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PETERBOROUGH
CITY COUNCIL

HEALTH AND WELLBEING BOARD

MONDAY 21 JANUARY 2013, 2.00 PM

Bourges/Viersen Room - Town Hall
Contact – Alexander.daynes@peterborough.gov.uk, 01733 452447

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Committee Members:
Cllr M Cereste (chairman), Cllr W Fitzgerald (vice chairman), Cllr S Scott, Cllr J Holdich, Gillian Beasley, David Whiles (LINk), Dr M Caskey, Dr R Withers, Dr P van den Bent, Terry Rich, Dr A Liggins; Andy Vowles; Cathy Mitchell; Sue Westcott

Substitutes: Dr Neil Sanders and Dr Harshad Mistry

Further information about this meeting can be obtained from Alex Daynes on telephone (01733) 45244701733 452447 or by email alexander.daynes@peterborough.gov.uk alexander.daynes@peterborough.gov.uk

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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD
HELD AT THE TOWN HALL, PETERBOROUGH ON 24 SEPTEMBER 2012

Members Present: Councillor Marco Cereste – Leader of the Council (Chairman)
Councillor Wayne Fitzgerald – Cabinet Member for Adult Social Care (Vice Chairman)
Councillor Sheila Scott – Cabinet Member for Children's Services
Councillor John Holdich – Cabinet Member for Education, Skills and University
Gillian Beasley, Chief Executive, PCC
Malcolm Newsam, Executive Director Children's Services, PCC
Terry Rich, Director of Adult Social Care, PCC
Dr Andy Liggins, Director of Public Health, PCC
Dr Paul van den Bent, LCG/CCG Representative
Dr Mike Caskey, GP Commissioning Group
Dr Richard Withers, Borderline GPs
Louise Ravenscroft, Peterborough LINk – Pathfinder Local HealthWatch

Also in Attendance: Tim Bishop, Assistant Director Strategic Commissioning, PCC
Nick Blake, Adult Social Care Transformation Manager, PCC
Bob Dawson, Independent Consultant, Health and Wellbeing
Alex Daynes, Senior Governance Officer, PCC
Dorothy Gregson, Chief Executive Cambridgeshire Police Authority
Sue Mitchell, Assistant Director Public Health
Wendi Ogle-Welbourn, Assistant Director, PCC
Kim Sawyer, Head of Legal Service, PCC
Andy Vowles, Chief Operating Officer, Cambridgeshire & Peterborough Clinical Commissioning Group

Item	Discussion and Decision	Action
1. Apologies for Absence	Apologies for absence were received from David Whiles (Peterborough LINk – Pathfinder Local HealthWatch).	
2. Declarations of Interest	None.	
3. Minutes of the Setup Meeting held on 18 June 2012	The minutes of the meeting held on 18 June 2012 were approved as a true and accurate record.	
4. Transition Updates	c) Public Health The Director of Public Health presented information updating the Board on the progress of the transition of public health services to the council including: • The Director of Public Health will report to the Chief Executive who will be responsible for overall Public Health policy; • A plan is being developed which locates the delivery of public health functions within the Council's Operations Directorate; and • The Health & Well Being Board would be responsible for setting overall Public Health priorities in line with the Health & Well Being	

	strategy and Public Health outcomes framework. Comments and responses to questions included: • Performance indicators would show health status in the city in order to target work; • One clinical commissioning group (CCG) would be created with a Cambridgeshire Public Health team and Peterborough Public health team; • The health strategy would detail how to tackle the main health issues; and • All partners must be involved in tackling health issues but significant health improvements may take 10 years to see results. a) Regional and National Developments The Chief Operating Officer of the Clinical Commissioning Group (CCG) addressed the Board updating it on developments including: • Establishment of a national Commissioning Board with four regions – here will be Midlands and East; and • The National Commissioning Board would be responsible for overseeing and ensuring the development of the CCGs. Comments and responses to questions included: • Services for under-5 year olds would be the responsibility of the National Commissioning Board until 2014 or 2015. b) Clinical Commissioning Group The Chief Operating Officer of the Clinical Commissioning Group (CCG) reaffirmed to the Board that the plan remains for there to be a single CCG for Cambridgeshire and Peterborough, divided into eight local commissioning groups (LCGs), with two (Peterborough City and Borderline) relating to Peterborough and to this Health & Well Being Board. Comments and responses to questions included: • There would be a need to ensure that the CCG retained a clear focus on the particular issues facing Peterborough; and • There was still some uncertainty around which services would be commissioning or directed by the National Commissioning Board.	
5. Joint Strategic Victim and Offender Needs Assessment	The Chief Executive of Cambridgeshire Police Authority introduced a report on the Police Authority's strategic plans to enable completion of the county's first Police and Crime Plan by March 2013 using a Victim and Offender Needs Assessment as an evidence base. The need to ensure partnership working was highlighted along with the need for the Board to consider how to engage with the Police and Crime Commissioner Comments and responses to questions included: • There will be one Commissioner for the whole Cambridgeshire and Peterborough area; • Local priorities were needed but also area wide priorities; • Local and regional work should be coordinated together with partners; and	

	• Some issues such as drugs and alcohol cross the responsibilities of Health and Wellbeing Boards and Community Safety Partnerships.	
6. Children's Safeguarding Annual Report	The Executive Director Childrens' Services introduced a report on the Safeguarding Children Board's annual report and business plan for the Board to consider and comment on. Comments and responses to questions included: • The Board is multi-agency, recognising that Safeguarding Children is a shared responsibility – not just the Council's; • All partners on the Board were responsible for safeguarding work; • To address current safeguarding issues work was needed to strengthen the effectiveness of the Board; and • Must ensure all partners can participate and play a role.	
7. Health Watch Ambassador	The Executive Director Childrens' Services introduced a report to obtain the Board's views on the employment of a Health Watch Ambassador for children, highlighting that there were currently 11 ambassadors across the region, they were trained by the Prince's Trust and the funding for them would be shared. Comments and responses to questions included: • It was unclear whether the Ambassador would be employed by the Prince's Trust; • The recommendations of the report state that the host would be Local Health Watch, the CCG or the Local Authority, not the Prince's Trust; and • No discussions yet with the Local Health Watch. **ACTION:** More information needed on hosting and funding before agreeing a way forward.	MN
8. Health and Wellbeing Strategies	The Independent Consultant, Health and Wellbeing and the Assistant Director Public Health introduced a report on the Health and Wellbeing Strategy for Peterborough and compared it to progress made in Cambridgeshire including: • Both documents were being consulted on; • Five priorities identified for Peterborough; • Strong and clear outcomes needed for the strategy; and • Equality Impact Assessments needed once strategy finalised. Comments and responses to questions included: • A clear set of outcomes needed for this Board to monitor; • Public could be reminded again that the document was out for consultation; • Some priorities have remained the same for many years; • Commissioners of services must show how they will address priorities once identified; and • Focus needed on a few priorities to achieve results and focus resources to best effect. **ACTIONS:**	

	1. Remind wider public about the opportunity to contribute to the strategy consultation; 2. Present the proposed final Health and Wellbeing Strategy to the next meeting for approval.	SM/BD SM/BD
9. Board Development	The Assistant Director Public Health introduced a report on ways to develop the work of the Board and to update the Board on the simulation event held in Cambridge. Comments and responses to questions included: • Arrange a Leadership Academy session with Local Government Association; • Review Membership of the Board in January; • New ways of working, not just full Board meetings needed; • Establish links to other partners and groups; and • This Board must achieve results. **ACTIONS:** 1. Arrange a Leadership Academy session with Local Government Association; and 2. Review Membership of the Board in January.	 SM SM
10. Schedule of Future Meetings and Draft Agenda Programme	The Board considered the agenda plan for the coming year and no further items were added.	

2.55 pm
Chairman

Relating to:	ACTIONS	By whom	By when
Health Watch Ambassador	Provide more information on hosting and funding before agreeing a way forward.	Malcolm Newsam	Next meeting
Health and Wellbeing Strategies	1. Remind wider public about the opportunity to contribute to the strategy consultation; 2. Present the revised Health and Wellbeing Strategy to the next meeting.	Sue Mitchell and Bob Dawson	Next Meeting
Board Development	1. Arrange a Leadership Academy session with Local Government Association; and 2. Review Membership of the Board.	Sue Mitchell	January

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 4
21 JANUARY 2013	PUBLIC REPORT

Contact Officer(s):	Terry Rich, Director of Adult Services,	Tel. 01733 452409
Bob Dawson	Wendi Ogle-Welbourn, Assistant Director for Strategy, Commissioning, Prevention, (Children's Services)	01733 863749
	Dr Andy Liggins, Director of Public Health	01733 207172

PETERBOROUGH DRAFT HEALTH AND WELLBEING STRATEGY 2012-2015: PROGRESS REPORT

R E C O M M E N D A T I O N S	
FROM : Director of Public Health; Director of Adult Services; and Assistant Director for Strategy, Commissioning, Prevention (Children's Services)	**Deadline date :** N/A

The Health and Wellbeing Board is recommended to:

1. Approve the revised Health and Wellbeing Strategy in the light of consultation responses.
2. Agree that the objectives in the strategy are incorporated in the commissioning plans of the key statutory agencies.
3. Review the impact of the Health and Wellbeing Strategy in September 2013 through an analysis of those commissioning plans and associated outcomes.
4. Acknowledge the importance of the work of other strategic partnerships that operate under the banner of the Greater Peterborough Partnership in the achievement of the objectives of the strategy and commend those partnerships to own and act on the health and wellbeing priorities as part of their work programmes.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board in order for the board to deliver its statutory responsibility to publish a joint health and well-being strategy.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

2.1.1 Obtain the Board's endorsement of the revised Health and Wellbeing Strategy (appendix 1) following the three month consultation process.

2.1.2 Initiate the establishment of an accountability process to ensure that progress on achieving the objectives and associated outcomes is effectively monitored and reported to the Health and Wellbeing Board, member organisations and wider partnerships.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.1, to develop a Health and Well Being Strategy for the city which informs and influences the commissioning plans of partner agencies.

3. PETERBOROUGH HEALTH AND WELLBEING STRATEGY 2012-2015

3.1 Introduction and context

3.1.1 On the 18th June 2012, the Health and Wellbeing Board received a report that introduced the process for developing its first Health and Wellbeing Strategy. In addition, the board was presented with a series of "illustrative priorities" that had been drawn from the 2012 Joint Strategic Needs Analysis. In the period that followed, the accountable officer group worked up the priorities in more detail and produced a draft strategy that was shared with members of the board. A final draft document was issued for consultation to a wide group of stakeholders. The consultation process will be addressed in paragraph four below.

3.1.2 The three year strategy is intended to:

- Identify health and wellbeing priorities that can be owned and acted upon by the key strategic partnerships
- Set clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
- Hold commissioners to account for their decisions
- Help to develop partnerships that provide solutions to commissioning challenges with statutory and voluntary sector colleagues, including the wider determinants of health and wellbeing e.g. housing .

3.1.3 The priorities selected related closely to the findings of the Joint Strategic Needs Assessment (JSNA) and the draft strategy provides a summary of key JSNA findings in the section titled "How healthy are we?" Whilst it is difficult to do justice to the depth and range of information generated by the JSNA in a relatively brief section, some strong themes were identified and these underpinned the selection of strategic priorities that are presented in section four of the draft strategy. Each priority is accompanied by:

- A more descriptive objective
- Evidence for its inclusion in the priorities
- Broad recommendations on how the priority and objective will be addressed
- The relevant linked outcomes frameworks that will inform the specific outcomes to be selected when the strategy is finalised, post consultation and board approval

3.1.4 In section five the strategy sets out a set of principles that should guide commissioners as they respond to the priorities and outcomes that need to be addressed.These principles represent a checklist for commissioners. This checklist is further supported by a recommended commissioning model that is outlined in the appendix to the draft strategy.

3.1.5 The draft strategy concludes with reference to the consultation process and the main areas that respondents are being asked to comment on (covered in more detail in the next section). In addition it makes reference to proposed schedule of outcomes that will be developed as the board's framework for setting a baseline and monitoring performance on the delivery of the agreed priorities.

4. CONSULTATION

4.1 The Consultation Plan was developed with the support of NHS Peterborough and Peterborough City Council officers. The consultation ran for three months from 23rd August until 22nd November 2012 in line with the Council/Voluntary Sector Compact Agreement. It included an electronic mail-out of the document to a wide-ranging list of organisations and individuals across the statutory and non-statutory and community sectors. Groups representing those people with protected characteristics under equalities legislation were specifically targeted. Responses to the consultation questions were requested either by using the consultation form at the end of the document, by responding electronically using a survey tool, or by responding to the specific email address that has been set-up for the purpose. There were 14 separate responses, some representing individual views, others, the views of representative bodies. A stakeholder consultation event was held on the 21st November 2012 with upwards of 70 people attending all or part of the session. NHS Cambridgeshire and NHS Peterborough and Peterborough City Council Scrutiny Commission for Health Issues have commented.

4.2 Responses have been collated and considered and where appropriate, have been incorporated into the revised strategy. A summary of key comments are attached as Appendix 2, including responses to each of those points. These include changes to the draft strategy, suggestions of additional appropriate action and in some cases, noting the comment but agreeing no change to the strategy. This includes targeted work on specific areas of needs assessment as part of the revision of the Joint Strategic Needs Assessment.

4.3 Overall, the feedback suggests that the picture of Peterborough's population and its needs is accurate and that the priorities that have been selected reflect the needs. Consultees have emphasised the importance of ensuring that there are some concrete outcomes that will be used as measures of achievement. They have commented on the need to maintain a focus on carers support and on those with long term conditions. In addition there has been proper recognition of the need to look at health and wellbeing in a comprehensive manner, acknowledging, for example the impact of wider determinants of health such as poverty and poor housing. The role of the voluntary sector as a key partner and voice for vulnerable people was emphasised.

5. CONCLUDING COMMENTS

5.1 The key test for the relevance and impact of the Health and Wellbeing Strategy is the difference made to the lives of Peterborough's residents. In the first instance this will be evidenced by the degree to which Health and Local Authority commissioners respond to the priorities and incorporate actions and inititiatives that address the priority needs. Subsequently, through the duration of the strategy the focus will be on the impact on outcomes. The accountability arrangements devised as part of the Board development programme in 2013 will be the Health and Wellbeing Board's mechanism for assessing that impact. In addition, the ownership of the Health and Wellbeing Strategy by other key partnership bodies will be an important element of the successful delivery of the strategy.

6. BACKGROUND DOCUMENTS

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

Peterborough Joint Strategic Needs Assessment 2012
Health and Social Care Act 2012
Peterborough Health and Wellbeing Strategy 2012-15
Consultation feedback August-November 2012

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Peterborough Health and Wellbeing Board

Draft Health and Wellbeing Strategy
2012-15

NHS Peterborough

PETERBOROUGH CITY COUNCIL

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Introduction to the Health and Wellbeing Strategy

The Health and Wellbeing Board is pleased to present this first draft of the Health and Wellbeing strategy for Peterborough.

It marks an important milestone in the implementation of the 2012 Health and Social Care Act.

Perhaps more importantly it represents a further step in developing the shared vision for improving the health and wellbeing of the Peterborough population.

Through this strategy the board:

- **Identifies health and wellbeing priorities that can be owned and acted upon by the key strategic partnerships**
- **Sets clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population**
- **Holds commissioners to account for their decisions**
- **Helps to develop partnerships with statutory and voluntary sector colleagues that provide solutions to commissioning challenges including the wider determinants of health and wellbeing e.g housing**

The Health and Wellbeing Board is a new partnership. It comprises of representatives from the new Shadow Cambridgeshire and Peterborough Clinical Commissioning Group, alongside elected members and senior managers from Peterborough City Council's Children's and Adult Social Care Services and the Director of Public Health and Link/Local Healthwatch representatives. It will take time to develop strong and effective working relationships during this period of transition. Achieving a consensus on priorities and starting a process of wider engagement with the public and interest groups is the best place to start. It is recognised that this work will be taking place in a context of significant financial challenge across public services and within the local economy and population as a whole.

The Health and Wellbeing Board's draft strategic priorities have grown out of detailed assessments of need that culminated in the Joint Strategic Needs Assessment (JSNA) 2012. In the paragraphs that follow, the strategic priorities that are presented are underpinned by the findings of the JSNA. (http://www.peterborough.gov.uk/health_and_social_care/joint_strategic_needs_assesmen.aspx)

These priorities represent those areas of activity that need a high level of collaboration between services and where the interdependence of health and social care is most marked. By working together, there is a greater chance that real, sustainable improvements to health and wellbeing can be made. In this regard every effort has and will be made to align the commissioning processes of the Local Authority and Clinical Commissioning Group, and ensure the engagement of the full range of health and council services that can contribute to that improvement.

Statutory and voluntary sector partners represented on the Health and Wellbeing Board are committed to ensuring that this strategy respects, protects and gives due regard to the health and wellbeing needs of disadvantaged groups specified within the Equalities Act (2010). Through the priorities indentified within this strategy, key themes regarding the needs of specific groups with protected characteristics as identified within the Act are addressed. It is expected that commissioning intentions will reflect these needs through the embedding of the principles of equality, diversity and inclusiveness.

This strategy is not intended to be a compendium of all relevant, national and local strategies and plans, but it does draw from them and also the national outcomes frameworks. These frameworks, NHS, Adult Social Care, Public Health, provide the Health and Wellbeing Board with tools for identifying Peterborough's current baseline and for measuring year on year progress. A final set of monitoring indicators will be identified when the strategic priorities are confirmed.

Through this draft strategy, the board is seeking your views on:

- **the priority areas selected**
- **the rationale for that selection**
- **whether the strategy accurately identifies the issues that need to be addressed through effective commissioning**

The final strategy is intended to closely align with, but not duplicate, the strategies of other key partnership boards such as the Greater Peterborough Partnership, Safer Peterborough Partnership, Adult's and Children's Safeguarding Boards. The consultation process is described in the final section.

1. How healthy are we?

The city is thriving, with high birth and fertility rates when compared with similar authorities. It has a young population, with a rich mix of ethnic minority populations and an overall white British majority. The initial findings of the 2011 Census indicate the population of Peterborough has grown significantly over the past decade and is expected to grow by a further 20,000 people in the next ten years, with particularly significant increases in the number of new births and older people.

Peterborough is also a city with relatively high levels of deprivation. Within the city there are areas that are amongst the ten per cent most deprived areas in the country. It is estimated that nearly one in four children, 10,500, live in poverty. In those most deprived areas, the health of residents, as reflected in life expectancy, is markedly worse. Compared with those who live in the least deprived areas, on average men die more than nine years earlier, and women more than five years earlier.

A good start in life is important, yet child mortality and numbers of low birth weight babies are significantly higher than average in some areas; fewer babies benefit from breastfeeding and more than average numbers of children at age 11 are obese. Teenage pregnancy rates are higher than average. The proportion of young people who are not in education, employment or training (NEET) is higher than average, placing Peterborough third highest for NEETs amongst the ten authorities described as our statistical neighbours.

Over 1,400 children and young people aged 0-17 are in receipt of Disability Living Allowance, again placing Peterborough third highest in the number of children in receipt of this benefit amongst comparator authorities. Peterborough consistently has a higher than average number of pupils who are determined as having Special Educational Needs (SEN), as reflected in the numbers of SEN statutory statements.

Another significant feature of the local demography is the presence of the local prison. HMP Peterborough houses male and female prisoners and includes a mother and baby unit. The prison has capacity for 1,020 individuals. In health and social care terms, this is a high needs population, some of whom receive specialist care from local services.

Peterborough has experienced significant inward migration from the European Community. Some communities within the city experience a relatively high turnover of population which is reflected in the experience of some GP surgeries. This feature of the local demography is relevant because of the added complexity of meeting the health needs of this more transient, younger population. This complexity can relate to language and cultural barriers and where, due to a high turnover, it is more difficult to establish continuity of care

A key strategic issue for Peterborough, in common with many other authorities, is the growth of the population aged over 85. This frailer age group need well organised and responsive health and social care services to meet higher levels of complex clinical and social care needs and to help them and their carers to remain independent. The JSNA indicates that Peterborough now has a significantly higher than the national average rate of hip fractures, a key cause of emergency admissions to hospital. It also indicates that there will be a 52 per cent growth in the 85 plus population over the next ten years.

"By working together, there is a greater chance that real, sustainable improvements to health and wellbeing can be made."

In addition to the anticipated growth in the older people's population, Peterborough City Council currently commits substantially more of its gross budget on services for adults with a learning disability than its comparator authorities. It commits 37 per cent as opposed to 25 per cent and by contrast it commits comparatively less on services for older people, 41 per cent as opposed to the 56 per cent committed by its comparator group. Both represent significant challenges for commissioners.

Peterborough's adult population when assessed against some of the key determinants of health, such as smoking, weight, activity, reflects a community where a higher than average number smoke, are above average in terms of obesity and low in terms of physical activity. Other indicators such as alcohol related and smoking specific hospital admissions portray, in both cases, high levels of need.

A closer look into the data on hospital admissions for two key areas of clinical concern, chronic obstructive pulmonary disease (COPD) and coronary heart disease (CHD) is instructive. Peterborough is about average for emergency hospital admissions for COPD, but the numbers recorded on GP disease registers is significantly below the assumed prevalence of the disorder. For CHD, there are high mortality rates but possibly a lower level of detection and earlier intervention.

With mental health, applying national prevalence rates for common mental health problems suggests that approximately 22,000 adults of working age in Peterborough will suffer from those problems. Its incidence correlates strongly with other indicators of deprivation. For older people, dementia is estimated to affect 20 per cent of the over 80s. When population growth figures for that age group are considered, the needs of substantially growing numbers of older people and their carers affected by this most serious and demanding illness will have to be addressed.

The information set out in this section is intended to give a picture of the authority by identifying some key features of the health of its population . At all age levels, there are marked areas of high or above average needs and demographic factors that suggest that those responsible for commissioning services for Peterborough's population must balance a complex range of competing priorities. It is the task of this strategic document to provide guidance and direction on the key health and wellbeing priorities. These are described in section 5 below. Underpinning those priorities is the notion that they can only be tackled if there is shared ownership of the issue in question and a commitment to concerted collaborative action. Put simply, we are stronger together.

2. What do we spend our commissioning resources on?

In very broad terms the statutory services have the following budgets available, based on:

Peterborough

NHS Peterborough's total budget in 2010/11(2011/12 budget to be confirmed) was £355 million spent on:

- Doctors, dentists, opticians and pharmacists (24 per cent)
- Hospitals and other patient services (49 per cent)
- Community and adult social care services (19 per cent)
- Other services (8 per cent)
- A ring-fenced Public Health budget of approximately £6 million will transfer to Peterborough City Council from April 2013.

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Peterborough City Council's children and adult's budget for 2012/13 is £75 million, spent on:

- Children and young peoples services including education and social care - £29 million
- Adult social care - £46.8 million.

With reducing budgets and rising demand there is a need for sound financial management. Budgetary pressures will impact on the ability of services to respond to needs and will focus the attention of commissioners and providers on the most effective way to deploy resources. These resources are committed to a range of health, local authority and third sector services to meet priority needs. Whilst there is limited room to manoeuvre financially, there is real potential to achieve more through joined-up approaches to the commissioning and delivery of core services. This strategy is intended to support such efforts. In doing so it endorses the following description of commissioning:

The process that health commissioners and local authorities use to secure the best care at the best value for individuals and the local population. It involves translating their aspirations and needs into services that:

- deliver the best possible health and well-being outcomes, including promoting equality
- provide the best possible health and social care provisions and
- achieve this with the best use of available resources.

In the following sections the Health and Wellbeing Board will set out its priorities along with the outcomes frameworks that should be used to assess impact of services.

3. Identifying strategic priorities to make an impact on health and wellbeing

Factors which influence health outcomes and health inequalities

Source: Dahlgren and Whitehead, 1991

The health and wellbeing of Peterborough's residents is affected by where they live, their environment, economic circumstances, social and family support, interaction with the local community, lifestyle choices that are made, community safety and access to appropriate services.

Making a difference to the health and wellbeing of the population is the responsibility and business of all. Action is required at the individual, family, community and service level to improve health outcomes and life chances. This will include a recognition of and action to support informal carers who play such a crucial role for children and adults in need

The Health and Wellbeing Board has agreed a broad criteria to underpin the inclusion of its strategic priorities. These priorities:

a) are agreed to be the most important

b) require a multi-agency response

c) address the wider determinants of health

d) deliver the most benefit to the health and wellbeing of the population

e) impact upon health inequalities

f) will have a positive preventative effect through promoting timely intervention.

4. A summary of strategic priorities

The following draft priorities are set out in the form of a key strategic theme; the underlying objectives; reasons for taking action and outcomes that will be addressed by taking action. The priorities are not set out in any rank order.

i) Securing the foundations of good health	
Objective	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.
Why is this an issue for Peterborough?	JSNA evidence of: • significant incidence of low birth weight babies, smoking in pregnancy, child mortality • lower than average educational achievement • above average teenage pregnancy rates • average childhood obesity rates • above average Not in Education, Employment or Training (NEET) figures • domestic abuse represents a significant proportion of all recorded crime and is recognised as a key priority by the Safer Peterborough Partnership
How will it be addressed	Commissioning those services that deliver: • high quality ante and post-natal care, early years and healthy childhood services, high quality education and social care and transitional care arrangements,
Which outcomes will underpin the priority	• key maternity and children's Public Health outcomes • NEET data • educational attainment

ii) Preventing and treating avoidable illness	
Objective	Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all
Why is this an issue for Peterborough?	JSNA evidence of: • significant difference in average life expectancy between council wards • population increase • high mortality rates for coronary heart disease (CHD) and lower than expected prevalence on GP registers • variability in prevalence and admission rates by GP practice for patients with chronic obstructive pulmonary disorder (COPD) • significantly lower levels of physical activity in adults • high levels of smoking and smoking attributable deaths • around a quarter of adults are estimated to be obese • significantly higher levels of alcohol related hospital admissions • significantly higher levels of smoking attributable hospital admissions • high proportion of deaths attributable to diabetes
How will it be addressed	Through action to: • identify and respond proactively to those who are known to be most vulnerable and to address variability in screening, diagnosis and treatment rates. • encourage the adoption and maintenance of healthy lifestyles across all age groups by building on achievements in smoking cessation, obesity reduction and increasing physical activity. • develop a comprehensive care pathway for alcohol, including improved screening and access to specialist treatment services delivered collaboratively across acute, community and primary care services.
Linked outcomes	Public health outcome framework indicators, health and lifestyle indicators from the Peterborough Health Profile, in particular: • disease and poor health indicators • life expectancy and causes of death indicators • take-up of health checks programme by those eligible • take-up of non-cancer and cancer screening programmes • immunisations and vaccinations • smoking prevalence in adults aged 18 and over • alcohol related hospital admissions

iii) Healthier older people who maintain their independence for longer	
Objective	Enable older people to stay independent and safe and enjoying the best possible quality of life
Why is this an issue for Peterborough?	JSNA evidence of: • increase in population (especially those in the 65+ age group) • higher than average rates of hip fracture (the most commonly reported diagnosis for emergency admission of adults over 85) • increase in incidence of reported vulnerable adults investigation for those aged over 85 • flu vaccination for over 65s is below average • incidence of dementia is rising • some evidence of lower rates of access to specialist mental health services for over 65s
How will it be addressed	Through concerted and timely action to: • promote and support people to maintain their independence • reduce unnecessary hospital admissions and continue to focus on falls and accident prevention • deliver a personalised approach to care that addresses physical, mental and psychological health • empower people to engage with their communities and have fulfilled lives, including healthy active ageing
Linked outcomes	Selected outcomes/indicators from the Adult Social Care Outcomes Framework ,and Public Health Outcomes Framework

iv)Supporting good mental health	
Objective	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.
Why is this an issue for Peterborough?	JSNA evidence of: • mortality from suicide and injury undetermined is higher than average • unemployment levels in Peterborough are above average, (unemployment correlates with mental ill-health) • above average numbers in drug treatment • high level of school exclusions and out of city placements for children and young people with statements with the primary category being behavioural emotional and social difficulties (BESD) • rate of access to adult specialist mental health services are low • increasing numbers of older people with dementias • high numbers of young people self reporting poor mental health
How will it be addressed	Through commissioning of: • universal, targeted and specialist early intervention mental health services for children and young people • early intervention services at primary care level for adults and older people • appropriate levels of support to people with dementia and their carers
Linked outcomes	NHS outcomes framework, public health outcomes framework

v) Better health and wellbeing outcomes for people with life-long disabilities and complex needs	
Objective	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.
Why is this an issue for Peterborough?	JSNA evidence of: • Peterborough has the highest number of 'statemented' children in its comparator group • Peterborough commissions a higher than average number of out of area placements for children and young people with disabilities and complex needs • Adult Social Care commits a much higher than average proportion of its total budget on adults with learning disabilities • the "Valuing People" white paper anticipated substantial increases in the numbers with moderate, severe, profound and multiple learning disabilities • increase in birth numbers in Peterborough will include an increased number of children born with special needs • people with learning disabilities have greater physical and mental health needs than the general population
How will it be addressed	Through taking action on a number of fronts including a strengthened commitment to personalisation; close attention to the delivery of high quality health, education and social care to children and adults with disabilities; focus on whole-life costs rather than a more fragmented approach to children's and adult's commissioning, excellence in transitional care arrangements
Linked outcomes	• trends in out of area placements and costs of care for children and adults • trends in numbers of statements of special educational need • consistent delivery of Early Support Plans for children with complex needs and disabilities • evidence of annual GP health checks for adults with learning disabilities • evidence of quality assured, costed, personalised transition plans

5. Messages to commissioners

The JSNA findings are instructive in terms of where we need to make an impact on outcomes for the children and adults of Peterborough.

It suggests that we need to be commissioning services that are underpinned by the following principles. They will:

- Build on the many assets and resources that are available
- Enable early intervention and prevention through robust arrangements for identifying those with needs
- Address health inequalities and equity of access to and delivery of services in different neighbourhoods and communities
- Secure consistency in quality of care
- Tackle the underlying causes of ill health
- Demonstrate integrated health and social care service solutions,
- Deliver discernible improvements to the agreed outcomes that will underpin the given priority area
- Make good use of existing strategic partnerships to address complex health and social care issues and use the authority of the Health and Wellbeing Board to enable and encourage partners to work together

In appendix one, a broad model of commissioning is described and commended to those responsible for responding to the priorities outlined in this draft document and developing matching commissioning intentions and plans.

"A key strategic issue for Peterborough, in common with many other authorities, is the growth of the population aged over 85. There will be a 52% growth in the 85 plus population over the next 10 years."

6. Conclusion and next steps

Drawing on the JSNA evidence base, this first draft Health and Wellbeing Strategy highlights the issues and needs of the population. It recognises marked health inequalities, differences in outcomes for those living in different neighbourhoods and by implication, the importance of having robust care pathways.

This is to enable those with needs to have those needs met in a timely manner, with the best quality services and interventions. The nature of the health and wellbeing issues referred to in this strategy can only be addressed through well coordinated, collaborative action. Action is required at the level of the individual taking responsibility for his or her health and wellbeing to the best of their ability through to jointly commissioned services providing a "whole system" response to complex health and social care needs.

Alongside its focus on health inequalities this strategy is also highlighting the importance of ensuring that informal carers needs are taken into account when commissioning services. Their contribution to the health and wellbeing of young and older people alike is crucial and it is appropriate that this is recognised and reflected in commissioner intentions.

Through the completion of the attached consultation response form the Health and Wellbeing Board is seeking the views of stakeholders and partners on:

- the strategy as a whole
- the priorities that are set out in section 4 above, and
- the rationale for their inclusion

Whilst these priorities do not mainly describe detailed and specific actions for service commisioners or providers, they are intended to influence commissioners as they formulate commissioning intentions and detailed plans. The Health and Wellbeing Board will hold commissioners to account on the extent to which these broad priorities are reflected in detailed and specific actions and in addition, which outcome measures will be identified as the key indicators of performance and improvement.

"With reducing budgets and rising demand there is a need for sound financial management. Budgetary pressures will impact on the ability of services to respond to needs and focuses the attention of commissioners and providers on the most effective way to deploy resources."

Appendix 1

The Health and Wellbeing Board endorses a commissioning model that systematically draws on the intelligence available from a number of sources and it anticipates commissioning plans that have addressed the following key questions on the road to finalising those plans:

- How healthy is the community relative to reliable benchmarks?
- What information has been considered and assessed in respect of the efficiency of health and social care services and their effectiveness in delivering the right care that avoids duplication and promotes integration of health and social care services?
- What does it cost and are we maximising value for money with the best selection of acute and community interventions?
- How do we compare with other areas in terms of outcomes, productivity and value for money?
- Are provider services providing the services that were commissioned and are they performing to plan?
- What improvements could be made through service and pathway redesign?
- What do service users tell us about the impact, effectiveness and value of our services?
- What are our future plans and are health, social care and educational service objectives in alignment?

Your views on the first draft Health and Wellbeing Strategy for Peterborough

Your postcode [ ] or organisation [ ]

This first draft Health and Wellbeing strategy marks an important milestone in the implementation of the 2012 Health and Social Care Act. Perhaps more importantly it represents a further step in developing the shared vision for improving the health and wellbeing of the Peterborough population. Through this strategy the board:

- Identifies health and wellbeing priorities
- Sets clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
- Holds commissioners to account for their decisions
- Helps to develop partnerships that provide solutions to commissioning challenges

Question 1.

Do you think that the draft strategy provides a good description of the health and wellbeing issues that need to be addressed in Peterborough?

☐ Yes ☐ No ☐ Don't know

Additional comments

Question 2.

Do you agree that a good case has been made for the five selected priorities?

☐ Yes ☐ No ☐ Don't know

Additional comments

Question 3..

What, if any, additional or alternative priorities should be included in this strategy?

Question 4.

Please add any other comments or views you would like to share about the health and wellbeing of the population of Peterborough

This form is anonymous, however if you would like more information or would like to be informed of the outcome of this consultation please provide us with:

Your name

Your contact details (email/phone/address)

Please return your comments to us by Friday 23rd November in the following ways:

Using the internet: www.peterborough.gov.uk/HealthAndWellbeingStrategy
By email HWBconsultation@peterborough.gov.uk
By post HWB Consultation, Health and Wellbeing Board, Peterborough City Council, Townhall, Bridge St, Peterborough, PE1 1HG
By phone 01733 758500

Alternative formats

English If you would like information in another language or format please ask us
Polish Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.
Portuguese Se deseja obter informação noutro idioma ou formato, diga-nos.
Urdu اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

In accordance with data protection legislation your details will be used solely for the purposes of the draft Health and Wellbeing Strategy consultation.

Summary analysis of comments on the four consultation questions	
Consultation question 1 Do you think that the draft strategy provides a good description of the health and wellbeing issues that need to be addressed in Peterborough	
Issues raised	Response/Comment
1. Need an executive summary, easy read version	Agreed, an easy read version can be commissioned once the final strategy is approved.
2. Images in the strategy document are not representative	The images have been reviewed and are considered to be an appropriate and reasonable representation of the age span and population mix.
3. Make more reference to diversity of population	Diversity is referenced in the introduction and section 1- no further changes suggested
4. Reinforce importance of the difficult financial circumstances facing all public services	Agreed:, an additional reference has been included in the introduction (paragraph 4 page 3, after “best place to start”)
5. Insufficient reference to impact of poor housing and poverty on health and wellbeing, including need for supportive housing options to enable independent living	It is accepted that housing has an impact on achieving health and well being however it is important to recognise the role and accountability of other key strategic partnerships. The ownership by those partnerships of the HWB priorities is key. See amendment to bullet point 1, first text box.
6. Need to use up to date demographic data i.e 2011 census to present accurate picture of Peterborough, at all ends of the lifecycle	This has been done. Additional reinforcement of the demographic issues of particular concern has been included (see amendment to introductory paragraph, page 4 after “next ten years”)
7. Insufficient focus on youth poverty and young parent poverty	See 5 above. In addition, poverty and deprivation is referenced on page 4 with its impact on health and wellbeing clearly identified. No further changes suggested.
8. Financial uncertainties associated with migrant workers needs to be addressed	The migrant population is acknowledged with particular reference to the complexity of meeting health care needs. Financial uncertainty is an equally pressing matter for others within the Peterborough population. This point has been reinforced, with the amendment to bullet point 5 in the first text box.
9. Insufficient focus on contribution of the voluntary sector	Agreed, Strengthened reference in the introduction to reflect the importance of the voluntary sector contribution (amendment to para 7 page 3, beginning of paragraph in front of “partners represented on”)

Issues raised	Comments/responses
10. The role and responsibility of the Health and Wellbeing Board needs to be more comprehensively described	There is already a description of the board in the introduction that captures the key relationships. The 2013 board development programme will be vital in elaborating those and other key relationships in more detail.
Consultation Question 2 Do you agree that a good case has been made for the five selected priorities?	
Issues raised	Comments/responses
1. Greater emphasis on early identification, referral and action, availability of a functioning care pathway, good signposting	These points need to be addressed by both commissioners and providers as they are the bedrock of service delivery, regardless of service type. They will need to be included in future service specifications.
2. Recognise carer support needs	There is reference to this on page 12. See page 7 for amendment which strengthens this, immediately before the text box at the end of para. 2. Again addressing carer needs and role should be a fundamental of good practice and should feature in future service specifications.
3. Ask users for their views about the quality and effectiveness of services	WIll be built into commissioner/provider activity, specifications and contracts
4. Stronger focus on parenting support and teenage pregnancy in priority 1 and concern about impact of higher birth rates on maternity care	Referenced in priority 1 , key assumption to deliver the foundation of good health is to tackle the issues mentioned in the priority which includes teenage pregnancy and those aspects of health and wellbeing that impact upon life chances-eg good quality ante and post natal care etc
5. Recognise the impact of domestic violence in priority 1	There is specific reference to domestic violence. There is a key role for the Safer Peterborough Partnership. Similar issue to point 5 in Question 1 above, regarding the roles of all strategic partnerships
6. Need to ensure that the right mix of outcomes are agreed upon for assessing impact on priorities , (source, priority 1)	Agreed, this will need to be developed over the coming weeks. Also see amendment to page 9, priority iii, additions to bullet point 3 in “How it will be addressed”
7. Importance of referencing value of mental stimulation for older people and those with dementia (priority 3)	Agreed and should form part of service specifications for those services
8. Reference end of life care specifically(priority3)	Agreed that a message to commissioners re implementation progress on end of life care is more appropriate
9. Emphasise accident and falls prevention (priority3)	See amendment to page 9, para iii, bullet point 2 in “How it will be addressed”, also see Question 4 point 6 below
10. Reference dementia care in an amended headline priority 3	See amendment referred to in point 6 above, reflecting a broader priority that focuses on physical, mental and

	psychological health, reflecting the importance of addressing wider mental health concerns such as depression and anxiety, as well as the important topic of dementia.
11. Amend the headline for priority 4, mental health to go beyond mental health promotion and early intervention	Agreed, now amended to "Enable good child and adult mental health through effective, accessible mental health promotion, early intervention and rapid response services to impact upon early signs of mental ill health or deterioration." See page 10 priority iv
12 Amend priority 4, bullet point 1 "How it will be addressed" to include "targeted"	See amendment on page 10
Consultation Question 3:What, if any, alternative priorities should be included in this strategy?	
Issues raised	Comments/responses
1.More focus on the importance to health and wellbeing of access to well planned, public open space	See response to point 5 question 1 regarding the need to ensure that wider partnerships own and act on health and wellbeing strategic priorities.
2.Stronger focus required on substance/alcohol misuse	The importance of these issues are recognised and reflected in the priorities as issues to address. No further amendments suggested .
3.Focus on prevention to include specific reference to performance on levels of smear testing achieved (priority 2)	This is referenced in the linked outcomes attached to priority 2 on page 9, re screening programmes. No further amendments suggested .
4. Focus on meeting the needs of people with disabilities and mental health problems and other co-morbidities such as alcohol and substance misuse (priority 4)	This may be appropriate as a target priority issue to be explored in the next JSNA revision, in order to improve the knowledge and information base about these issues of co-morbidity. No amendments suggested for this strategy.
5.Include needs of those with acquired disabilities and also those with sensory impairments (priority 5)	As 4 above, this needs to be incorporated into planning for the next revision of the JSNA. No amendments suggested for this strategy
6.Insufficient reference to carers and carers support	See Question 2 point 2 above
7.Mental health should be seen as a cross cutting priority (priority 4)	There has been no broad based challenge to the retention of the mental health priority as a priority in its own right. No further amendments suggested.
8.More emphasis on loneliness and depression in older people not just focus on dementia (priority,3,4)	This is an issue of good access, referral, assessment and response by commissioned services. Priorities 3 and 4 have been amended to incorporate wider aspects of psychological wellbeing (see above, points 10 and 11 in Question 2 responses).
9.Insufficient resources in mental	The issue of the amount of resource

health promotion	allocated to particular themes is beyond the scope of the Strategy. However including it as a priority indicates the importance with which this issue is regarded.
10. Spend to save initiatives on mental health promotion/prevention need to be considered	Mental health promotion and early intervention are identified in the priorities.
11.Long term conditions such as Parkinsons, Multiple Sclerosis etc, need their own priority	This should be taken forward by the commissioners and providers responsible for the implementation of the National Service Framework for Long Term Conditions.
Question 4:Please add any other comments or views you would like to share about the health and wellbeing of the population of Peterborough	
Issues	Comments/responses
1.Robust arrangements for monitoring impact, outcomes, achievement are required	Agreed, need to consider board leadership, agreed outcomes, accountability agreements, adequate Health and Wellbeing Board infrastructure as part of the 2013 board development programme. Outcomes associated with the Health and Wellbeing Board strategic priorities are being drawn out from the national outcome frameworks by Public Health colleagues.
2.Describe how the HWBB and associated partnerships will work together	This can be addressed outside of the strategy, but it is important to articulate the new structures created by the Health and Social Care Act 2012
3.Access to affordable meeting places for groups	Whilst this is a relevant point it is at a level of detail that is beyond the scope of the strategy.
4.Access to nutritional specialists at the GP surgery	As above (point 3) but this could be considered within the work to address the obesity strategy
5. Focus on accidental injury and hospital admission	This could be included in the JSNA refresh and work on urgent care.

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 5
21 JANUARY 2013	PUBLIC REPORT

Contact Officer(s):	Dr Andy Liggins / Terry Rich	Tel. 01733 207172 / 452409

COMMISSIONING INTENTIONS 2013/14

<table>
<tr><td colspan="2" align="center">R E C O M M E N D A T I O N S</td></tr>
<tr><td>FROM : Health and Wellbeing Board Partners</td><td>Deadline date : N/A</td></tr>
<tr><td colspan="2">Board Members are recommended to:

1. Give their views on the draft commissioning intentions from the partners on the Board for 2013/14;

2. Recommend further options for development or focus in line with the joint Health & Wellbeing Strategy; and

3. Agree to receive a further commissioning update at the next meeting of the Board.</td></tr>
</table>

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from Board Members to receive further information on progress made.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Board's views on commissioning intentions and to consider any further work required.

2.2 This report is for Board to consider under its Terms of Reference No. 3.4, To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.

3. COMMISSIONING INTENTIONS

3.1 Each partner on the Board, along with the National Commissioning Board, has been asked to provide a summary of its commissioning intentions for 2013/14:

- Clinical/Local Commissioning Group
- Local Authority
- National Commissioning Board
- LINk / Healthwatch.

3.2 The commissioning summaries, where possible, have been appended to this report. Where these were not available at the time of publishing the agenda, information will be provided at the meeting.

4. CONSULTATION

4.1 N/A.

5. ANTICIPATED OUTCOMES

5.1 The Board will note the information and suggest any further options that should be considered along with agreeing to receive a further update on the commissioning intentions at its next meeting.

6. REASONS FOR RECOMMENDATIONS

6.1 Other Board members will be able to identify assistance available or recommend further options to ensure commissioning plans are robust.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Not to receive the information: this was rejected as the commissioning intentions would not be shared and there would be no opportunity to ensure commissioning is agreed jointly.

8. IMPLICATIONS

8.1 None.

9. BACKGROUND DOCUMENTS

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

9.1 None.

HEALTH AND WELLBEING BOARD, 21 JANUARY 2013

CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING GROUP – PLANS FOR 2013/14 – SUMMARY AND PRESENTATION

On 21 December 2012, the NHS Commissioning Board published CCG allocations and detailed planning guidance for the year ahead.

Key points to note are:

- The CCG's allocation for 2013/14 will be £853,942
- A set of clinical outcome measures have been published, including benchmarking at CCG level
- CCGs will be expected to set trajectories against each of these indicators, in consultation with Health and Wellbeing Boards
- These outcome indicators fall into five main domains:
    - Preventing people from dying prematurely
    - Enhancing quality of life for people with long term conditions
    - Helping people recover from ill-health or injury
    - Ensuring people have a positive experience of care
    - Caring for people in a safe environment and protecting them from avoidable harm
- The guidance confirms the requirement to continue to deliver rights and pledges set out in the NHS Constitution (such as A&E waiting times)
- Publication of details on eligibility for a new quality premium from 2014/15
- Publication of detailed 'rules' for 2013/14, including the expectation that CCGs will plan to deliver a 1% surplus on its allocation
- Setting out the planning timetable:
    - First draft plan to be submitted to the Commissioning Board by 25 January
    - All contracts to be signed off by 31 March
    - Final plans submitted to the Commissioning Board by 5 April
    - CCG prospectus (summary of plan) to be published by 31 May

In addition to the national requirements, Members of the Board will recall that the CCG has already identified three local priorities, and has established delivery mechanisms for each:

- Improving services for older people
- Reducing inequalities, with an initial focus on heart disease
- Improving patient choice at the end of life

These priorities align with those in the draft Health and Wellbeing Strategy, particularly priority three (healthier older people who maintain their independence for longer), and priority two (preventing and treating avoidable illness).

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HEALTH AND WELLBEING BOARD, 21 JANUARY 2013

ADULT SOCIAL CARE STRATEGIC COMMISSIONING PLANS 2013-14

1. The commissioning strategy is based on the three ASC priorities:

   - Promote and support people to maintain their independence;
   - Delivering a personalised approach to care;
   - Empowering people to engage with their communities and have fulfilled lives;

   and will focus on commissioning a range of preventative services.

2. During the course of 2013-14 we will be further developing our commissioning strategies and plans and creating a market position statement that sets out the local authority's ambitions for working with care providers to encourage the development of a diverse range of care options. It will include statements about local demand for different care and support options, the local authority's vision for care and support, and commissioning policies and practices.

3. We will focus on delivering the Older People's Accommodation Strategy agreed by Cabinet in July 2012:

   3.1 Delivering a dementia resource centre for The City.

   3.2 Reviewing and re-commissioning support service for older people – including access to short breaks (respite), specialist dementia support and bathing assistance.

   3.3 Ensuring good quality information and advice is available for all people whether they fund social care themselves or it is funded by the council.

   3.4 Investing in new designs and technology in aids and adaptations which support older people and carers to remain at home (Tele care).

   3.5 Better planning for the likely future demand for housing suitable for older people, including greater co-ordination between the planning authority and social and health care.

   3.6 Working with the market and ensure that the needs of most older people are met within general needs accommodation.

   3.7 Working with partners within the City Council and with RSLs to ensure effective use of existing sheltered housing.

   3.8 Reviewing the use of Supporting People funding to ensure it is directed in the right places to maximise outcomes for older people.

   3.9 Creating new investment in Extra Care Housing.

   3.10 Stimulating and shaping the market to ensure the provision of sufficient good quality care home places for older people, including those with mental health needs, which is fairly priced and affordable.

   3.11 Commissioning specialist housing for older people, which can also support people with dementia, and

3.12 Working with the market to ensure the provision of sufficient reablement; short-stay; and residential nursing resources to enable timely hospital discharge and avoid unnecessary hospital admissions.

4. We will review and ensure that the Integrated Community Equipment Store (ICES) supports reablement, enables discharge from hospital care and supports the choices that people make about remaining in their own homes and to self direct their own care. The new scheme will distinguish the provision of simple from complex aids to daily living and to provide a range of solutions to patients', service users' and carers' needs for equipment to maintain their independence. This service will be re-commissioned and a new contract in place by April 2014.

5. The Learning Disability Housing Strategy will be completed and we will commission long-term suitable housing that meets the needs of people with learning disabilities that are either living in the City already with family carers (transitions and adults) who will require accommodating and those people returning back to Peterborough from out of area placements. This work-stream is in partnership with Serco.

6. We will undertake an informal consultation to identify future needs for the provision of Learning Disability Day services. It will look at how day services can be updated and refreshed to:

- Promote and support people to develop and maintain their independence (through paid jobs, social enterprises, etc.)
- Deliver a personalised approach
- Empower people to engage with their communities and have fulfilled lives.

Following this a formal consultation exercise will be undertaken if required.

7. We will improve the commissioning process for transitions covering both Learning Disability (children to adult transitions) and older people (older people with older carers). We will develop an accommodation planning process which provides a pathway to source accommodation in a collective yet personalised manner.

8. We will commission long-term suitable housing that meets the needs of people with mental ill health that are living in the City already and those people returning back to Peterborough from out of area placements.

9. We will develop a ASC Transport Strategy and commission transport services that meet the needs of our customers.

10. We will agree and implement the Peterborough Carers Strategy, commissioning a range of services to support carers in their role (eg 3.2, 3.3 above)

11. We will also undertake a range of business as usual work, around fee levels, ensuring our contracts are fit for purpose, monitoring and compliance.

HEALTH AND WELLBEING BOARD, 21 JANUARY 2013

LINK / HEALTHWATCH COMMISSIONING INTENTIONS

Following the Health and Social Care Act 2012 – Local Involvement Networks (LINks) will be abolished and replaced by Local Healthwatch (LHW) on April 1st 2013.

Local Healthwatches which will be set up as local champions of the public, patients, carers and service users – for all NHS health and all social care services (adults and children). There will be a LHW for each Local Authority area with social services responsibility. LHW will not be a statutory body, but will retain all the statutory involvement, engagement, monitoring and influencing roles that LINks have at the moment and will have a major role in influencing the commissioning of health and social care services.

Peterborough LINk is taking active steps with the assistance of the City Council to migrate to Peterborough Healthwatch including:

- Establishing a corporate entity in the form of a Community Interest Company (CIC);
- Electing directors of the CIC by a panel of local representatives of the voluntary sector, service users and current LINk members
- Engaging with local potential partners to provide logistic and administrative support.
- Following presentations and negotiations the new CIC will shortly enter into detailed negotiations with the Peterborough Citizen's Advice Bureau (CAB) to act as partner to the CIC in carrying out the obligations of Peterborough Healthwatch;
- All legal requirements are programmed to be in place prior to the end of March 2013.

The new organisation will be commissioned to provide patient and public engagement and representation for health and social care support services to the people of the City from April 2013 with funds originating from the Department of Health.

Our plan for 2013/14 will be to:

- Ensure the seamless transition from LINk to Healthwatch;

- To continue with ongoing activities:

    - Provide patient representation on a number of local, regional and national events, committees and boards
    - Continue the successful community involvement by attending and providing information on patient and public engagement at local events

  - Carry out Enter and Views of those providing NHS and social care services – to review their services, obtain direct feedback from users and provide valuable recommendations
  - To facilitate monthly public meetings
  - Produce reports making sound recommendations and reviewing these regularly
  - Providing feedback and communication with Care Quality Commission (CQC) and Monitor
  - Producing press releases regarding information of public interest
  - Working with the media to raise awareness of local issues and of our duties to represent Peterborough

- Continue exploring Workplan actives including:

  - Improved signage and lighting at PCH
  - Review effectiveness of smoking shelters at PCH
  - Review LINk report on nutrition and assistance at mealtimes recommendations
  - Continue to engage with the Equality Delivery System (EDS)
  - Review of dignity and care and nutrition in care homes
  - Working with partner organisations "Towards a Suicide Prevention" strategy
  - Complaints handling pilot questionnaire –(Jan-Mar 2013)
  - Review and follow up on Complaints Handling Report recommendations
  - Continue to support the commissioning of hydrotherapy at the St George's pool

Peterborough LINk currently provides representation on the following committees and boards – many will continue after the April transformations and therefore Peterborough Healthwatch will provide patient representation.

PSHFT
Community Engagement Committee C.E.C.
Quality Assurance Committee (QAC)
Hospital Infection Control Committee (HICC)
PALS and Complaints Review Group
PLACE report
Maternity Service Liasion Committee (MSLC)
Pressure Ulcer Group (GeB)

Other local/regional committees/boards
Minor Injuries Unit (MIU)
NHS Public Consultation Meeting
GP Cluster Group
Health and Wellbeing Board
Independent Social Care Providers Quality Group
Older Peoples Partnership Board (OPPB)
Joint Quality and Patient Safety Mtg
CCS Public Involvement & Paitent Engagement (PIPE)
CCS Board Meeting
Hydrotherapy Exceutive Meeting
Mental Health (jointly with Cambs)
EoE Ambulance

Peterborough Infrastructure Consortium (PIC)
Suicide Prevention Strategy
Adult Safeguarding Board

Additional services/proposals for 2013-2014

- To implement a policy for representation and engagement with local children and young people (proposal currently in draft)
- To review Children's social care services (but not carry out Enter and Views)
- To facilitate monthly public meetings around the whole city (Dogsthorpe, Fletton, Orton, Bretton, Werrington and Millfield)
- To offer face-to-face meetings/engagement at the CAB offices
- To provide local postal and telephone contact
- To distribute a Complaints Handling Questionnaire to all those complaining to PSHFT from 1 April 2013 -31 March 2014 – to be extended to other organisations once reviewed.
- To review local cancer facilities and identify gaps in the service for those living or caring for someone with cancer
- Hold workshops with our partners to identify their concerns and issues
- To run publicity campaigns to raise the public profile of the new organisation

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HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 6
21 JANUARY 2013	PUBLIC REPORT

Contact Officer(s):	Dr Andy Liggins, Director Public Health	Tel. 01733 207172

PUBLIC HEALTH OUTCOMES FRAMEWORK

R E C O M M E N D A T I O N S	
FROM : Director of Public Health	**Deadline date :** N/A
The Board is recommended to note the details of the Public Health Outcomes Framework (PHOF) Data Tool, to inform future strategic planning.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to advise Board Members of the details of the published PHOF in order to inform future strategic planning.

2.2 This report is for Board to consider in relation to its Terms of Reference No. 3.1, to develop a Health and Wellbeing Strategy for the city which informs and influences the commissioning plans of partner agencies.

3. PUBLIC HEALTH OUTCOMES FRAMEWORK DATA TOOL

3.1 On 20 November 2012 the PHOF Data Tool was released and can be found at http://www.phoutcomes.info/.

3.2 The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected.

3.3 The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four ‘domains’ that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

3.4 The tool currently presents data for the first set of indicators at England and upper tier local authority levels, collated by the Public Health Observatories in England.

3.5 Please note: The data currently published in the tool are the baselines for the Public Health Outcomes Framework. The baseline period is 2010 or equivalent, unless these data are unavailable or not deemed to be of sufficient quality. For some indicators, data for periods following the baseline may already be published elsewhere - please refer to the indicator definition. Updates to the data in this tool will be published in due course.

3.6 The tool allows you to:

- Compare your local authority against other authorities in the region; and
- Benchmark your local authority against the England average.

3.7 Public Health Outcomes Framework baseline data will be revised and corrected in accordance with the general Department of Health statistical policy on revisions and corrections.

4. CONSULTATION

4.1 Not applicable, information only.

5. ANTICIPATED OUTCOMES

5.1 The Board notes the information for future planning activities.

6. REASONS FOR RECOMMENDATIONS

6.1 To ensure the Board is aware of the Data Tool and its use.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Not advise the Board of the Data Tool. This would mean that the Board was not aware of this in order to assist with future planning activities.

8. IMPLICATIONS

8.1 There are no implications for other departments or partners following this report.

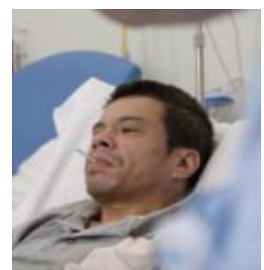
9. BACKGROUND DOCUMENTS

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

9.1 None.

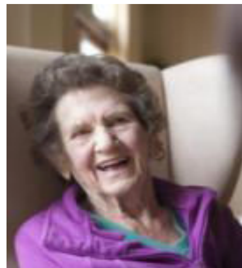
NHS Commissioning Board

Outcomes benchmarking support packs: LA level



Peterborough

Local Authority



Produced with input from:

Public Health England

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Forward and Introduction

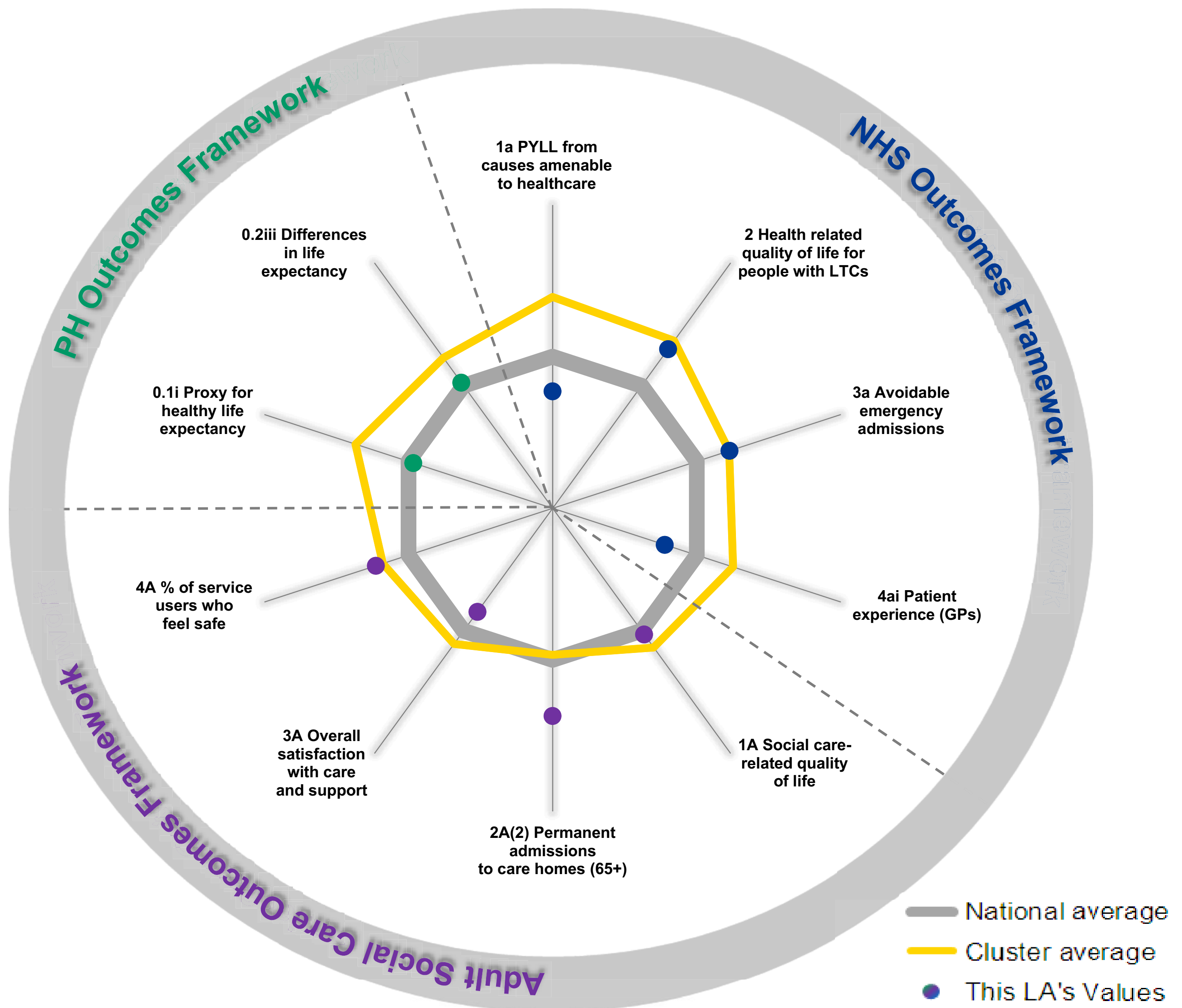
Local decision making is at the heart of the NHS, and the NHS Commissioning Board, Public Health England and the Local Government Association are committed to providing high quality comparable intelligence to support clinical commissioning groups (CCGs) and health and wellbeing boards (HWBs) identify local priorities and agree local plans.

Alongside the publication of the NHS Commissioning Board's 2013-14 Planning Guidance, we have produced initial information packs at Local Authority and CCG level that set out key data to inform the local position on outcomes. The Local Authority level packs present high level comparative information on the NHS, the Adult Social Care and the Public Health Frameworks. The CCG level packs provide a more detailed analysis of NHS outcomes and other relevant indicators.

The purpose of these is to provide CCGs and HWB partners with a quick and easy-to-use summary of their current position on outcomes as they take up their role, building on the data sets in the CCG outcomes indicators and other existing data sets. The information should be used alongside the local intelligence that is being collected to inform local Joint Strategic Needs Assessments and it will support commissioners working together to set the priorities for the Joint Health and Wellbeing Strategy. Where possible we have signposted other relevant information sources that might help build an understanding of the specific issues locally.

These information packs represent a starting point for the way the NHS CB will provide support in this area going forward and we hope you find them useful. We would like to offer you an open invitation to work co-productively with us on an on-going basis to help shape these tools in a way that would be most helpful for you locally. If you have any comments or suggestions for improvement please email nhscb.outcomes-benchmarking@nhs.uk.

Peterborough summary spider diagram
(shows one indicator per domain)



This LA is in the Prospering UK ONS cluster

Each 'leg' of the chart represents a high-level indicator from the three Outcomes Frameworks.
Each 'leg' is orientated such that points further from the origin represent "better" performance.
Where there is more than one indicator for an Outcome Framework domain, a single indicator is shown in this chart.
The coloured spots show this LA's rank within all LAs in England. The grey circle represents the England median and the yellow shape represents the ONS cluster median.
The equal spacing of the indicators in the diagram is not meant to suggest any implied weighting or relative importance of the different indicators or Outcomes Frameworks.

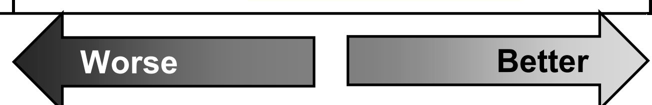
Peterborough spine chart
(shows all overarching indicators)

The chart below shows the distribution of the LAs on each indicator in terms of ranks. This LA is shown as a red diamond. The yellow box shows the interquartile range and median of LAs in the same ONS cluster as this LA. Each indicator has been orientated so that better outcomes are towards the right (light blue).

This chart supports the spider chart by providing a single page summary of all the available overarching indicators.

This LA is in the Prospering UK cluster

Outcome Indicator	LA and cluster distribution (LAs ranked; right = better outcomes)
1a Potential years of life lost (PYLL) from causes considered amenable to healthcare	
1bi Life expectancy at age 75 (Males)	
1bii Life expectancy at age 75 (Females)	
2 Health-related quality of life for people with long term conditions	
3a Emergency admissions for acute conditions that should not usually require hospital admission	
3b Emergency readmissions within 30 days of discharge from hospital	
4ai Patient experience of GP services	
4aii Patient experience of GP out-of-hours services	
4aiii Patient experience of dental services	
0.1i Proxy for healthy life expectancy a birth using Disablility Free Life Expectancy (DFLE) at age 16	
0.2ii Life expectancy at birth	
0.2iii Slope Index of Inequality in life expectancy at birth [proxy dataset]	
1A Social care-related quality of life	
2A(1) Permanent admissions to residential and nursing care homes (age 18-64)	
2A(2) Permanent admissions to residential and nursing care homes (age 64+)	
3A Overall satisfaction of people who use services with their care and support	
4A Proportion of people who use services who feel safe	



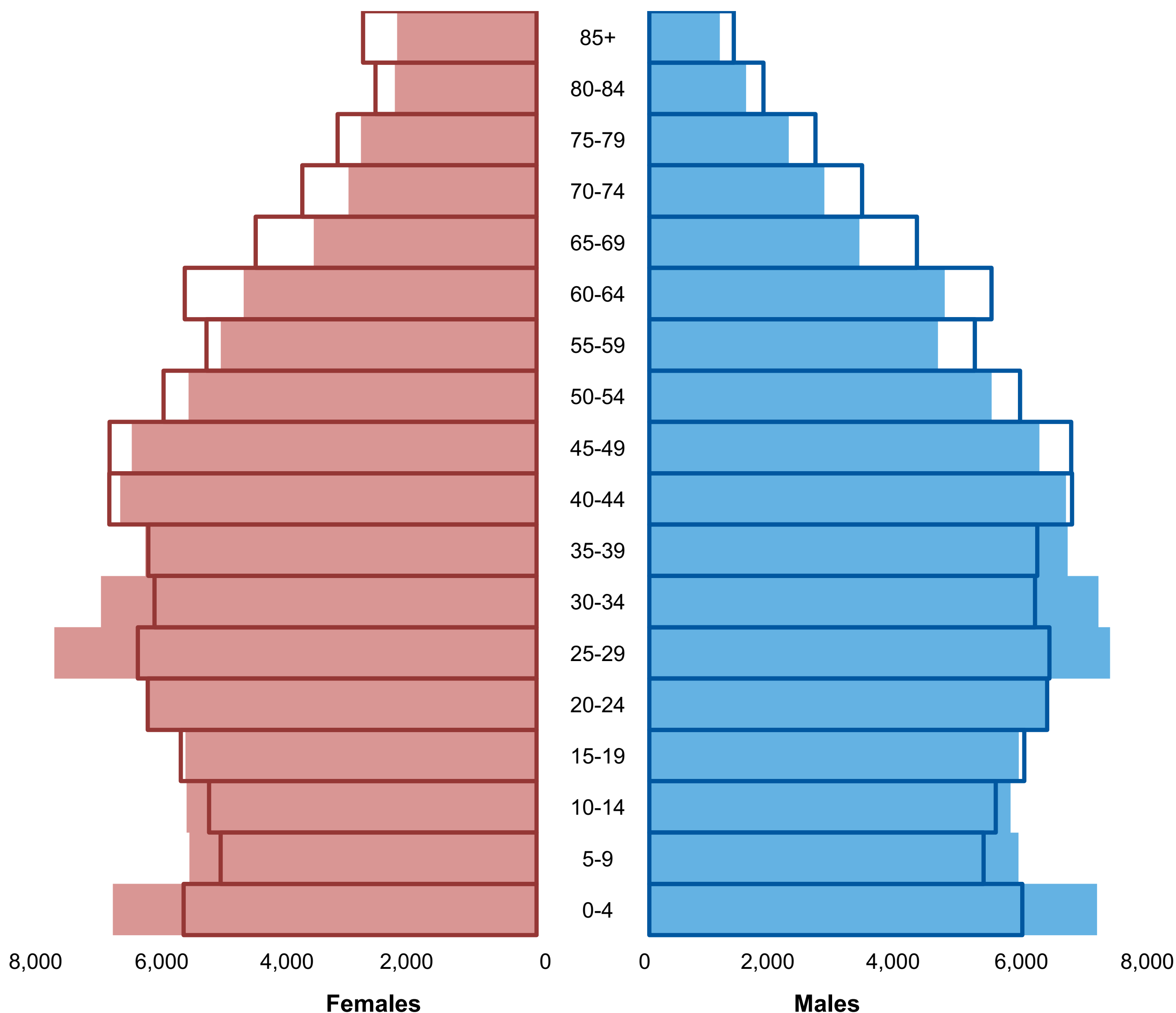
SECTION 1

Background Information

Population profile (2011 census)

The chart below shows the number of people in this Local Authority by sex and 5-year age band.

The darker outlines show the profile of the England population.



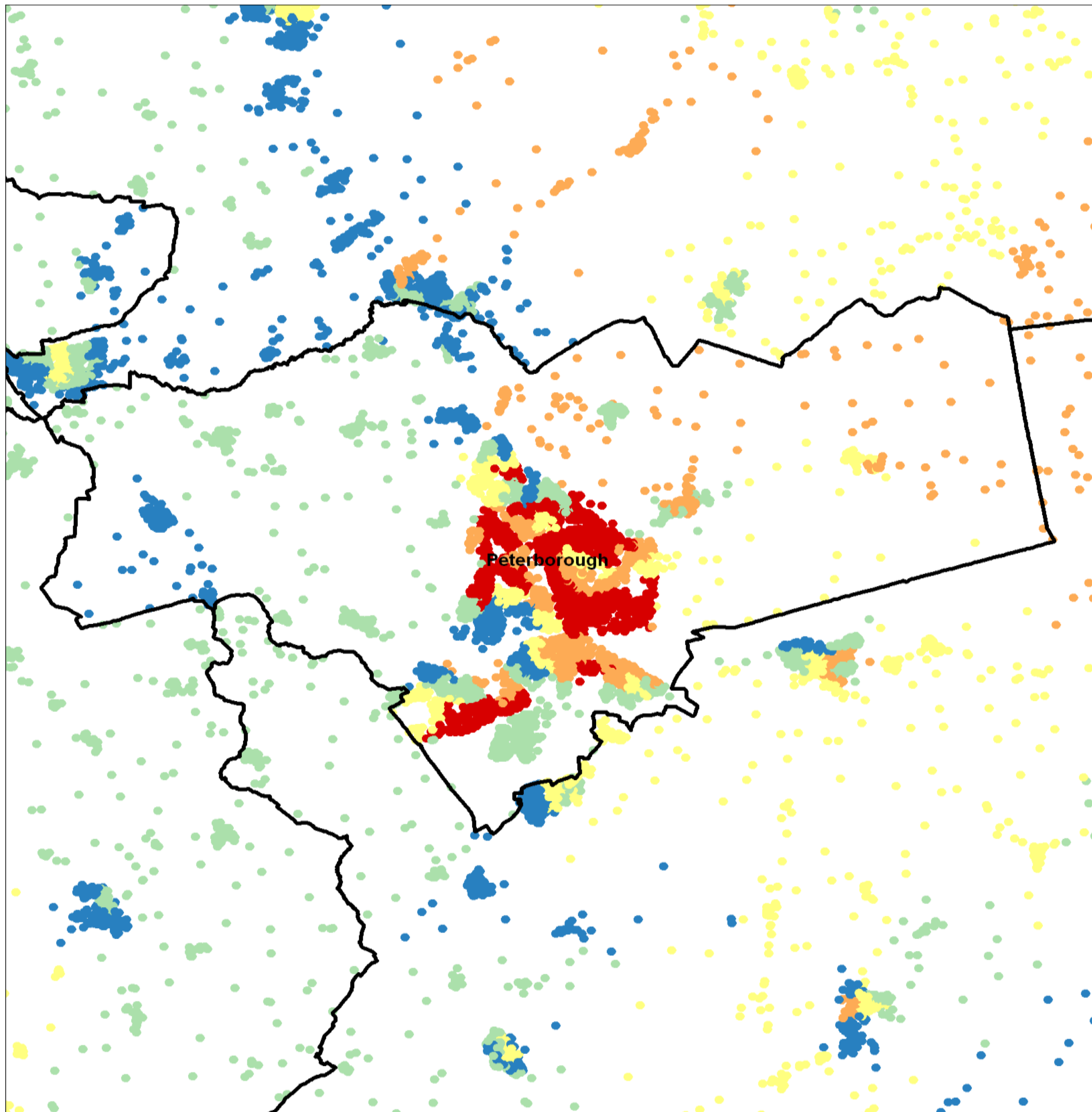
The table below shows summary population numbers for this Local Authority and also how it is expected to grow by 2015 and 2020.
The growth rates are shown as annualised percentages and the projected England growth rate is shown for comparison.

Age	2011 population	2015 population	2011-15 p.a. growth		2020 population	2015-20 p.a. growth	
	This LA	This LA	This LA	*England*	This LA	This LA	*England*
Under 15	36,845	39,992	2.1%	*1.2%*	43,768	1.8%	*1.4%*
15-44	79,633	82,062	0.8%	*0.2%*	84,494	0.6%	*0.2%*
45-64	42,903	44,776	1.1%	*0.6%*	47,283	1.1%	*0.7%*
65-75	12,788	14,818	3.8%	*3.4%*	16,276	1.9%	*1.0%*
75-84	8,923	9,088	0.5%	*1.6%*	9,727	1.4%	*2.3%*
85+	3,365	3,710	2.5%	*3.1%*	4,250	2.8%	*3.4%*
All ages	**184,457**	**194,445**	**1.3%**	***0.9%***	**205,798**	**1.1%**	***0.8%***

Deprivation map

The map below shows the levels of deprivation in and around this LA, based on the Index of Multiple Deprivation 2010 (IMD2010).

The IMD2010 is calculated at Lower Super Output Area (LSOA) level. However, in this map we have given each postcode within the same LSOA the same colour, rather than shade the entire LSOA area. This presentation emphasizes where people live rather than open countryside.



IMD score by quintile
- Quintile 5 (lowest)
- Quintile 4
- Quintile 3
- Quintile 2
- Quintile 1 (highest)

SECTION 2

NHS Outcomes Framework Indicators

NHS OF 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare

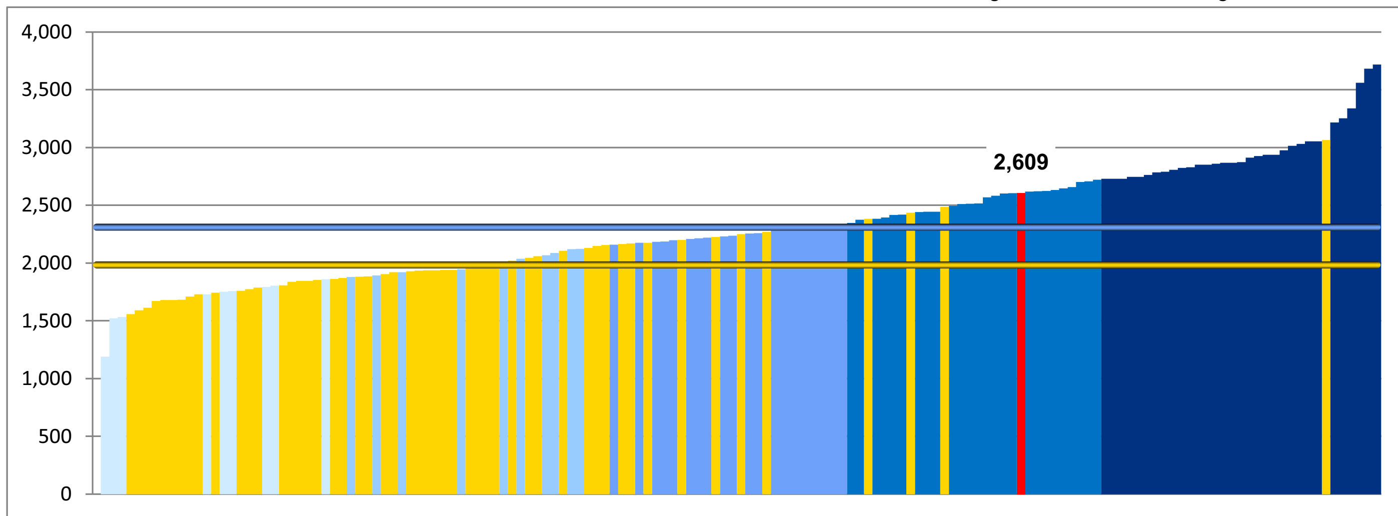
Age/sex standardised rate per 100,000 population

London

Darker shades = More years lost

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LA in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



NHS OF 1b(i) Life expectancy at age 75 (Males)

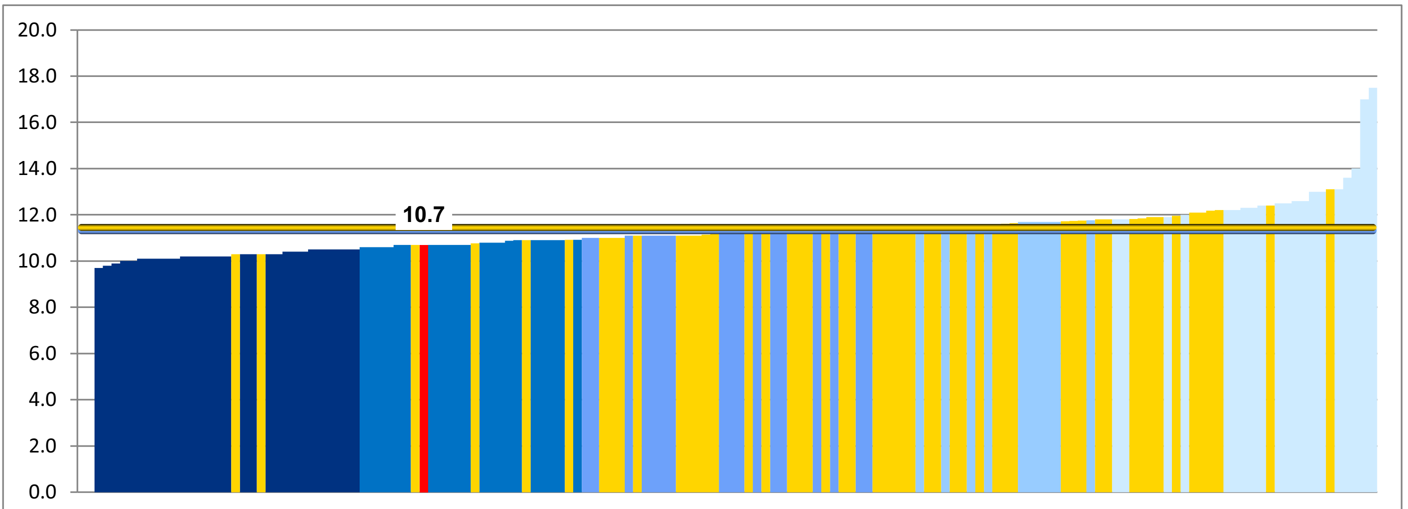
Number of additional years men age 75 are expected to live

London

Darker shades = Lower Life expectancy

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LA in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



NHS OF 1b(ii) Life expectancy at age 75 (Females)

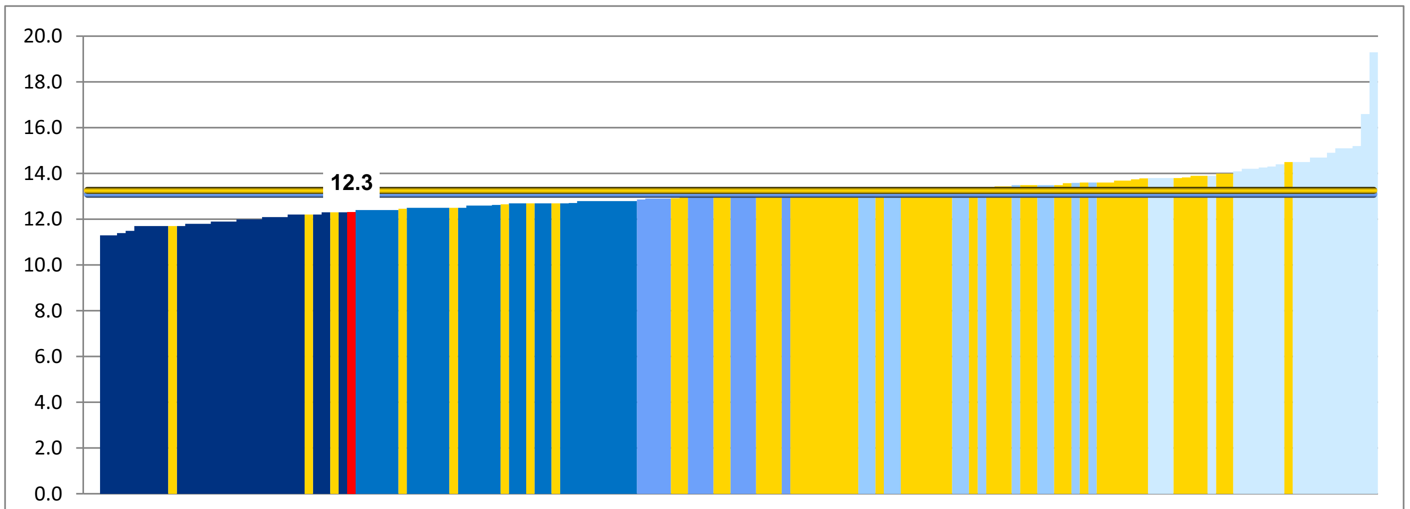
Number of additional years women age 75 are expected to live

London

Darker shades = Lower Life expectancy

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



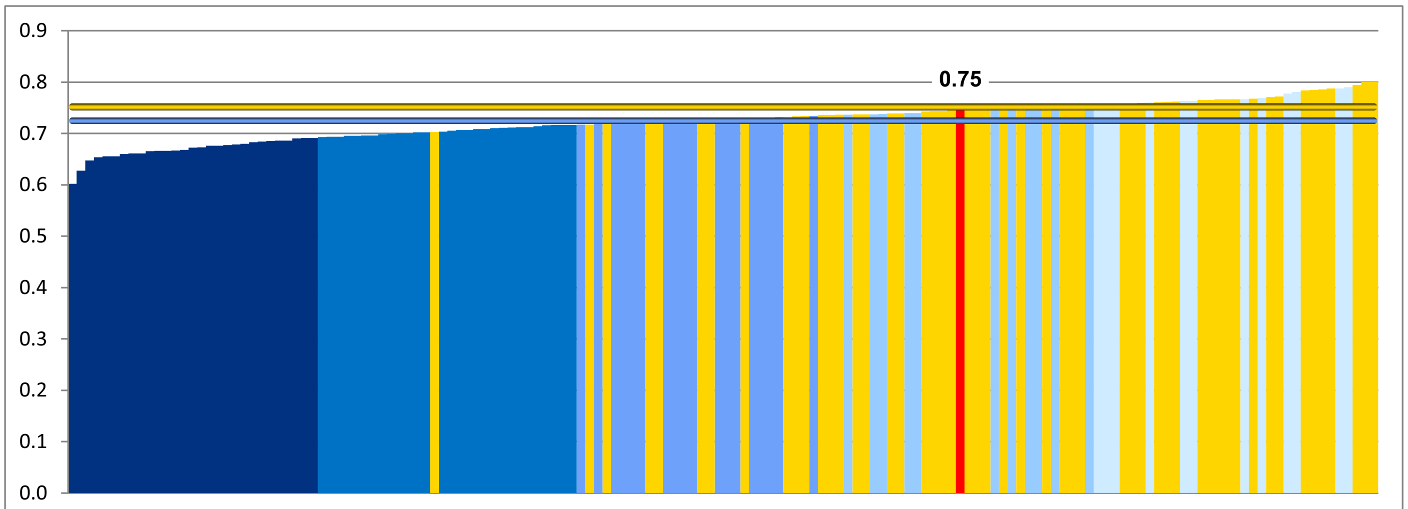
NHS OF 2 Health-related quality of life for people with long term conditions

Average EQ-5D index for people who reported having an LTCs in the GP Patient Survey

London

Darker shades = Lower quality of life

Source: GP Patient Survey. This indicator has not been age-sex standardised or adjusted for disease prevalence.
This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



NHS OF 3a Emergency admissions for acute conditions that should not normally require hospital admission

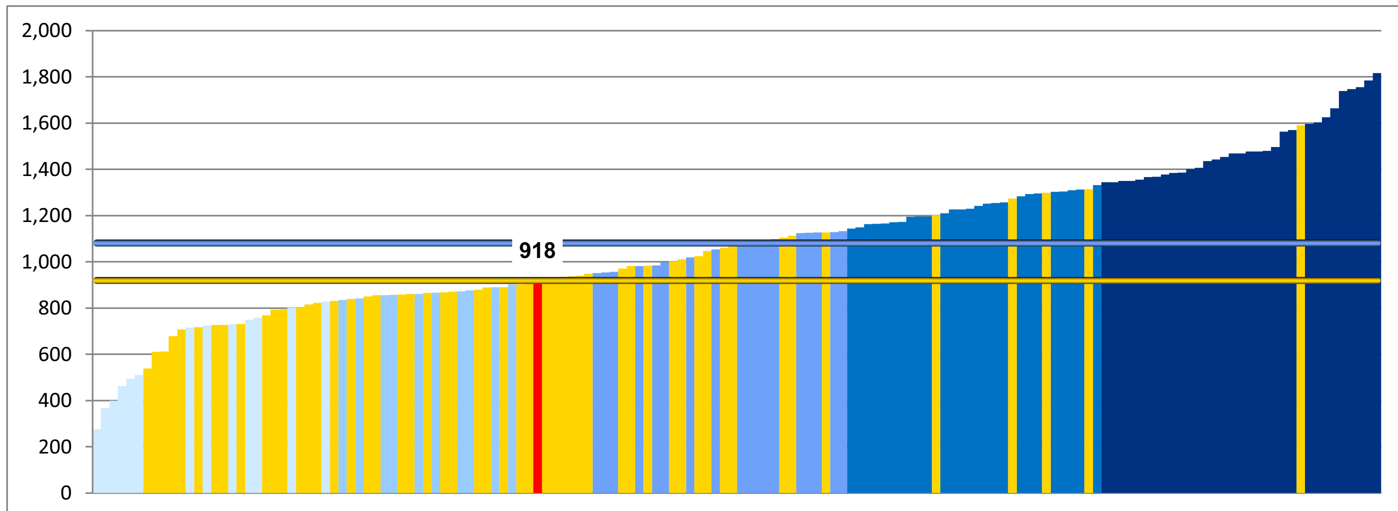
Indirectly age/sex standardised rate per 100,000 population

London

Darker shades = Higher rate of admissions

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



NHS OF 3b Emergency readmissions with 30 days of discharge from hospital

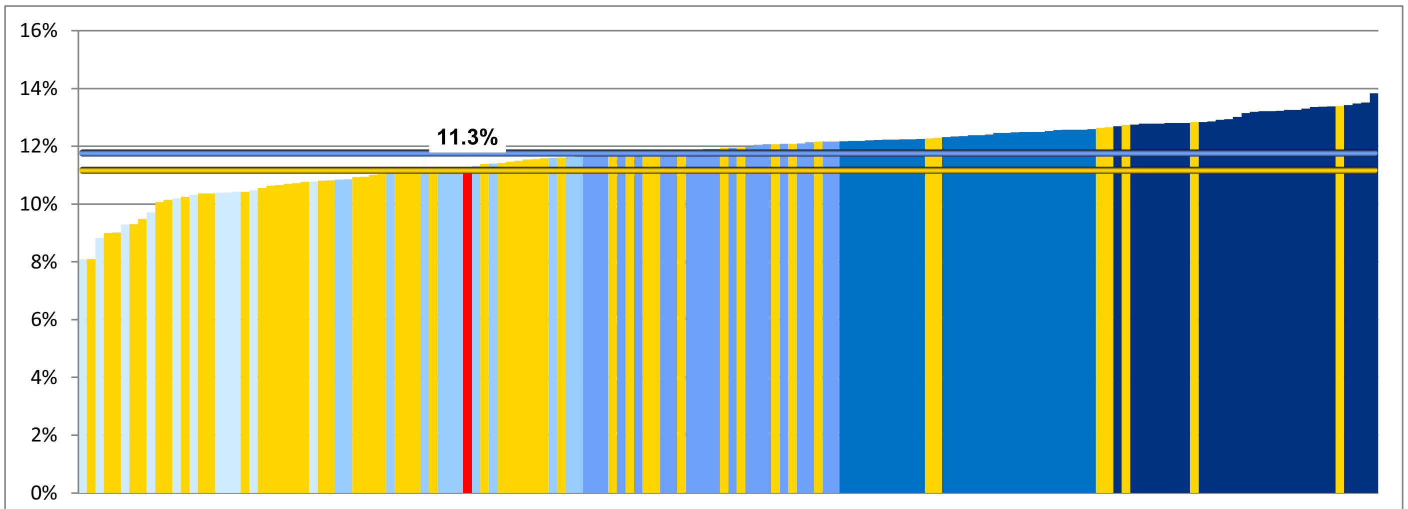
Percentage rate, standardised for age, sex, method of admission and diagnosis/procedure

London

Darker shades = Higher rate of admissions

Source: NHS Information Centre Indicator Portal

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



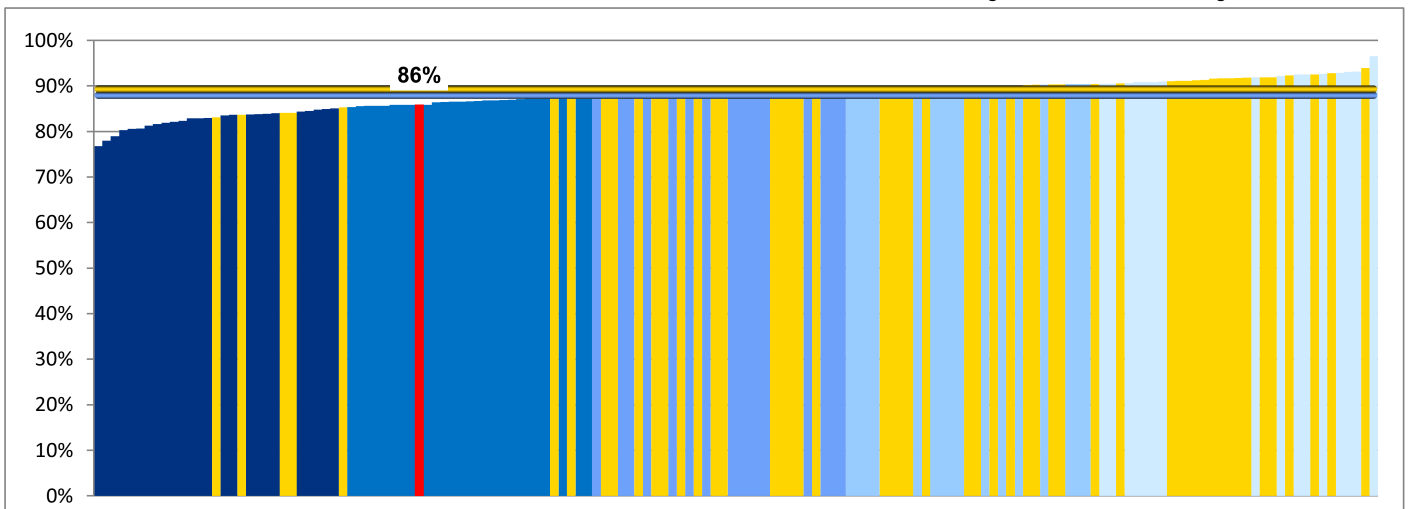
NHS OF 4a(i) Patient experience of primary care (GP services)

% of people who rate their experience of their GP surgery as "very good" or "fairly good"

London

Darker shades = Worse experience

Source: GP Patient Survey; provisional analysis. This indicator is not age/sex standardised but survey responses are weighted for non-response.
This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



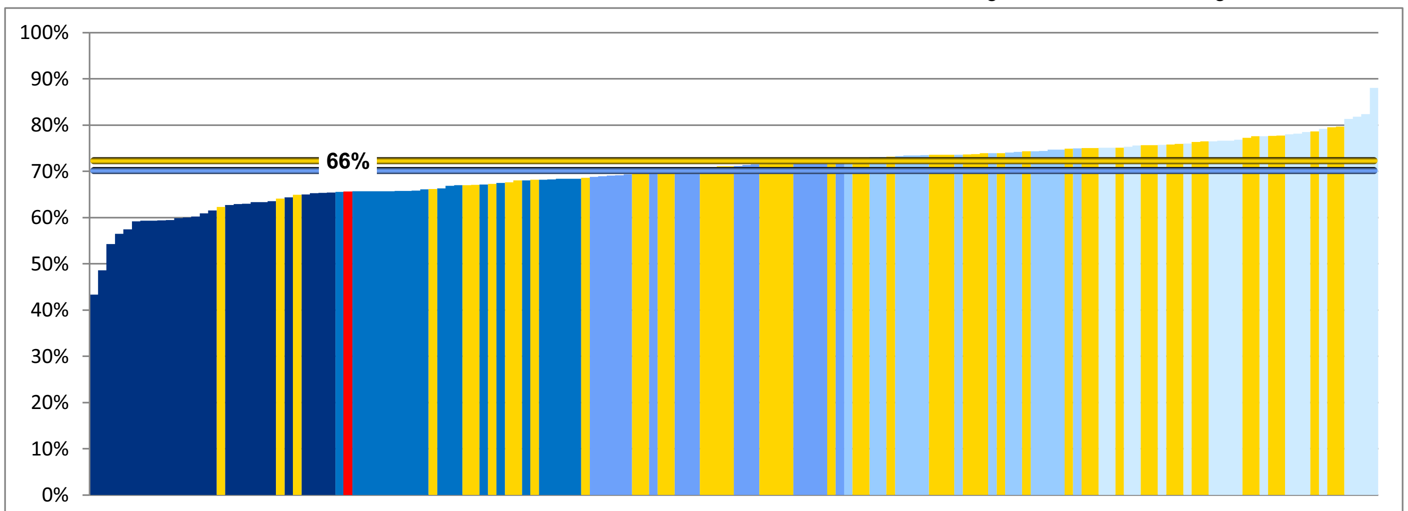
NHS OF 4a(ii) Patient experience of primary care (Out of Hours Services)

% of people who rate their experience of out-of-hours services as "very good" or "fairly good"

London

Darker shades = Worse experience

Source: GP Patient Survey; provisional analysis. This indicator is not age/sex standardised but survey responses are weighted for non-response.
This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



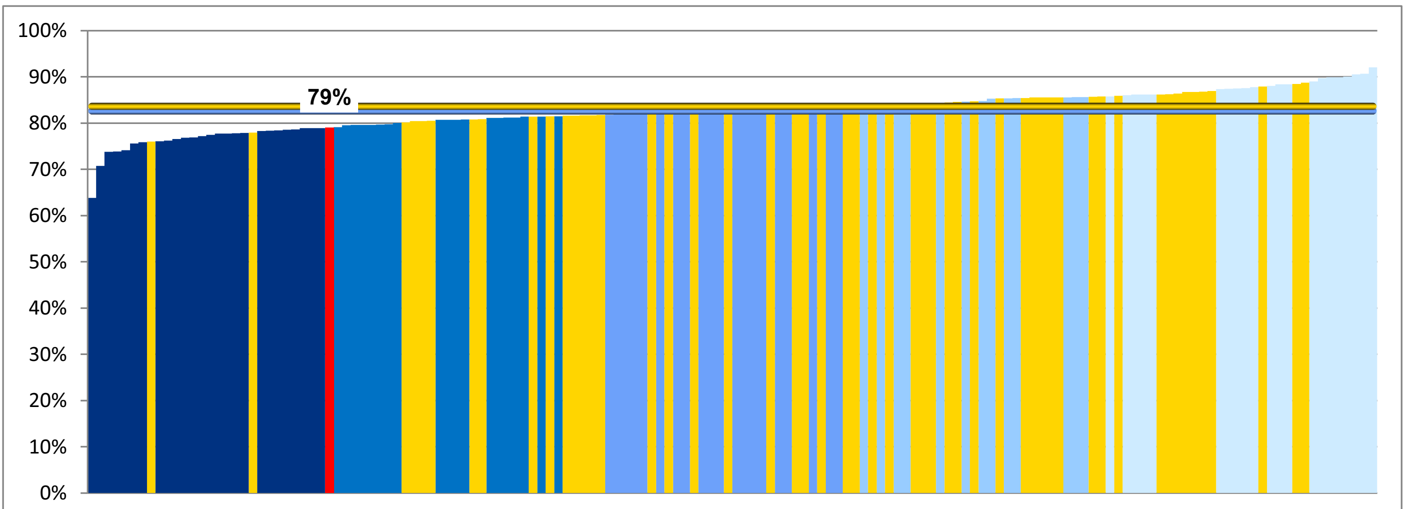
NHS OF 4a(iii) Patient experience of primary care (Dentistry)

% of people who rate their experience of dentistry services as "very good" or "fairly good"

London

Darker shades = Worse experience

Source: GP Patient Survey; provisional analysis. This indicator is not age/sex standardised but survey responses are weighted for non-response.
This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



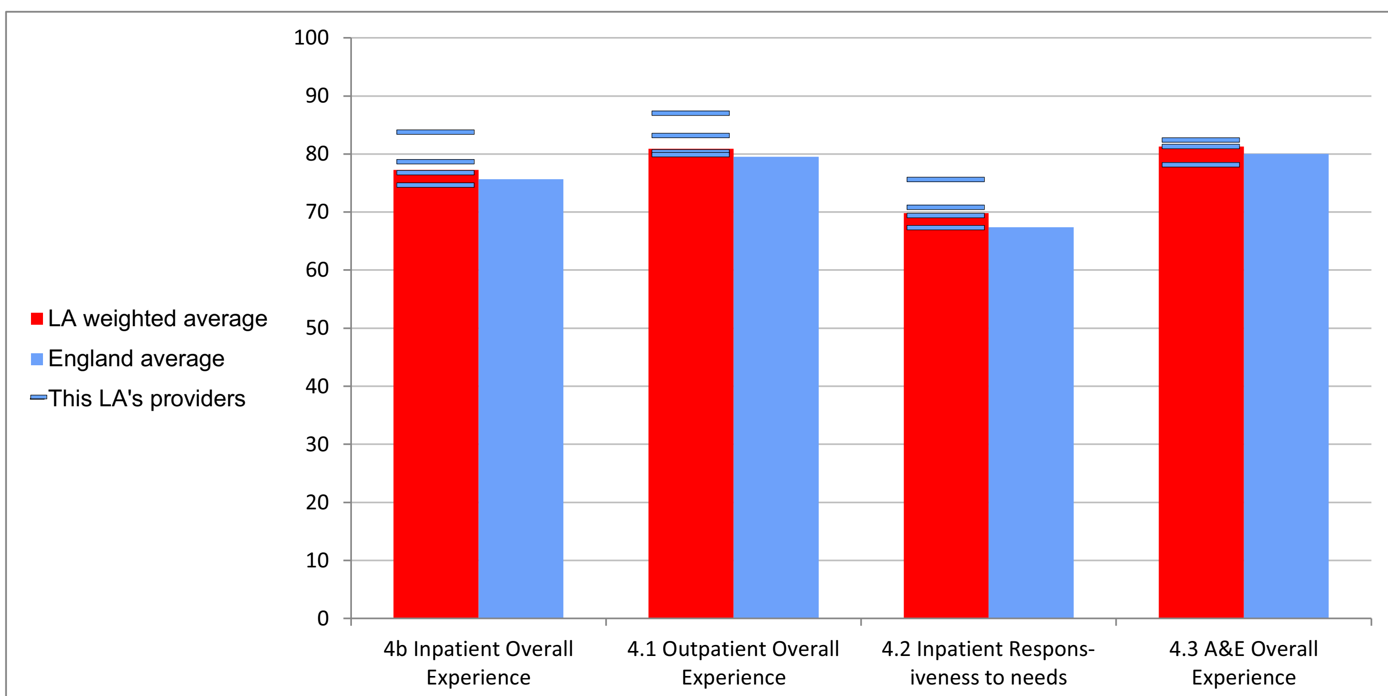
NHS OF 4b Patient experience of hospital care

Composite experience scores (out of 100) at this LA's main 5 providers

The table below shows the composite score based on people who reported that their experience was "very good" or "fairly good" in various patient surveys.

Note that these scores refer to all patients surveyed at the providers and do not refer specifically to this LA's patients. To give additional context, this page includes additional indicators 4.1-4.3 from the NHS Outcomes Framework.

Providers (ordered by number of admissions) for this LA's residents	Number of Admissions / spells (Acute 2010/11)	4b Inpatient Overall Experience	4.1 Outpatient Overall Experience	4.2 Inpatient Respons-iveness to needs	4.3 A&E Overall Experience
Peterborough & Stamford Hospitals NHS FT	11,141	77	80	69	81
Papworth Hospital NHS FT	817	84	87	76	NA
Cambridge Univ Hospitals NHS FT	609	79	83	71	82
Ramsay Healthcare UK Operations Ltd	487	NA	NA	NA	NA
University Hospitals of Leicester NHS Trust	148	75	80	67	78
LA weighted average		**77**	**81**	**70**	**81**
England Average		**76**	**80**	**67**	**80**



SECTION 3

Public Health Outcomes Framework Indicators

PH OF 0.1i Proxy for healthy life expectancy at birth

Disability Free Life Expectancy (DLFE) at age 16 for males and females combined

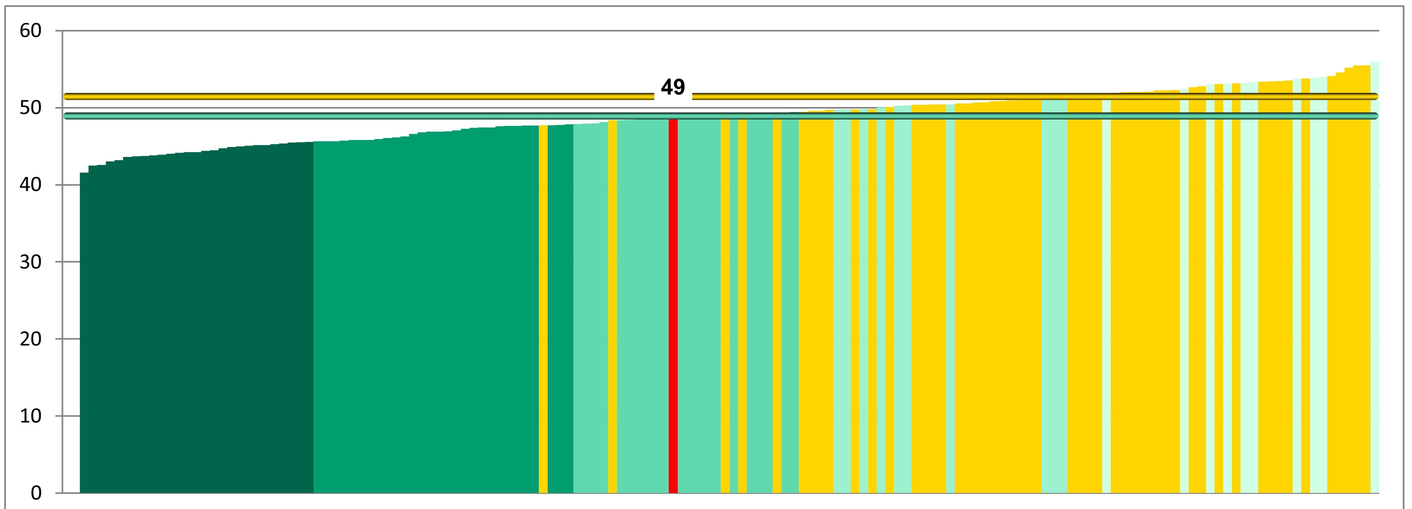
London

Darker shades = Lower disability free life expectancy

This is a proxy dataset as data for healthy life expectancy at birth is not yet available at LA level

Source: ONS

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



PH OF 0.1ii Life expectancy at birth

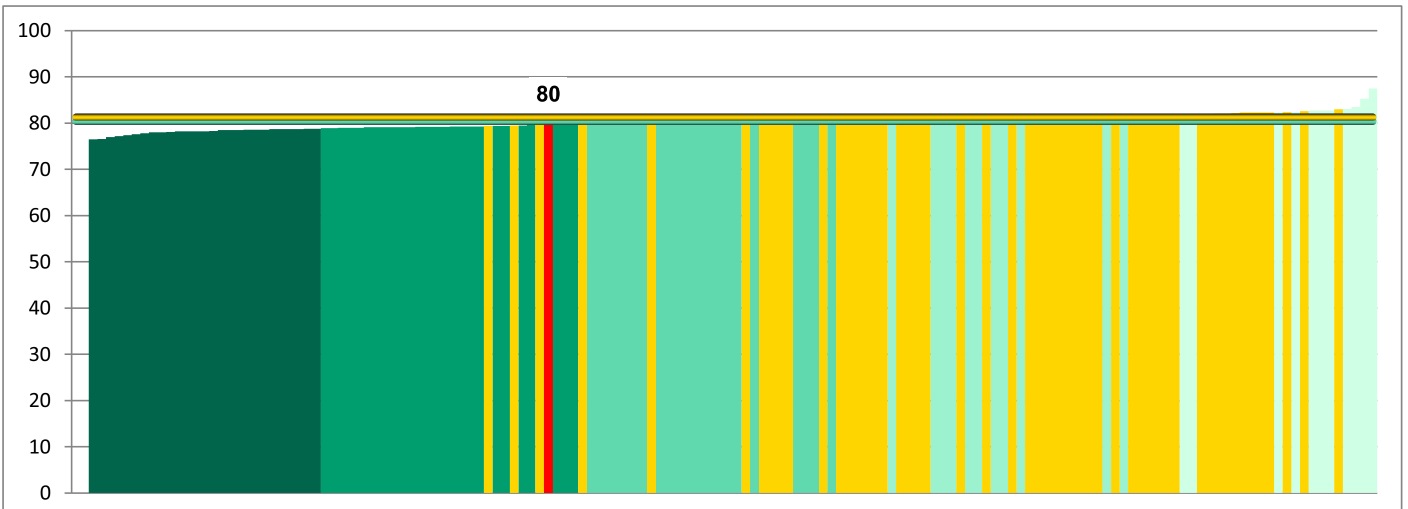
Life expectancy at birth for males and females combined

London

Darker shades = Lower life expectancy

Source: ONS

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



PH OF 0.2iii Slope Index of Inequality in life expectancy at birth

Slope Index of Inequality (SII) in life expectancy for males and females combined

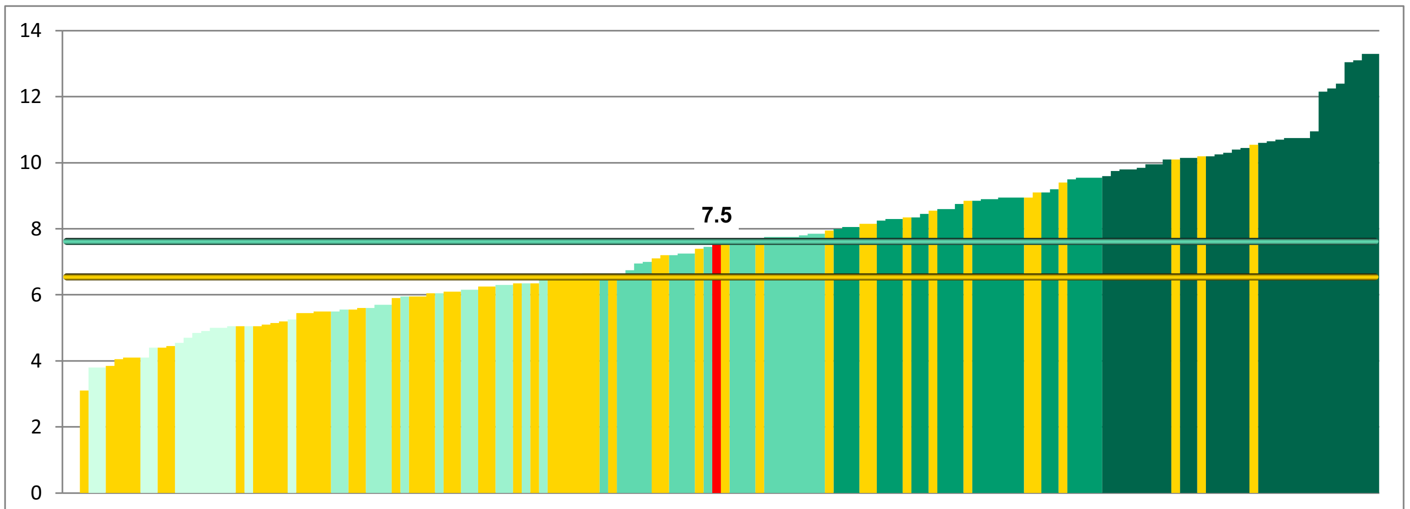
London

Darker shades = Greater inequality

This is a proxy indicator as data using the final methodology for this indicator is not yet available.

Source: London Health Observatory

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



SECTION 4

Adult Social Care Outcomes Framework Indicators

Adult Social Care OF 1A Social care-related quality of life

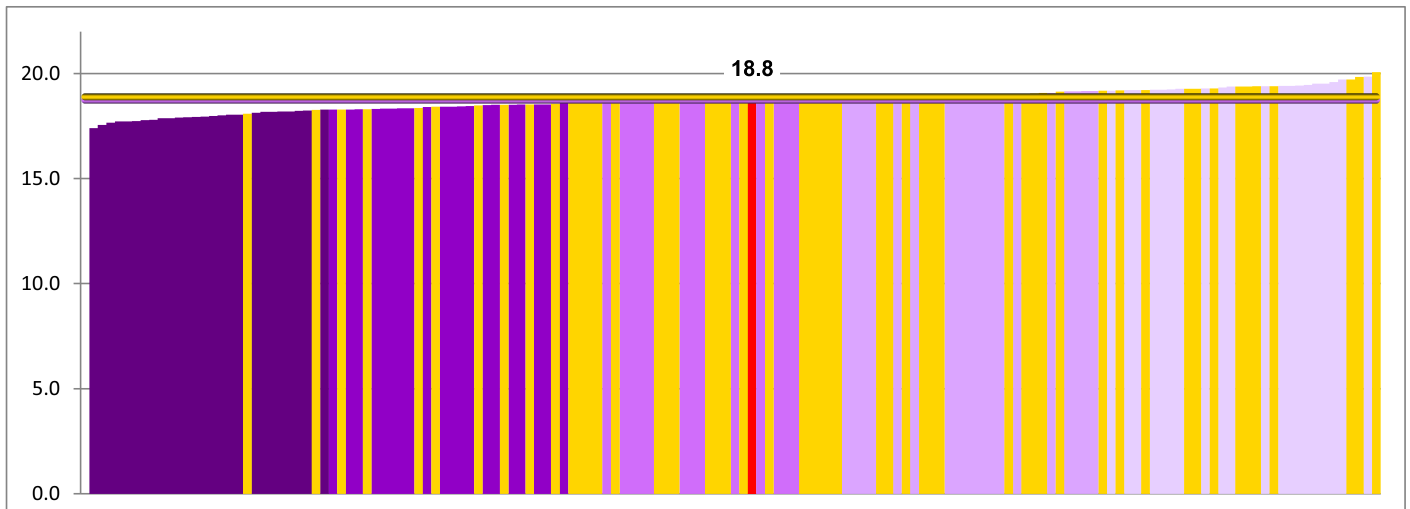
Average quality of life score based on responses to the Adult Social Care Survey

London

Darker shades = Lower quality of life

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



Adult Social Care OF 2A(1) Permanent admissions to residential and nursing care homes for people age 18-64

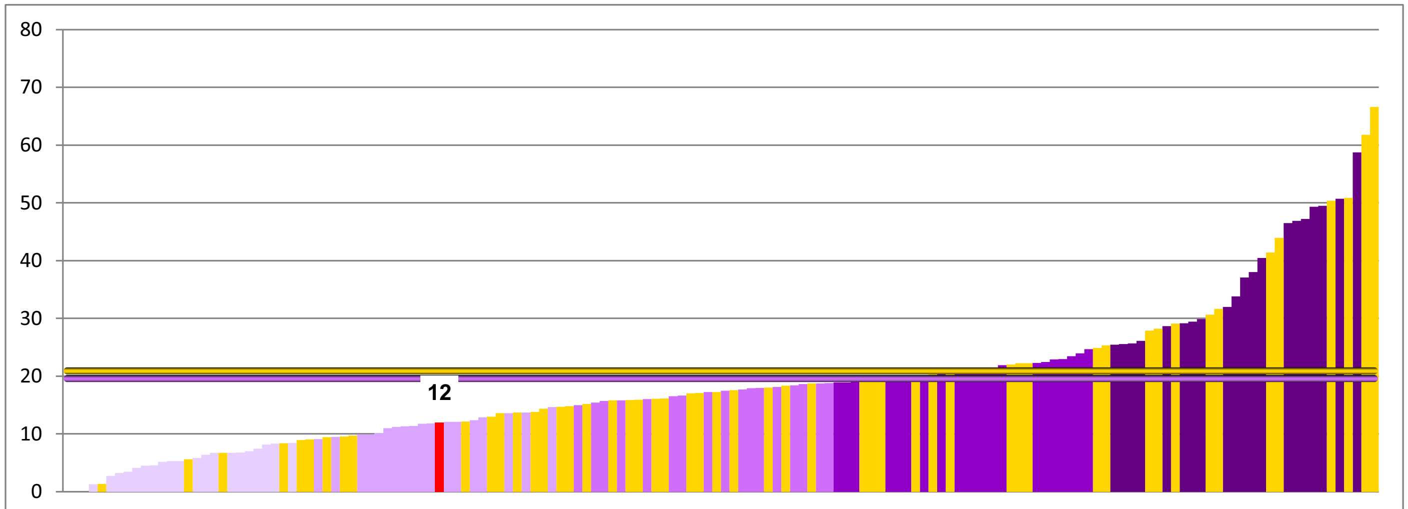
Rates per 100,000 population age 18-64

London

Darker shades = Higher admissions rate

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



Adult Social Care OF 2A(2) Permanent admissions to residential and nursing care homes for people age 65+

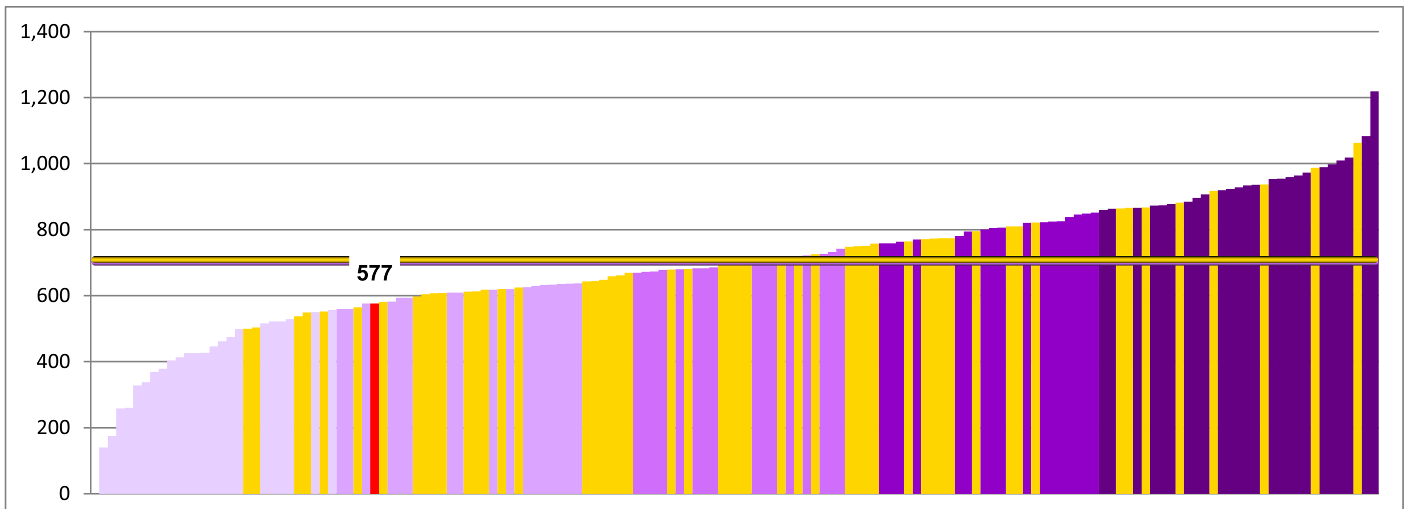
Rates per 100,000 population age 65+

London

Darker shades = Higher admissions rate

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



Adult Social Care OF 3A Overall satisfaction of people who use services with their care and support

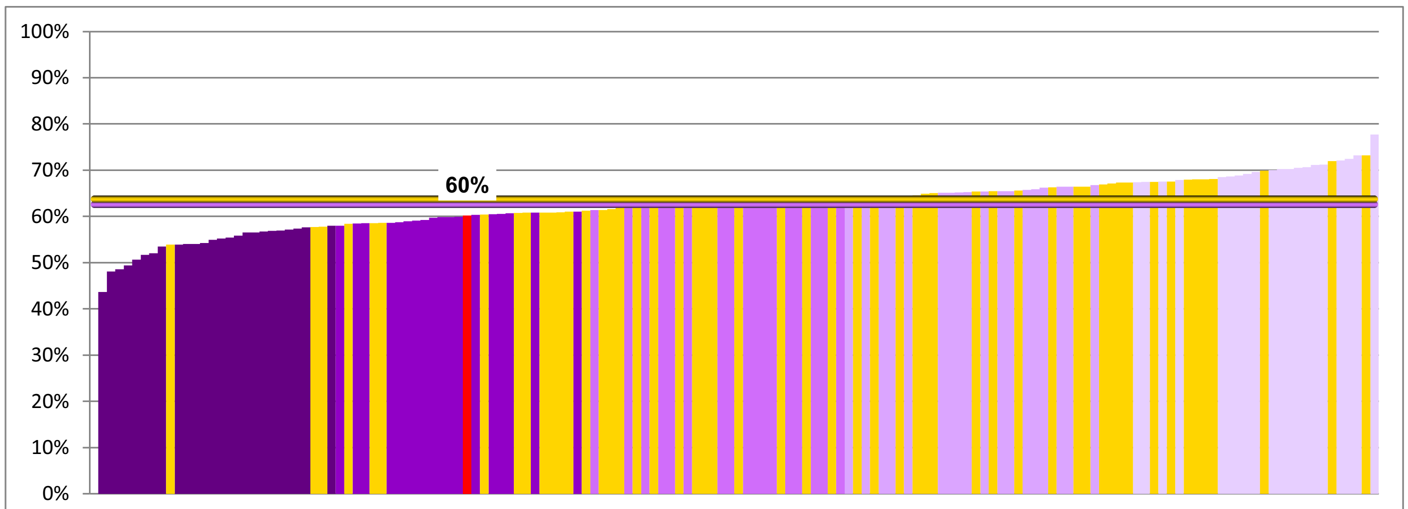
% of people who rate their satisfaction as "very" or "extremely" satisfied

London

Darker shades = Lower % satisfied

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



Adult Social Care OF 4A Proportion of people who use services who feel safe

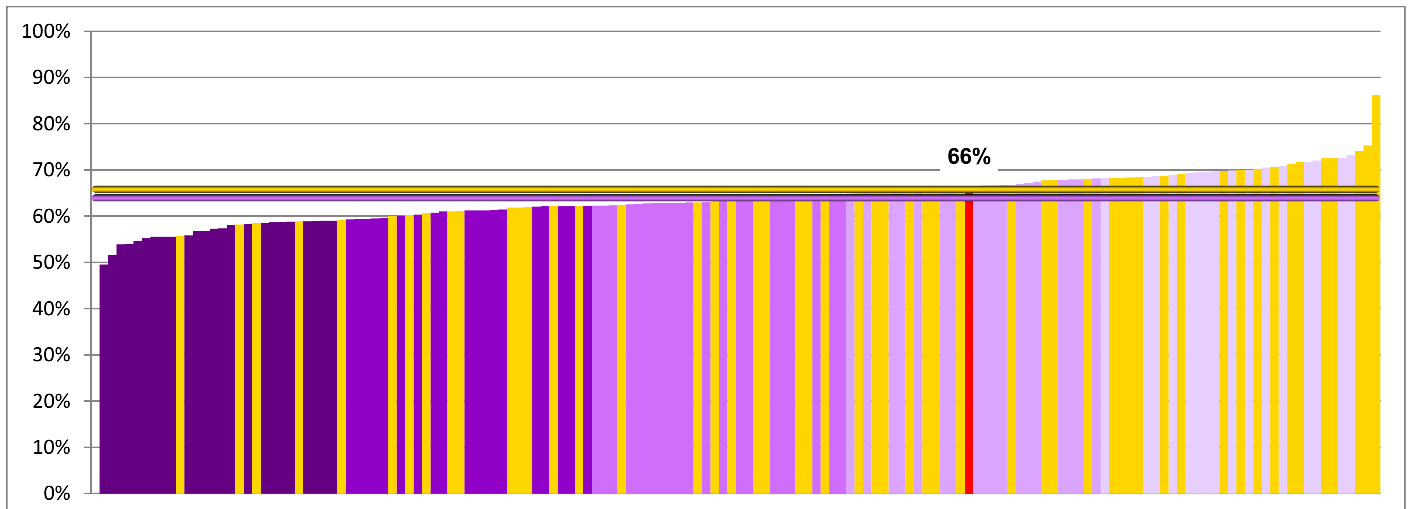
% of people who say they "feel as safe as they want"

London

Darker shades = Lower % who feel safe

Source: Health and Social Care Information Centre

This LA is shown in red. Yellow bars represent other LAs in the same ONS Cluster as this LA. Horizontal lines are the England and cluster averages.



SECTION 5

Main CCGs for this LA's residents

CCGs of GP Practice registration for this LA's residents

CCGs (ordered by number of residents in this LA)	Number of People
NHS Cambridgeshire and Peterborough CCG	191,831
NHS South Lincolnshire CCG	8,202
Unknown (Special lists)	226
NHS East Leicestershire and Rutland CCG	13
Others	0
Total	**200,273**

The first table shows the CCG(s) that this LA's residents are registered with.

The tables below then show which other LAs these CCGs' registered patients live in. (Up to 4 CCGs are shown.)

NHS Cambridgeshire and Peterborough CCG	No. of People
Cambridgeshire	625,498
Peterborough	191,831
Hertfordshire	18,728
Northamptonshire	14,426
Norfolk	6,513
Bedford	3,424
Lincolnshire	1,710
Suffolk	1,392
Essex	1,146
Rutland	115
Other	36
Total	**864,819**

NHS South Lincolnshire CCG	No. of People
Lincolnshire	141,707
Peterborough	8,202
Rutland	4,397
Northamptonshire	1,415
Cambridgeshire	608
Norfolk	326
Other	0
Total	**156,656**

Source: Attribution Data Set, April 2012

Sources and references

Populations Source: ONS. Data are from the 2011 census.

Deprivation Source: Indices of Multiple Deprivation. Data are from the 2010 Index. The centroid of residential postcodes within each LSOA are shaded.

NHS 1a Source: Health and Social Care Information Centre. Data are 2010. Directly age standardised rates per 100,000 population.

NHS 1bi, 1bii Source: Health and Social Care Information Centre. Data are 2008-10 combined.

NHS 2 Source: GP Patient Survey. Data are July 2011 - March 2012. This indicator is **not** standardised for age/sex but survey responses are weighted for non-response. Based on LA of residence of survey respondents.

NHS 3a Source: Health and Social Care Information Centre. Data are 2011/12. Indirectly age/sex standardised rate.

NHS 3b Source: Health and Social Care Information Centre. Data are 2010/11. Percentage indirectly standardised for age, sex, method of admission and diagnosis/procedure; admissions for cancer/obstetrics are excluded.

NHS 4ai, 4aii, 4aiii Source: GP Patient Survey; interim analysis by Commissioning Board analysis team. Data for 4ai and 4aii are July 2011 - March 2012; 4aiii is July - September 2011. This indicator is **not** standardised for age/sex but survey responses are weighted for non-response. Based on LA of residence of survey respondents.

NHS 4b Source: Inpatient Survey / Health and Social Care Information Centre. Data are 2011. Composite indicator of 5 domains in the survey.

PH 0.1i, 0.1ii Source: ONS. DLFE data are 2007-9 and life expectancy data are 2008-10. Unweighted average of published figures for males and females. 0.1i is a proxy indicator as data using the final methodology for this indicator is not yet available.

PH 0.2iii Source: London Health Observatory. Data are 2006-10. Average of published figures for males and females. This is a proxy indicator as data using the final methodology for this indicator is not yet available.

SC 1A Source: Health and Social Care Information Centre. Data are 2011/12. Survey responses are weighted for non-response.

SC 2A Source: Health and Social Care Information Centre. Data are 2011/12.

SC 3A Source: Health and Social Care Information Centre. Data are 2011/12. Survey responses are weighted for non-response.

SC 4A Source: Health and Social Care Information Centre. Data are 2011/12. Survey responses are weighted for non-response.

Main CCGs Source: Attribution Data Set. Data are for April 2012.

Additional Resources

Information Centre Indicator Portal	http://indicators.ic.nhs.uk
PH Outcomes Framework Tool	http://www.phoutcomes.info
National General Practice Profiles	http://www.apho.org.uk/PRACPROF
Spend and Outcomes Tool (SPOT)	http://www.yhpho.org.uk/spot
Quality and Outcomes Framework database	http://www.qof.ic.nhs.uk
LA Health Profiles	http://www.apho.org.uk/default.aspx?QN=p_health_profiles
Health Investment Network	http://www.networks.nhs.uk/nhs-networks/health-investment-network
NHS Comparators	http://www.nhscomparators.nhs.uk

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Email: nhscb.outcomes-benchmarking@nhs.uk

HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 7
21 JANUARY 2013	PUBLIC REPORT

Contact Officer(s):	Paul Phillipson, Executive Director Operations	Tel. 01733 453556

INSPIRE PETERBOROUGH

R E C O M M E N D A T I O N S	
FROM : Cllr Irene Walsh, Cabinet Member for Community Cohesion and Safety	**Deadline date : N/A**
It is recommended that the Board notes the contents of this report and ask Commissioners to consider including support to Inspire Peterborough within their commissioning plans	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board at the request of Cllr Irene Walsh, Cabinet Member for Community Cohesion and Safety.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to obtain the Committee's views on the Inspire Peterborough initiative and how it will impact on delivering improvements to public health.

2.2 This report is for Board to consider under its Terms of Reference No. 2.1, to bring together the leaders of health and social care commissioners to develop common and shared approaches to improving the health and well being of the community.

3. Introduction

3.1 Peterborough City Council and DIAL (Disability Information and Advice Line) Peterborough are working in partnership to improve participation in, and choice of, disability sports in Peterborough. We want Inspire Peterborough to be the vehicle that enables more disabled people to take part in sport, providing enhanced life opportunities for all, reducing inequalities and improving health.

What is Inspire Peterborough?

3.2 Inspire Peterborough will be a charitable organisation that will promote sport, physical activity, health and wellbeing to disabled people of all ages. Building locally upon the legacy of the London 2012 Olympic and Paralympic Games, we will support and inspire all disabled people to have better life outcomes through participating in sport, physical activity and volunteering.

How will the charity work?

3.3 Inspire Peterborough will be a charitable organisation associated with DIAL Peterborough. This will allow the charity to take advantage of the track record, reputation and established relationship with people with disabilities or long term health conditions whilst operating independently.

3.4 The charity will work in partnership with Peterborough City Council, Vivacity, health care providers, PCVS (Peterborough Council Voluntary Services), Sports clubs, venues and national governing bodies and the armed forces to increase awareness, access and participation.

What will Inspire Peterborough Do?

3.5 Inspire will continue to develop a network of sports providers within the city that will, for the first time, provide a joined up approach and offer pathways to new sports and physical activities. We will work with disabled people, sports venues and providers to facilitate greater access and choice of sport in the city. We want everyone to have the opportunity to take part in sport from the social level through to competitive and even elite standard, should they wish.

3.6 Through our partnership links, we will provide access to specialist advice and support for venues to enhance their facilities. We will assist sports venues and providers to apply for funding opportunities and link with volunteer centres to create opportunities for more people to become involved in sports volunteering.

What role will Vivacity play in this?

3.7 The work of Inspire Peterborough is far broader than the role Vivacity has to deliver sport within the city. We are working closely with Vivacity which is fully supportive of this initiative. This ranges from the strategic engagement at board level, through to more operational issues. Inspire will bring together people with disabilities and sports providers who will identify where the barriers to access are, introduce new disability sports and the opportunity to take part in them. In addition Inspire Peterborough will create and promote volunteering opportunities within the sporting arena for disabled and able bodied people.

How will we achieve this?

3.8 Through developing a single brand and access point, we will improve awareness and marketing of sports and physical activity that will lead to increased participation.

3.9 We will employ a project co-ordinator who will work with our partners (for example community groups, sports venues, GPs, schools/colleges and funding bodies) to raise awareness, development relationships and galvanise support.

3.10 Our aim is simple; everyone can take part.

4. CONSULTATION

4.1 Inspire Peterborough has already established a steering group and sports provider network. We have engaged with a number of key stakeholders such as Sport England (National Governing Body), English Federation of Disability Sport (The Strategic Lead for Sport and Physical Activity for disabled people in England), Vivacity, Living Sport (County Sports Provider for Cambridgeshire), Public Health, the Strong & Supportive and Creating Opportunities and tackling inequality Scrutiny Committees and the Cohesion Board. Further opportunities for consultation with other key stakeholders are scheduled for the near future.

4.2 A conference was held at the end of October for sports providers, partners and wider stakeholders and another one in planned for the end of February 2013.

4.3 Feedback from consulted organisations and Members has been extremely positive for this initiative.

5. ANTICIPATED OUTCOMES

5.1 Inspire Peterborough will help to deliver the outcomes below which are contained within the Sustainable Community Strategy; particularly around tackling inequalities and creating strong and supportive communities. We would also expect this work to have a strong impact on improving mental and physical health for disabled people, including veterans from the Armed Forces.

- Helping people to live more healthy and sustainable lives. The benefits of participating in sport and physical activity are well known. Not only can sport improve physical and mental health, but it can provide social interaction and friendship.
- Tackling inequalities by improving information, access and opportunities to engage in physical activities for disabled people.
- Creating strong and supportive communities by giving more people the opportunity to have a better quality of life through sport and volunteering.

5.2 Inspire Peterborough will also bring a number of benefits to sports providers, participants and to Peterborough as follows:

Sports providers

- Access to specialist advice, support and funding opportunities leading to upgraded facilities
- Increased business opportunities and higher footfall
- Being part of a local and regional network

Benefits for participants and their families

- Improved physical and mental health
- Building confidence and increased social opportunities
- Pathways to success
- Respite and sibling support
- Increased sense of achievement

Benefits to Peterborough through links to the single delivery plan objectives

- Tackling inequalities
- Creating strong and supportive communities
- Delivering substantial and truly sustainable growth
- Helping people to live more healthy and sustainable lives

6. REASONS FOR RECOMMENDATIONS

6.1 We recommend that the board consider providing support for Inspire Peterborough within their commissioning plans. The work of which will deliver against the Public Health agenda and vision to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

6.2 The cost both for the individual and the city for supporting lifelong medical conditions is considerable. A relatively small amount of funding to support the work of Inspire Peterborough will help to reduce the long term costs for the city and bring greater life opportunities for the individual. In addition we would anticipate increase business and footfall for sports clubs and providers thereby generating additional income for the city.

6.3 Inspire Peterborough will work with partners such as GPs, schools and disabled community groups to offer pathways into sport and physical activity. Whilst much of this provision already exists, there is a lack of awareness and co-ordination between sports clubs, providers and disabled communities. Inspire Peterborough will address these gaps and can help to directly target the Public Health outcomes of Improving the wider determinants of health, health improvements and Healthcare public health and preventing premature mortality.

6.4 Inspire Peterborough will increase participation in disability sports and volunteering. This will provide long term benefits to individuals, families and wider communities.

7. ALTERNATIVE OPTIONS CONSIDERED

Do not support Inspire Peterborough. This option has been rejected as without the work of Inspire Peterborough, the existing issues of lack of engagement and participation in disability sport will continue. Since we have launched this initiative, the demand and

support from disabled people, partner organisations and particularly sports clubs and providers has been overwhelming. We are convinced that there is a significant gap within existing provision that Inspire Peterborough can address.

8. IMPLICATIONS

Finance

The project is currently being seed funded by the cohesion board and donations through the Community Leadership Fund. We currently have pledges of approximately £25k. It is also being supported by the City Council through some officer time to kick-start the initiative. We would ask that the board consider commissioning Inspire Peterborough given the joint strategic links outlined above.

This initial funding will be used to employ a project co-ordinator and developing work streams that will increase participation, volunteering and accessibility. There will also be a number of other costs in terms of website design, communications and marketing and other operational costs. We would anticipate that we would require a budget of around £60-70k for the first year. We are also exploring further funding opportunities through Sport England and the National Lottery (in terms of grant funding).

Legal

Inspire Peterborough will be an independent charity associated to DIAL Peterborough. The Inspire Peterborough board will have representatives from Peterborough City Council, DIAL, Vivacity, PCVS and other interested stakeholders. The charity, as an independent body, will be responsible for raising its own funding and associated legal liabilities.

9. BACKGROUND DOCUMENTS

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

Inspire Peterborough overview.
Inspire presentation.

Inspire Peterborough overview

Inspire Peterborough will be a charitable organisation that will promote sport, physical activity, health and wellbeing to disabled people of all ages. Building locally upon the legacy of the London 2012 Olympic and Paralympic Games, we will support and inspire all disabled people to have better life outcomes through participating in sport, physical activity and volunteering.

We will develop a network of sports providers within the city that will for the first time, offer a joined up approach and offer pathways to new sports and physical activities. We will work with disabled people, sports venues and providers to facilitate greater access and choice of sport in the city.

Through developing a single brand and access point, we will improve awareness and marketing of sports and physical activity that will lead to increased participation. We want everyone to have the opportunity to take part in sport from the social level through to competitive and even elite standard, should they wish.

Through our partnership links, we will provide access to specialist advice and support for venues to enhance their facilities. We will assist sports venues and providers to apply for funding opportunities and link with volunteer centres to increase opportunities for more people to become involved in sports volunteering.

We want Inspire Peterborough to be the vehicle that enables more disabled people to take part in sport, providing enhanced life opportunities for all. Our aim is simple; everyone can take part.

Frequently asked questions

Q. What will Inspire Peterborough actually do?
A. We will bring together different sports venues and providers into a network under the brand of Inspire Peterborough. Through developing a strong identity, we will increase awareness and choice of sport and physical activity for disabled people.

Q. Will Inspire Peterborough run or manage sports venues?
A. No. Peterborough already has a number of excellent sports facilities managed by Vivacity and other organisations. We want to help sporting venues to reach new participants by improving information and awareness of the opportunities available.

Q How will Inspire Peterborough help reach new participants?
A. We will work in partnership with a range of different communities and organisations to develop better information, opportunities and linkages. We will employ a project co-ordinator who will work with our partners (for example community groups, sports venues, GPs, schools/colleges and funding bodies) to raise awareness of this initiative. We will also establish a dedicated website (and other marketing material) that will be a single place of contact for disabled sports and physical activity.

Q. How can Inspire Peterborough help my sports venue?
A. We can support you in a number of ways. We can work with you to ensure that your venue is fully accessible to disabled people. We can also assist you in developing any funding bids to improve your facilities, link with other sports providers and national sporting bodies. We also want to develop better links to national programmes that can support the development of talented individuals into elite sports.

Q. How will Inspire Peterborough help disabled people and their families?
A. Sports and exercise can bring a number of benefits such as feeling good, raising self-confidence, promoting better health and possible improvement in ability. In addition, sport and exercise can also bring added benefits such as social interaction and friendship. We want to support disabled people of all ages to have better opportunities.

Q. I'm in interested in volunteering in sport, how can Inspire Peterborough help?
A. Volunteers are the lifeblood of sport clubs and venues. Without the support of volunteers, many sports would simply grind to a halt. We will work with sports venues and volunteer centres to identify and facilitate volunteering opportunities.

Q. How will Inspire Peterborough be funded?
A. Peterborough City Council will provide a small amount of funding initially to establish the charity and begin developing the work. We are exploring funding opportunities with our partners and longer term will be apply for funding from national bodies.

Q. When will Inspire Peterborough be operational?
A. Work on Inspire Peterborough has already begun. A shadow Board has been established and has met regularly. In addition, we have held a conference for partner organisations and established a network of sports clubs and venues which has held its inaugural meeting. Early in the new year, we expect Inspire Peterborough to be established as a formal charity.

Inspire Peterborough

Ian Phillips and Julie Rivett

Inspire Peterborough

"To use the power of the Games to inspire change"

- London 2012

Logo courtesy of London 2012

Inspire Peterborough

Follow this link to the video

'Sport Doesn't Care Who You Are'

http://www.youtube.com/watch?v=y5whWXxGHUA&hd=1

Inspire Peterborough

Our vision:

To increase the choice of disability sports and to invigorate and inspire disabled people to have better life outcomes through, sport, physical activity and volunteering

Inspire Peterborough

What is it?

- A charitable organisation that will through close community links become the:
  - First point of contact for anyone interested in disability sports
  - Signpost to opportunities, advice and information

Inspire Peterborough

What will it do?

- Bring together local sports providers and venues under a unified ‘brand’
- Support clubs to develop pathways to success
- Bid for funding, increase capacity and improve facilities
- Provide opportunities for those wishing to improve their physical and mental health and well being
- Provide volunteering opportunities for able bodied and disabled people
- Encourage and enable competitive sporting opportunities locally and throughout the region

Inspire Peterborough

Benefits to sports providers:

- To be part of a city-wide movement
- Access to specialist advice, support and funding opportunities leading to upgraded facilities
- Unified branding and marketing
- Increased business opportunities and higher footfall
- Creating a local and regional network

Richard Whitehead *– Gold Medalist*
T42 200m, London 2012

Inspire Peterborough

Benefits for participants and their families

- Improved physical and mental health
- Creating the opportunity to take part in competitive games
- Building confidence
- Social opportunities
- Pathways to success
- Respite and sibling support
- Increased sense of achievement

Meet Cameron…..

Inspire Peterborough

Benefits to Peterborough:

- Tackling inequalities
- Creating strong and supportive communities
- Delivering substantial and truly sustainable growth
- Helping people to live more healthy and sustainable lives

'Setting the standard and taking the lead…'

Inspire Peterborough

How will we achieve this?

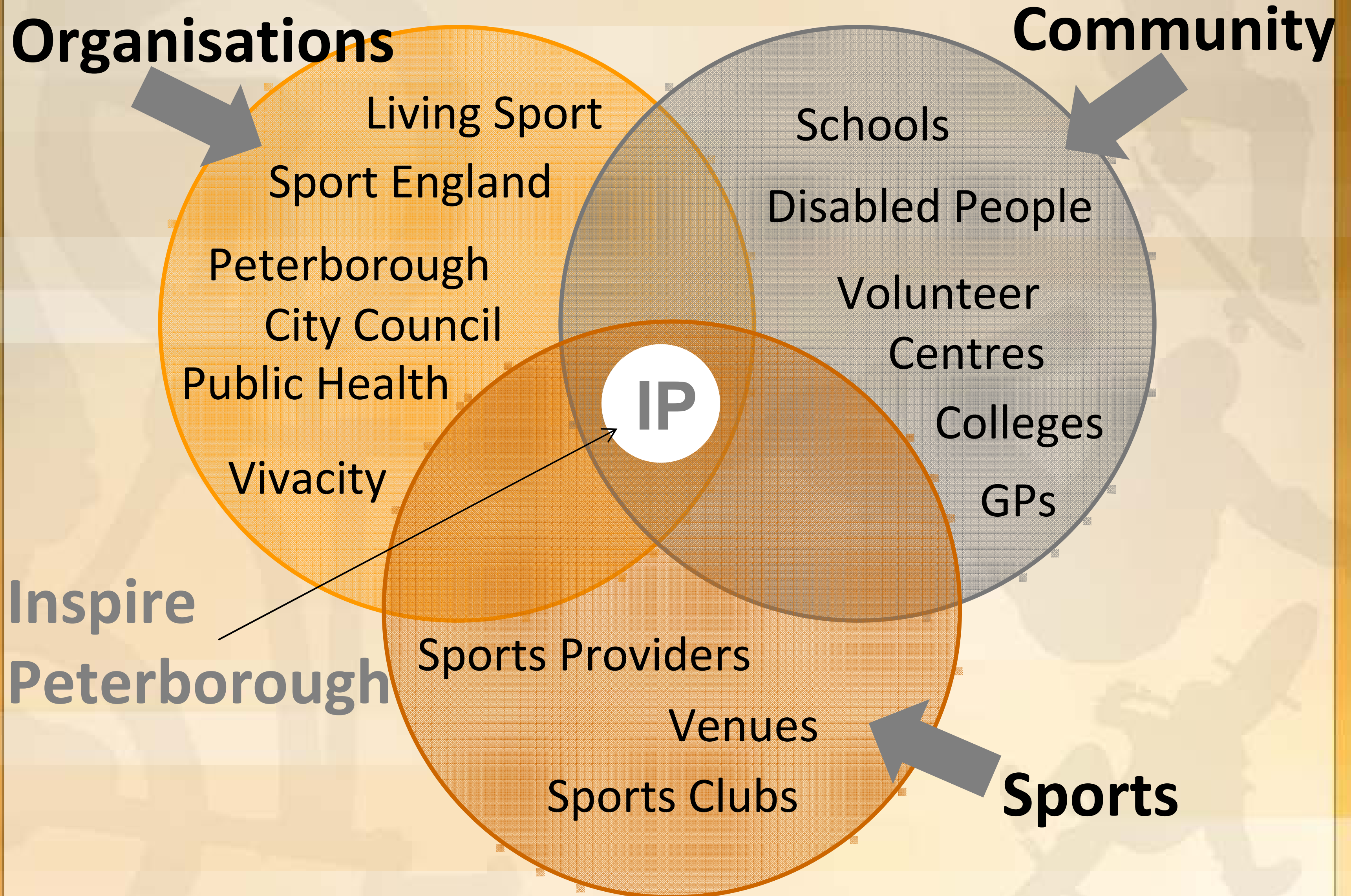
- Establish a charitable body associated to DIAL Peterborough
- Bring people and partners together under one single brand and access point
- Dedicated project management and support
- Co-ordinated funding, volunteering and marketing
- Access to national bodies

Inspire Peterborough

What difference will this make?

- Interaction between people with different disabilities
- Linking community organisations
- Added value to existing provision
- Meeting needs and signposting
- Explore opportunities to develop skills in the care sector – employment?
- Leading to increased health and wellbeing

Inspire Peterborough



Inspire Peterborough

Our proposed Board

- Peterborough City Council (PCC) – Cllr Irene Walsh
- DIAL – Bryan Tyler
- PCVS – John Fox
- Living Sport
- Public Health
- PCC - Neighbourhoods
- Vivacity
- Community – Cllr John Shearman
- Alison Talbot
- Armed Forces

Inspire Peterborough

What have we achieved so far:

- Established a steering group
- Established a sports forum
- Held an away day to scope direction and strategy
- Engaged key partners
- Held a partner seminar
- Engaged national bodies
- Mapping sporting providers

Inspire Peterborough

Next steps:

- Establish the Charity 'Inspire Peterborough' and develop a work programme
- Set up a dedicated web-site
- Explore funding opportunities for dedicated project support and recruit
- Establish the sports provider network and capture what is currently going on
- Inspire Peterborough on tour!

Inspire Peterborough

Any Questions?

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(a)
21 JANUARY 2013		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn Assistant Director Strategy, Commissioning and Prevention Children's Services	Tel. 01733 863749

PRINCIPLES FOR COMMISSIONING AND DELIVERING BETTER HEALTH OUTCOMES AND EXPERIENCES FOR CHILDREN AND YOUNG PEOPLE

R E C O M M E N D A T I O N S	
FROM: Executive Director of Children's Services.	**Deadline date:** N/A
To agree that the Peterborough Health and Well Being board will adopt the set of principles developed by the Strategic Network for Child Health and Well Being for commissioning and delivering better health outcomes and experiences for children and young people.	

1. ORIGIN OF REPORT

1.1 Chris Upton Consultant Paediatrician and Lisa Christensen Director of Children's Services Norfolk; co-chairs for the Strategic Network for Child Health and Wellbeing hosted a conference on 15th November 2012 to share the report of the National Children and Young People's Outcomes Forum and a set of principles for commissioning and delivering better health outcomes and experiences for children and young people.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to agree that the Peterborough Health and Well Being Board will adopt the Principles developed by the Strategic Network.

2.2 This report is for the Health and Well Being Board to consider under its Terms of Reference 3.1, to develop a Health and Well Being Strategy for the city that informs and influences the commissioning plans of partner agencies.

3. PRINCIPLES FOR COMMISSIONING AND DELIVERING BETTER HEALTH OUTCOMES

3.1 The Strategic Network assembled a group to design a set of principles for commissioning and delivering better health outcomes and experiences for children and young people. This group consisted of representatives from local government and NHS commissioners and providers, the voluntary and community sectors and parents, children and young people.

3.2 The principles attached at appendix 1 are the culmination of this work and it is proposed that these will be used by commissioners in their service specification for child health services and by providers to ensure they are delivering quality services responsive to needs.

4. CONSULTATION

4.1 A broad range of stakeholders were part of the development of the principles.

5. ANTICIPATED OUTCOMES

5.1 Delivery of better health outcomes and experiences for children and young people so that they are comparable with the best in the world.

6. REASONS FOR RECOMMENDATIONS

6.1 It is recommended that the Health and Well Being Board in Peterborough adopts the use of the principles to secure improved health outcomes for children and young people.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 To not adopt the principles may result in commissioners and providers not achieving the best outcomes possible for children and young people.

8. IMPLICATIONS

8.1 If the Health and Wellbeing Board agree with the proposal to adopt the use of the principles a communications plan will need to be developed to ensure the principles are rolled out to commissioners and providers in the city.

9. BACKGROUND DOCUMENTS

9.1 None.

Principles for commissioning and delivering better health outcomes and experiences for children and young people so that they are comparable with the best in the world.

NHS

Strategic Network for Child Health and Wellbeing in the East of England

DRAFT

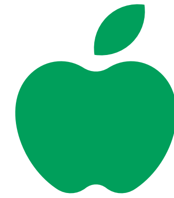
PRINCIPLE 1

Child and family focussed

We will ensure the voices of children and young people are heard throughout the health care system and their needs drive planning and delivery in collaboration with clinical expertise.

INDICATORS/EVIDENCE THAT WOULD REFLECT ACHIEVEMENT OF THE PRINCIPLE

1. Commissioning of services and decision making is informed by children, young people and families and commissioning plans are shared and understood.
2. Patient held records e.g. 'All About Me' are routinely used to ensure professionals are made aware of needs and are a written record of health issues.
3. Within patient held records there is evidence that children, young people and families are involved in decisions about their care and make informed choices.
4. Services are tailored where possible to an individual or group to ensure joined up packages of care.
5. Services include a measure of patient experience and there is evidence of change in response to patient feedback
7. Staff are trained and can demonstrate competencies in building a therapeutic relationship and communicating sensitive information honestly and with empathy.
8. Young people are encouraged to see a health professional on their own as well as with their parent or carer.
9. Smooth transfer occurs from children's to adults services.
10. The needs of particularly vulnerable or at risk groups are fully considered.



PRINCIPLE 2

Health Promotion

We will prioritise investment and resources to improve the health and wellbeing of our children and young people.

1. Children, young people and families have an understanding of what they need to do to have good health.
2. Promoting good health is coordinated across education, health and social care to ensure a consistent message.
3. Adequate resources are allocated to prevention compared to cure.
4. There is adequate investment in early intervention and prevention, particularly for 0-5 year olds and their families.
5. The Healthy Child Programme 0-19 is fully implemented locally.
6. Health professionals use every opportunity to help children, young people and their families improve their health and wellbeing outcomes, e.g. Making Every Contact Count.
7. The needs of vulnerable and disadvantaged individuals and groups are considered, to reduce health inequalities.

PRINCIPLE 3

Transformation

We will invite children, young people and families to be active participants in the review and future design of services.

1. Evidence of a critical review of current services, considering reconfiguration, integration and networked care.
2. Commissioners ensure providers have critically appraised and adapted service delivery models to transform care across the health care system.
3. Consideration is given to sustainability, workforce capacity & competency, including using the voluntary and community sector.
4. Services support delivery of the Children and Young People's Outcomes Strategy Report recommendations.
5. Children, young people and families have the opportunity to shape service change and improvement, e.g. through Healthwatch organisations.
6. Clinical leadership for child health is evident in transformation programmes.
7. The physiological and psychological needs of the child and young person are foremost when designing healthcare settings.

PRINCIPLE 4

Settings

We will offer children, young people and their families services in settings where they feel welcome, comfortable and accepted and cause as little disruption to family life as possible.

1. All staff are welcoming, approachable and helpful.
2. Appointment systems offer choice of dates and times where possible and sufficient time is allowed for communication with both the child or young person and their parent or carer.
3. GP practices are able to offer timely appointments to avoid unnecessary hospital attendance or admission and limit family disruption.
4. Services are provided in the community wherever possible and are only hospital based when absolutely necessary. For example, ensure access to community children's nursing services.
5. Facilities are fully accessible to all and in particular those with disabilities or mobility difficulties.
6. Where specialist services are required these are delivered with local services where appropriate.
7. Leisure areas are provided in waiting rooms suitable for children and young people with a range of ages and interests.

PRINCIPLE 5

Information and communication

We will share the best information and intelligence between professionals and with children, young people and their families to allow the best possible healthcare.

1. Children, young people and families and the professionals working with them know where to go for services and how to arrange a referral.
2. Children, young people and families feel listened to and have meaningful information provided to them in a way that empowers them to make informed choices.
3. Health information provided to children, young people and families is in a format that is easy for them to understand.
4. Patient information is shared appropriately with others involved, including between health care providers, social care and education providers.
5. Information systems and technologies are in place to facilitate the easy and secure sharing of information and communication.
6. Education settings are informed and involved when a child or young person has a health need.
7. Quality information is collected and used to inform planning of services.
8. Where appropriate, staff are trained on data collection and analysis.

PRINCIPLE 6

Evidence based and sustainable

We will commission and deliver services to consistent standards, informed by best practice and available evidence. All children and young people will have equitable access to services to meet their needs.

1. Children, young people and families will have an understanding of the excellent standards they should expect.
2. Services are commissioned and delivered according to national or locally agreed best practice guidelines and standards.
3. Commissioners and providers can demonstrate that they are monitoring and addressing the quality of services for children and young people.
4. Planning and development of services takes sustainability into account, e.g. numbers of staff required to treat the number of patients.
5. All services have standards of care that are endorsed by providers and commissioners.
6. Joined up packages of care are delivered through multi professional assessment and a multi disciplinary team approach.
7. Healthcare is equally accessible and delivered to the same standard on a 24 hour seven day a week basis.
8 Care is delivered safely and particular emphasis is given to eliminating medication errors.
9. All those working with children and young people have the capacity, skills and knowledge to meet their specific needs - wherever they are in the health system.

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8(b)
21 JANUARY 2013		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn Assistant Director Strategy, Commissioning and Prevention Children's Services	Tel. 01733 863749

HEALTH AMBASSADOR FOR CHILDREN AND YOUNG PEOPLE

R E C O M M E N D A T I O N S	
FROM: Executive Director of Children's Services.	**Deadline date:** The deadline was the end of August, however extension negotiated.

The Health and Wellbeing Board is recommended to agree to:

1. The employment of a Peterborough young apprentice to be a trained and supported Health Watch Ambassador for Children at a cost of between £11,181 and £18,181 depending on experience. The apprentice would be managed on a day to day base by Children's Youth Services. Support and training will be provided by a regional project manager.
2. A funding share of 1/3rd Public Health, 1/3rd Children's Services and 1/3rd Clinical Commissioning Group (CCG).

1. ORIGIN OF REPORT

1.1 This report was presented to the previous Health and Well Being Board; it is being represented with the additional information requested. The original report was submitted to the Health and Wellbeing Board following a request from the Midlands and East Regional Strategic Health Authority to the Executive Director of Children's Services.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to agree on the employment of a Health Watch Ambassador for children, the Ambassador to receive day to day line management from Children's Youth Services and support and training from the regional project manager. Costs to be shared by Public Health, Children's Services and the CCG.

2.2 This report is for Health and Well Being Board to consider under its Terms of Reference. 3.4, to identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements, would benefit improving health and wellbeing and reducing health inequalities.

3. HEALTH WATCH AMBASSADOR FOR CHILDEN

3.1 A proposal has been made by the Midlands and East Strategic Health Authority cluster for each Local Authority to employ a Health Watch Ambassador for children. The proposal has been cited as good practice in the Children and Young People Outcomes Report and is also being considered by London areas. In the Eastern Region the majority of Health and Well Being Boards have already agreed the proposal.

3.2 The proposal utilises the experience of young people who have completed the SHA funded Prince's Trust 'Get into Health' programme, a five week programme including:-

- 3 weeks training, including: Royal Society of Public Health Level 1 and 2 award, workshops on Sexual Health, Physical Activity, Drug and Alcohol Awareness, Diet and Nutrition. C.V. writing, interview techniques, job/apprenticeship application.

- 2 weeks relevant work experience e.g. in a hospital, support services, facilities management, PCT's or equivalent, GP Practices, Social Care.
- 6 months of on-going support and mentoring.
- Young Ambassador Programme where Young Ambassadors receive tailored support and high quality training to develop their leadership and communication skills.

3.3 Key tasks of Young Ambassadors:

- The development of a local Children and Young People's Organisation Directory to promote inclusion of all groups, provide local signposting and promote sustainability.
- Meeting with existing local groups of children and young people to hear their views on local priorities and development of themes for reporting back to local Health Watch and therefore health and wellbeing boards.
- Developing a relationship with local support systems to signpost to those who may be of potential assistance.
- Collating views from local Health Watch to feed into the EOE Strategic Network for Child Health and Wellbeing.

4. CONSULTATION

4.1 Presentation at the Board is part of the regional cluster consultation process. Discussions with Health Watch will take place to ascertain how the Ambassador will work effectively with them if agreement to move forward is given by the Health and Well Being Board.

5. ANTICIPATED OUTCOMES

- **A Solution to a long standing challenge:** the effective involvement of children and young people in decisions about the health and social care system.
- **Giving Young People a development opportunity:** This proposal offers localities the opportunity to offer an apprenticeship to invest in their local youth population.
- **Well informed decision making:** through access to children and young people of all ages across the diverse local population, giving more disadvantaged groups the chance to be heard, this role will be able to give a thematic overview of views and feedback to promote well informed decision making by the Health and Wellbeing Boards as well as adding depth to the core of local Health Watch.
- **Evidence based:** the research to date demonstrates that the views of children and young people are more effectively heard by other young people. The proposed model offers a local lead within the local structure to be able to build the dialogue from young people through young people.
- **Proven structure of support**: the model builds on the Princes Trust track record of delivering benefits for both young people and for the local health and social care system to offer a robust framework to fit local structures. This framework secures the effective recruitment of young people from diverse and deprived backgrounds with existing training and experience and supports them to work as a team for Health Watch and to work within their individual locality.

6. REASONS FOR RECOMMENDATIONS

6.1 It is recommended that the Health and Well Being Board in Peterborough agrees to the employment of a Health Watch Ambassador for Children.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 Consideration has been given to not agreeing the employment of a Health Watch Ambassador for Children, however it is believed that this is a unique opportunity to ensure the voices of children and young people are heard at the Health and Well Being Board and that services are designed and delivered in the knowledge that children and young people have been part of the decision making processes. It is also a fantastic opportunity for a Peterborough young apprentice.

8. IMPLICATIONS

If the Health and Wellbeing Board agree with the proposal arrangements on funding the post will need to be made.

9. BACKGROUND DOCUMENTS

Proposal from the Midlands and East Strategic Health Authority Cluster.

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Appendix A

Background to Involving Children and Young People

The existing body of knowledge confirms that, when done well, children's participation and involvement can:

- help children to develop a range of social and communication skills, including confidence-building and the capacity to participate in more sophisticated decision making (Taylor, 2003) To help children become politically aware and active (Kellett et al., 2004)
- help parents, carers, policy makers and service providers improve their support for children (Department for Constitutional Affairs, 2004)
- provide children with a platform for learning about and demonstrating their capacities for good citizenship (Thomson and Holdsworth, 2003)
- provide children with space in which they can articulate their needs but also demonstrate their resources (Kay et al., 2006) To help keep children safe – protection and participation are mutually reinforcing rights (Marchant and Kirby, 2004, in Kirby and Gibbs, 2006, p. 211)
- be important for children's self-reflective processes and identity constructions both at a personal and a collective level (Eide and Winger, 2005, p. 77)
- accord children the rights of respect and dignity as equal human beings (United Nations Convention on the Rights of the Child, 1989).

In 1991, the UK Government ratified the UN Convention on the Rights of the Child (UNCRC). This human rights treaty guarantees to all children and young people1 the right to express their views freely in all matters affecting them and for these views to be given due weight in accordance with the child's age and maturity (Article 12). Since this time many publications across health, social care (SCIE Guide11 (2006) 'The Participation of Children and Young People in Developing Social Care') and the voluntary sector have offered levers and guidance to progress this work across the sphere of the children and young people's network. Some examples of these models can be found in Appendix A.

The participation of children leads to better decision-making (Ackermann et al, 2003). From babyhood, being listened to can promote a sense of security; alternatively not being listened to creates low self-esteem (Roberts, 2000). However, where to start, who to include and how often presents professionals and organisations with a challenge. Many youth groups exist such as school councils, youth parliament, being a member of such a forum means that some children are ideally placed to develop their confidence and public speaking skills. As a result, they have a number of opportunities to negotiate and think through problems from different angles and to use their own initiative. However, these opportunities are only open to a select number of children. For example, children said that having only those who were 'clever', 'popular' and 'well behaved' are elected onto school councils, this fails to reflect the differences among and between children in terms of life experiences, class background, age, gender, disability and ethnicity. Refugee, migrant and disabled children were particularly likely to emphasise the importance of having a balanced representation of different groups of children on community and youth forums.

In addition, younger children are often forgotten by virtue of their limited vocabulary or dependence on adults. Lets Listen- Early Years – is a profiling and planning resource designed to support all those working with, and for, young children aged birth to five in developing a listening culture within their services.

Legal framework

In addition to UNCRC legislation also requires a commitment to enable children and young people to 'making a positive contribution'.
The Children Act 1989 requires that social workers always consult a child or young person who is in care, or who might come into care, before making any decision about them.
The Children Act 2004 amended this Act so that now children involved in child protection inquiries or children in need assessments must be consulted.
The Children Act 1989 requires that, in family law proceedings, the court must consider the child's wishes and feelings.

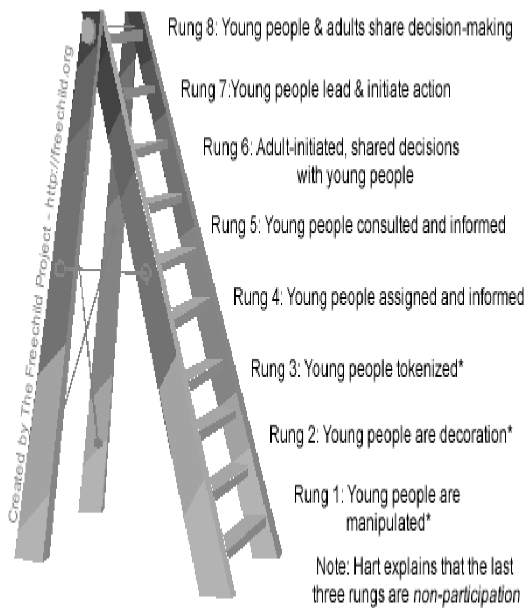
Section 7 of the Education Act 2005 requires Ofsted to have regard to the views of school students, as well as other stakeholders, when carrying out school inspections.

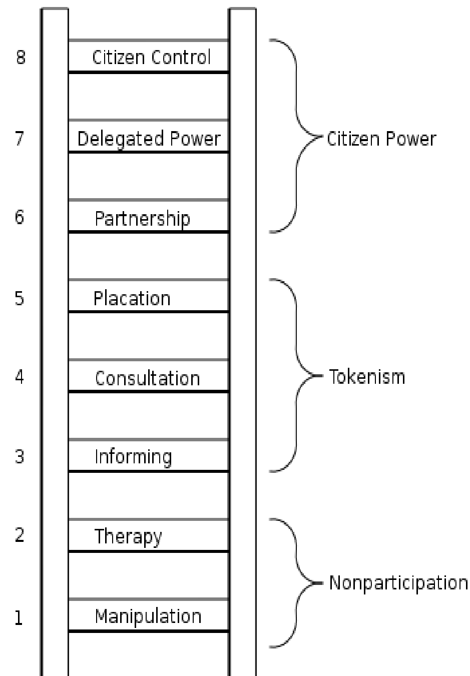
Section 3 of the Child Care Act 2006 says that local authorities must have regard to the views of young children where relevant and available.

The Disability Discrimination Act requires local authorities to encourage the participation of disabled people in public life.

Appendix B: Models of Participation

Whilst 'participation' is the most common term used for the process of listening to and engaging with children and young people, the exact definition remains contested. There is no one fixed meaning or definition which has universal agreement. Common models include: Hart's (1992) 'ladder of participation and its adaptation by Arnstein (1969).





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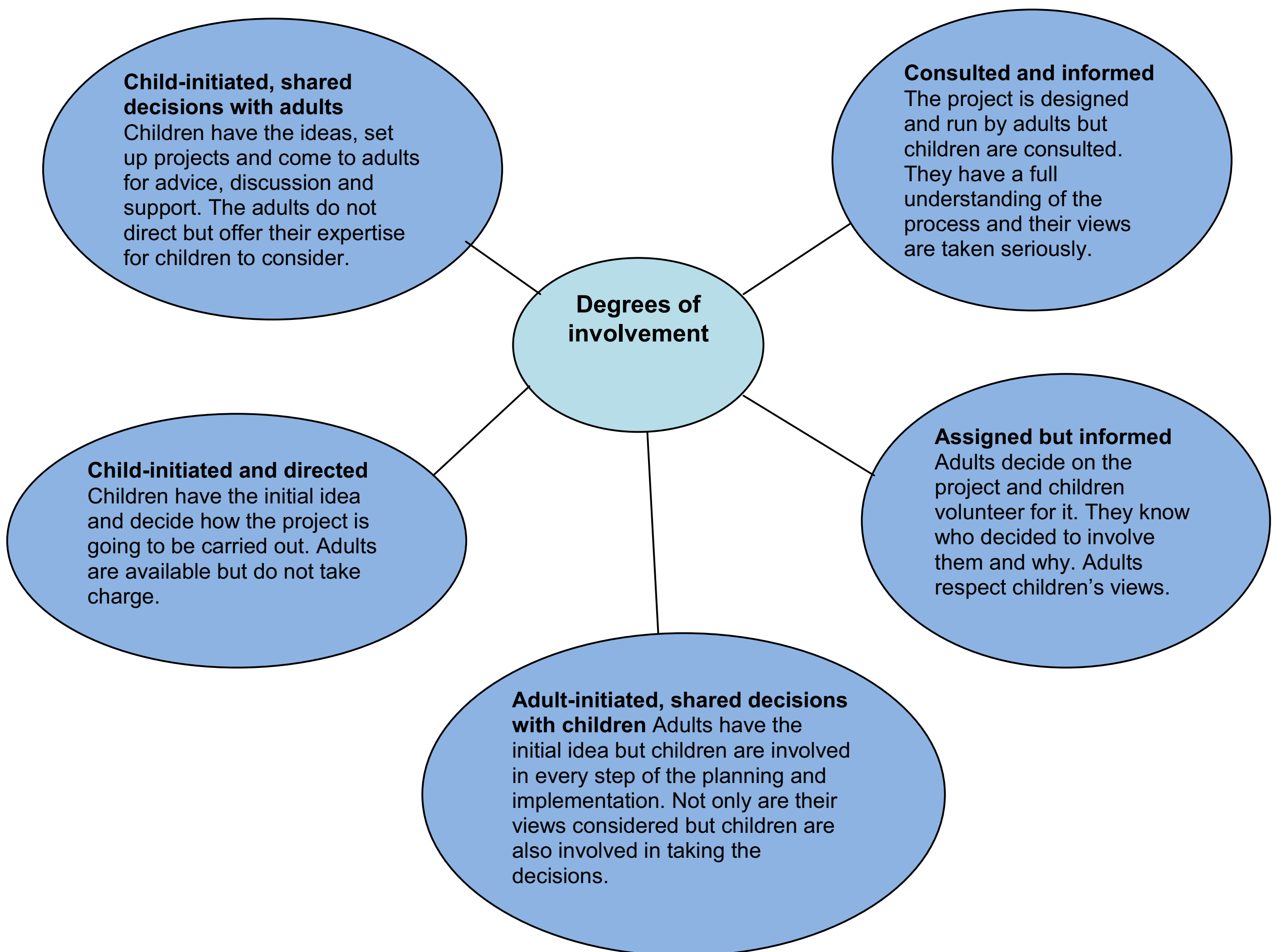
Treseder's Circle: Degrees of participation (1997) Phil Treseder's model uses the concepts of child and adult initiated participation. Treseder says that children need to be empowered to be able to participate and that organisations have to assist them in this. Treseder's model also acknowledges that although some children may wish to participate, they may choose to do so at a level that best reflects their abilities, resources and ambitions. This model is supported by the SCIE *Whole systems approach to participation* which identifies the component parts to support the development of positive culture, structures, practice and review.



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Purpose

This document proposes a model to assist local HealthWatch to execute its statutory functions in respect of children and young people.

The proposed role offers youth health champions to listen to the views of children and young people and collate and share these with decision makers in child health services i.e. LAs, HWBs, CCGs and clinical senates and networks

This is a proposal for funding for this development.

Project Background and Context

Local HealthWatch will provide a collective voice for patients and carers, and advise the new clinical commissioning groups on the shape of local services to ensure they are informed by the views of the local community. They will champion patients' views and experiences, promote the integration of local services and improve choice for patients through advice and access to information. As a key partner in the new structure Local HealthWatch will have a member seat on the new health and wellbeing boards to represent the voice of the local population.

Local Healthwatch will be created by developing the role of existing LINks (Local Involvement Networks). They will ensure that views of people who use care services, carers and the wider public become integral to local commissioning of services. They will support people who use services and carers to make choices about services, and will provide intelligence for HealthWatch England about the quality of providers.

In 2012 National Children's Bureau (NCB) commenced a 3 year funded project with HealthWatch funded by the department of Health. "Getting it right for children and young people" aims to increase the engagement of LINks with children and young people and children and young people's voluntary sector organisations. Research published in June 2011[1] identified that across the LINks surveyed in the research, involvement of children and young people was irregular; with a few engaging well with young people, whilst others thought that they were not allowed to involve children and young people in their work.

Of the 10 HealthWatch pathfinder sites in the east of England none are currently part of the NCB project, although some have expressed interest for the coming year.

Proposed Model

This model suggests a solution to local HealthWatch to assist in executing their statutory function to include the whole local population, through the creation of a **HealthWatch Ambassador for Children and Young People**.

Structure

The model suggests that each LA/HWB would have one young person acting as an Ambassador, who would be part of a group of 11 for the east of England, forming a virtual team to provide cover for one another and offer the opportunity to work across organisational borders to meet with children and young people, offer peer support and ongoing learning and development. The model would also enable the development of individual expertise in specific age groups such as younger children or specific presentations such as excluded groups or obesity.

The HealthWatch Ambassador for children and young people could be recruited from a pool of experienced and trained young people who have completed the Prince's Trust employment based Health

[1] http://www.ncb.org.uk/media/48063/links_vss_report_final2.pdf

and Wellbeing programme, which incorporates the Royal Society for Public Health Level 1 and 2 Award in Understanding Health Improvement. Participants have the opportunity to gain work experience with local health services and hospitals in addition to community project work thus ensuring a minimum level of training and experience as well as ensuring that the Ambassador has experience of vulnerable and excluded young people. This would offer access to an appropriate and sustainable pool of potential candidates alongside effective support structures

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Case study

A recent programme in Luton carried out a consultation exercise around people's awareness of health provision in their community. The young people were responsible for creating a questionnaire and were trained in how to engage with members of the public, including how to deal with conflict. As well as completing the questionnaire, the group also helped to signpost people to NHS services. The group spoke to over 300 people over a 4-day period and provided valuable data for the NHS services.

Three graduates from these programmes are now Young Ambassadors for The Prince's Trust and have recently represented the views of young people in a Strategic Network for Child Health and Wellbeing 'Model of Care' meeting; giving the perspective of a young person's experience of the NHS. Their views have directly impacted on the design of future services

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The HealthWatch Ambassadors would be employed as a 12 month apprenticeship through the Princes Trust, or a host partner, to combine continued learning to level 2 or 3 academic qualification alongside a local focused experiential placement mentored by the local participation worker in local authorities

Delivering the Children & Young Person's Perspective

The HealthWatch Ambassador's for children and young people would meet directly with local children and young people's groups exploring their experiences and views on specific priority areas. Thus able to hear and represent the views of a full demographic range of the young population through thematic summaries of strengths and concerns to local HealthWatch and the local health and wellbeing boards. The role would be inclusive of the health and wellbeing agenda including issues from GP's and primary care, public health, mental health, sexual health, accessibility of services etc.

The collated local area information would be shared with the east of England Strategic Network for Child Health and Wellbeing who would be able to identify the support required to address the key challenges and themes for the region.

Key tasks of the role would include:

- The development of a local Children and Young People's Organisation Directory to promote inclusion of all groups, provide local signposting and promote sustainability.
- Meeting with existing local groups of children and young people to hear their views on local priorities and development of themes for reporting back to local HealthWatch and therefore health and wellbeing boards.
- Developing a relationship with local support systems to signpost to those who may be of potential assistance.
- Collating views from local HealthWatch to feed into the EOE Strategic Network for Child Health and Wellbeing.

Benefits

- **A Solution to a long standing challenge:** the effective involvement of children and young people in decisions about the health and social care system.

- **Giving Young People a development opportunity:** This proposal offers localities the opportunity to offer an apprenticeship to invest in their local youth population.

- **Well informed decision making:** through access to children and young people of all ages across the diverse local population, giving more disadvantaged groups the chance to be heard, this role will be able to give a thematic overview of views and feedback to promote well informed decision making by the Health and Wellbeing Boards as well as adding depth to the core of local HealthWatch.

- **Evidence based:** the research to date demonstrates that the views of children and young people are more effectively heard by other young people. The proposed model offers a local lead within the local structure to be able to build the dialogue from young people through young people.

- **Proven structure of support**: the model builds on the Princes Trust track record of delivering benefits for both young people and for the local health and social care system to offer a robust framework to fit local structures. This framework secures the effective recruitment of young people from diverse and deprived backgrounds with existing training and experience and supports them to work as a team for HealthWatch and to work within their individual locality.

Who will be involved and their responsibilities

Local Authorities

A key partner in the commissioning of local HealthWatch with an important role to include children and young people within this service specification.
Local Authorities have a depth of expertise in participation across the looked after children agenda and other children's work streams; it would be helpful to connect this role to the participation worker to support local connectivity.

The Princes Trust

It is proposed that the role would be recruited from and be hosted within the Princes Trust system to provide a pool of suitably trained applicants and a skilled support system. The Princes Trust experience of developing and supporting young people in similar roles would manage their training and development as a group supporting and facilitating the Ambassadors work within the locality structures.

The Princes Trust Young Ambassadors group have been consulted and support this as being an opportunity for both young person development and effectively hearing the voice of children and young people on developing effective health and social care services.

Health & Wellbeing Boards

As Local HealthWatch has a seat at the Health & Wellbeing Board this body would need an understanding of the HealthWatch Ambassador's for children and young people and how to see and use their views as part of the structure.

Clinical Commissioning Groups

The views of children and young people can be beneficial in informing commissioning decisions. As Clinical commissioning groups evolve many are exploring children and young people champions. The HealthWatch Ambassador's for children and young people would have the opportunity, through local HealthWatch, to share the views they had heard with this wider audience.

Costs

Whilst local authorities have been allocated "set up" funding for local HealthWatch this is minimal and is not specifically identified for this type of development so Local Authorities, CCGs and local Health and Wellbeing Boards will need to consider the source of the investment funds.

Costs include:

Salary:
Approximate costs per local authority area would be:

- £9.5k for 16-18 year old apprentice: lower starting experience and expertise.
- £14k for 18+ years on minimum wage: greater maturity and mobility
- £16k for 18+ experienced young person: experience and expertise

Hosting/ Management and overarching supervision:

- For a full time Princes Trust Co-ordinator role for the 11 local area ambassadors: £26-28K. If all local areas shared this cost this would require a contribution of £2.5K per area.

Additional resourcing costs:

- Travel and some IT support
- Local Mentor: possibly some Participation worker time
- Training: an accredited training in advocacy to NVQ Level 2.

Based on all local authority areas being in agreement total costs would be £12-£20K per area depending on the age and experience of the young person and whether additional resources have cost implications. Smaller local authority areas may wish to consider a part time opportunity, sharing the additional capacity with larger areas to offer increased capacity.

Timescales

Should key partners approve this proposal it is important to engage with children and young people early to facilitate their influence on the development of local HealthWatch and the emerging structures. It is suggested that once funding and hosting arrangements are agreed that recruitment should commence in September 2012 involving the Princes Trust Young Ambassadors in the development of job descriptions and interviews with appointments from October 2012 to enable the role to be effectively functioning by April 2013 when the HealthWatch structures become fully operational.

Recommendations

1. That this proposal is agreed for funding and development across the east of England.
2. That localities consider the benefits of this investment for the long term future of Local HealthWatch
3. That localities consider the added value of including the views of children and young people embedded in the new structures.
4. That locality's explore future sustainable sources of funding to support this development, potentially through a third sector partner, for future years.
5. That Local Authorities in their commissioning of Local HealthWatch systems include in their specifications the importance of effective engagement with children and young people

UPDATED: 11 Jan 2013

HEALTH AND WELLBEING BOARD
AGENDA PLAN 2012/13

Meeting Date	Item	Progress
25 March 2013	1) Joint Commissioning Unit Contact Officer: Wendi Ogle-Welbourn	
	2) Final Commissioning Plans Contact Officer: Board Members.	
	3) Board Membership Review Contact Officer: Sue Mitchell	
June 2013		
September 2013		
December 2013		
March 2014		

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