>On 6 February 2015, NHS England wrote to inform us that our BCF Plan had been approved. Approval of the plan follows intensive work by colleagues and we are grateful to all of those that have contributed to the plan. The approval letter noted that ‘it is clear that your team and partners have worked very hard over the last few months, making valuable changes to your plan in order to improve people’s care... your plan is strong and robust and we have every confidence that you will be able to deliver against it.’</p>
Next Steps
<p>Now that approval has been granted, partners from across the local system will step up work on implementation of the BCF, including preparation and approval of the necessary ‘section 75’ partnership agreement, which allows for pooled budgets between health organisations and local authorities.</p> <p>Formal arrangements for the BCF are expected to be in place by April 2015. However, joint implementation planning workshops have already been scheduled for our five priority Projects with attendees drawn from PCC, CCC and other delivery partners (including UCP).</p> <p>The five priority projects identified in the BCF plan:</p> <ol style="list-style-type: none"> 1. Data sharing: to deliver an effective and secure joint approach to data sharing across the whole system, enabling improved co-ordination and integration of services for adults and older people; 2. Seven day working: to expand seven day working to ensure discharge planning is undertaken according to patient need, not organisational availability; 3. Person centred system: to enhance and improve person centred care across the entire system, ensuring that care and support is planned and co-ordinated by Integrated Neighbourhood Teams (MDT) working alongside individuals at risk of becoming frail or requiring high cost services in the future;

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| <p>4. Information, communication and advice: to develop and deliver high quality sources of information and advice based on individuals' needs as opposed to organisational boundaries; and</p> <p>5. Ageing healthily and prevention: to develop community based preventative services to support and enable older people in particular to enjoy long and healthy lives and feel safe within their communities.</p> |
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These projects will build on existing work across the system wherever possible.

<p>Key Considerations</p> <ul style="list-style-type: none"> • Approval of the Section 75 partnership agreement

- 3.4 HWB members are asked to approve the revised themes/leads and the proposed future action and delivery plan template. If approved, a current and complete action and delivery plan report will be submitted at the next HWB meeting in June 2015.

4 CURRENT CHALLENGES AND ISSUES

- 4.1 In addition to the action and delivery plan format update, the HWPB would also like to update the HWB on two of the key issues from the action plan and progress undertaken against these key issues, since the last exception report was presented.

4.2 Cardiovascular Disease (CVD)

- 4.2.1 Public Health held a CVD workshop for partners on 30 January 2015 which focused on the three previously agreed workstreams and considered local prevalence of CVD, underlying factors and wider determinants. The NICE guidance for the prevention of CVD was also reviewed to enable attendees to consider where the focus should be and to scope opportunities.

- 4.2.2 The majority of attendees agreed that a population-based approach to prevention should be adopted and that the programme should be linked with existing strategies for targeting people at particularly high risk of CVD. The workshop also identified the scope to improve treatment pathways and outcomes for CVD.

- 4.2.3 Next steps: establishment of a public health board to lead on the development and implementation of the CVD strategy and JSNA and provide oversight and direction for future workstream groups

4.3 Child and Adolescent Mental Health Service (Camhs)

- 4.3.1 The Camh service has been a year on year increase in referrals. The Cambridgeshire and Peterborough Foundation Trust (CPFT) have looked at different ways of working to address this by redesigning pathways and raising eligibility. Despite this, waiting times for Cognitive Behaviour Therapy (CBT) and general Camh services are over a year for some children. With only 66% of children seen within the 18 week target, this currently equates to 43 children and young people.

- 4.3.2 In addition to this there are also long waits for Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals, partly due to an increase in child population and the CPFT reporting that demand is outstripping capacity.

- 4.3.3 The contract provides for a "deep-dive" exercise as the first response to a reported activity increase on this scale. This was agreed by the CCG with the aim to understand the reasons for this increase, and agree what steps need to be taken to restore Camh services to a sustainable footing.

- 4.3.4 The deep dive exercise looked at the increase in referrals and the findings set out current Camh service efficiency improvements and future proposals. It includes reference to the

work that Camhs are already doing to enhance capacity at tier 2, by training the children's workforce, providing supervision, supporting professionals in schools, delivering the Camhs champions model and supporting the development of a single point of contact function for referrals into emotional wellbeing and mental health services.

4.3.5 As a result of the findings, a summit has been arranged for 12 March, with all partners, to develop an action plan which will focus primarily on:

- Supporting children and young people with mental health needs - build system wide engagement, enhance and build capacity in early intervention, build community resilience and self-help guidance
- Increase skills and competencies of the wider workforce, ensuring a system wide good understanding of how to identify early signs of mental health needs and to prevent escalation

4.3.6 The CCG have agreed to invest to develop and address the current waiting times.

5. **KEY CONSIDERATIONS**

5.1 In summary, the HWB are asked to consider and approve the following:

- The revised format of the action and delivery plan with a view to a current and complete plan being presented at the next board meeting in June 2015