



Peterborough Health and Wellbeing Board

Draft Health and Wellbeing Strategy
2012-15



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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**
- **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**

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.

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.

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 identified 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.

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.

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.

PETERBOROUGH



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.

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.

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?	<p>JSNA evidence of:</p> <ul style="list-style-type: none"> • 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	<p>Commissioning those services that deliver:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • key maternity and children's Public Health outcomes • NEET data • educational achievement

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?	<p>JSNA evidence of:</p> <ul style="list-style-type: none"> • 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	<p>Through action to:</p> <ul style="list-style-type: none"> • 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	<p>Public health outcome framework indicators, health and lifestyle indicators from the Peterborough Health Profile, in particular:</p> <ul style="list-style-type: none"> • 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?	<p>JSNA evidence of:</p> <ul style="list-style-type: none"> • 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	<p>Through concerted and timely action to:</p> <ul style="list-style-type: none"> • promote and support people to maintain their independence • reduce unnecessary hospital admissions • deliver a personalised approach to care • 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 services.
Why is this an issue for Peterborough?	<p>JSNA evidence of:</p> <ul style="list-style-type: none"> • 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	<p>Through commissioning of:</p> <ul style="list-style-type: none"> • universal 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?	<p>JSNA evidence of:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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

"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."



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.



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 commissioners 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 noutra 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.

