

DRAFT

**JOINT HEALTH AND WELLBEING
STRATEGY 2016/19**

**PETERBOROUGH HEALTH AND
WELLBEING BOARD**

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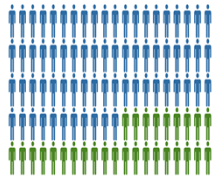
1. INTRODUCTION – CHAIR OF HEALTH AND WELLBEING BOARD

To be included in final version of Strategy

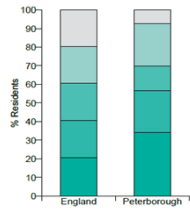
Peterborough JSNA findings on a Page



Peterborough is the UK's second-fastest growing city with a relatively young, ethnically diverse population.

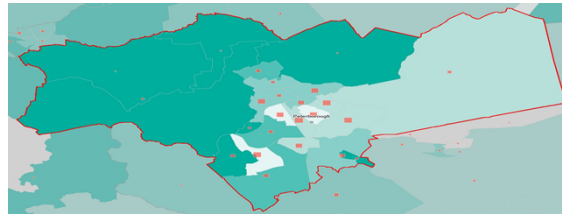


71% of our residents are White British and 29% are from an ethnic minority group.



Peterborough has a higher proportion of residents living in deprivation than England, with more local areas in the most deprived fifth nationally, and fewer in the least deprived fifth. Levels of deprivation highest in Dogsthorpe (28%), North (27%) and Central (26%) wards.

Peterborough has a lower average life expectancy and 'healthy life expectancy' than England. On average in Peterborough a man can expect to live in good health to the age of 61 years with a total lifespan of 78 years. A woman can expect to live in good health to the age of 59 with a total lifespan of 83 years.



There are significant inequalities in health and life expectancy between different areas of the Peterborough, which are clearly linked to economic deprivation. This is shown on the map above, in which darker green areas = higher life expectancy and red dots = areas of high deprivation.

A few other key facts



One in four 4-5 year olds are overweight or obese, and seven in ten adults

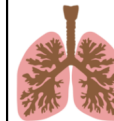


Our rate of under 18 pregnancy is 38% higher than England.

Of 150 local authorities in England, Peterborough is ranked:



106th for premature mortality (death rate under age 75) from heart disease and stroke



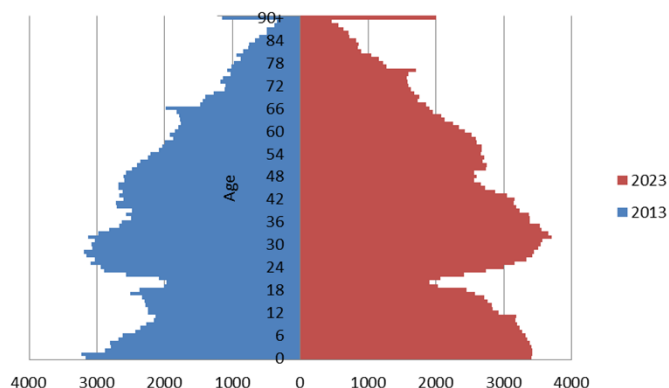
98th for premature mortality from lung disease



94th for premature mortality from cancer

1.2 FORECASTING FUTURE NEEDS FOR HEALTH AND CARE IN PETERBOROUGH

Peterborough Population Pyramid - 2013 to 2023



The total resident population of Peterborough was 189,300 in 2013 and is forecast to rise by 19% to 2023, reaching a total of 224,800.

- The population aged 65 and over is forecast to rise by 28% by 2023. The number of people aged 90 or over will almost double in this time.
- The number of children and young people aged 18 and under is forecast to rise by 23% to 2023.

MATERNITY SERVICES

There were 3,200 births to women living in Peterborough in 2013. This is forecast to rise to 3,440 in 2023.

PRIMARY CARE

There are 29 GP practices in Peterborough and Borderline Local NHS Commissioning Groups (LCGs), which cover the Peterborough City Council area and also some neighbouring GP practices in Cambridgeshire and Northamptonshire. Together these serve a registered population of 257,000 people. GP practice list size (the number of patients registered with one GP practice) varies from 2,000 to 25,800, with an average list size of 8,900. If practice populations increase in line with expected population growth, average list size will rise to 10,600 in 2023 (an increase of 19%).

HOSPITAL (SECONDARY) CARE

Annual hospital care attendances and admissions for people registered with Peterborough and Borderline LCGs is shown in the table below. Most but not all of these attendances and admissions are at Peterborough and Stamford Hospitals Foundation Trust (PSHFT) Demand for hospital services is forecast to rise by about 20% over the next five years. This takes into account the effect of population change and rising obesity. Types of hospital services used more by older people show the greatest increase, in line with the rapid rise in the older population.

FORECAST INCREASES IN HOSPITAL USE BY PETERBOROUGH AND BORDERLINE PATIENTS 2013/14-2018/19

	A&E attendances	Outpatients	Elective Admissions	Non-elective Admissions	Procedures
2013/14	57,774	307,347	28,558	22,982	33,757
2018/19	68,484	361,750	34,094	27,542	40,501
% Change	18.5%	17.7%	19.4%	19.8%	20.0%

2.1 CHILDREN AND YOUNG PEOPLE'S HEALTH

NEEDS IDENTIFIED IN THE JSNA

Peterborough children and young people are more likely to live in areas where there are high levels of deprivation than England or East of England averages. Areas of Peterborough with the highest levels of deprivation, which are concentrated in the central and eastern areas, are also those where birth rates are highest. Overall around 22% of children and young people aged 0-16 are living in poverty.

Peterborough is a young, fast growing and increasingly diverse City. Population forecasts indicate that numbers of children and young people in the 5-15 age group will increase by around 30% between 2013 and 2021. Increasing population diversity brings considerable cultural richness, but also leads to some challenges in ensuring that families from newly arrived communities are aware of and are able to access prevention and early help services that can support them and prevent any additional needs from coming more serious.

Other key priority areas include:

- High rates of teenage conceptions in the City;
- High numbers of children aged 4-5 who are obese;
- High levels of teeth decay;
- Relatively fewer young people achieving well in education compared with England and regional averages, although this position is improving;
- High levels of hospital admissions among 10-24 year olds for self-harm

Issues such as obesity and tooth decay may be associated with neglect, and there are indications from referrals into Children's Services and other softer measures that relatively high numbers of children and young people are impacted by neglect.

CURRENT JOINT WORK:

The Joint Commissioning Unit has been established to bring together commissioning activities across Peterborough and Cambridge in relation to children's health and wellbeing. Current priorities include:

- Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;
- Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;
- Reviewing the Child and Adolescent Mental Health offer across the area, including overseeing action related to reducing waiting list for specialist CAMH services and remodelling support for children and young people with emotional health and wellbeing needs to make the best use of the additional funding from Central Government of £1M per annum.

The Children and Families Joint Commissioning Board includes local authority, local health commissioning and provider bodies, key partners such as social landlords, education services and voluntary organisations and is working to address a number of areas of needs. Priorities for the board are:

- Child Health, including emotional health and wellbeing, and children and young people who have special educational needs and disabilities;
- Children and young people in care performance group;
- Primary school age children: behaviour and emotional wellbeing;
- Education and Skills post 16;
- Vulnerable adults as Parents;
- Developing approaches to addressing neglectful parenting.

FUTURE PLANS:

Key priority future plans include:

- Developing a child and adolescent mental health pathway that better meets need and manages demand so that pressures on specialist services are minimised;
- Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to children and young people with emerging emotional and mental health difficulties;
- Working with the Peterborough Safeguarding Children Board to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established;
- We will also renew the Child Poverty Strategy in 2016.

HOW WILL WE MEASURE SUCCESS?

Key indications of success include:

- Bringing waiting times for assessment and treatment for specialist CAMH services in line with national targets;
- Reducing childhood obesity and bringing in line with statistical neighbour and then national averages [latter is a stretch target];
- Continued good performance in relation to young people Not in Education, Employment or Training [NEET];
- Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched.

2.2 HEALTH BEHAVIOURS AND LIFESTYLES

Our lifestyles influence the way our health develops over our lifetime. Local research in East Anglia has shown that people with four key 'healthy' behaviours – not smoking, taking regular exercise, eating 5 fruit and vegetables a day and drinking alcohol within recommended limits, stay healthy for longer and live on average 14 years more than people with none of these behaviours.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- Smoking rates are similar to the national average – about one in five adults smoke.
- Two in three adults are overweight or obese.
- Fewer people than average are physically active.
- Hospital admissions directly resulting from alcohol consumption are higher than average.

Key health inequalities

- Smoking is more common among routine and manual workers - about one in three adults' smoke.
- Hospital admissions for alcohol are higher in some parts of the City than others.

CURRENT JOINT WORK

The Health and Wellbeing Board is aware of the need to ensure that people in Peterborough can access clear information about what a healthy lifestyle means and how to achieve it. Some people will also benefit from services, which specialise in helping people to stop smoking, manage their weight, or their alcohol consumption. To support local people to have healthy lifestyles the Health and Wellbeing Board is working together to:

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services.
- Commission a Joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital to work proactively with patients identified as requiring support to reduce their intake of alcohol.

FUTURE PLANS

- We plan to commission an integrated healthy lifestyle service – with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing.
- We plan to improve our communication with local residents on health issues and to develop local campaigns and access to health information sources, which can be trusted to provide reliable advice on healthy lifestyles.
- We would like to recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme.
- We would like to reduce the number of local people developing Type 2 Diabetes.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- The percentage of adults in Peterborough who smoke.
- The percentage of children and adults in Peterborough who are overweight or obese.
- The percentage of adults in Peterborough who are active.
- The numbers of attendances to sport and physical activities provided by Vivacity
- The percentage of adults in Peterborough admitted to hospital for alcohol-related conditions.
- The annual incidence of newly diagnosed Type 2 diabetes.

2.3 LONG TERM CONDITIONS AND PREMATURE MORTALITY – CARDIOVASCULAR DISEASE (CVD)

Since the early twentieth century there have been great improvements in life expectancy and in medical treatments. There are now many people who manage one or more long-term health conditions such as diabetes or heart disease as part of their lives. Cardiovascular disease (CVD) describes a range of conditions including coronary heart disease and stroke. CVD takes many years to develop, is influenced by a number of factors, including lifestyle and health behaviours, and is more common among people living in relative deprivation. Having diabetes is associated with an increased risk of CVD. The Health and Wellbeing Board prioritised addressing CVD in 2014.

NEEDS IDENTIFIED IN THE JSNA

In Peterborough:

- Premature deaths (age under 75) from CVD and from respiratory disease are higher than the national average.
- Preventable deaths from CVD are higher than average.
- The percentage of adults with diabetes is higher than the national average.

KEY HEALTH INEQUALITIES

- Emergency hospital admissions and premature deaths from coronary heart disease are higher in electoral wards in the City which have higher levels of deprivation.
- Diabetes and coronary heart disease rates are known from national research to be more common in South Asian communities.

CURRENT JOINT WORK

- The Health and Wellbeing Board commissioned a detailed CVD JSNA for Peterborough, which is now completed. <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>
- The local NHS Clinical Commissioning Group ‘Tackling Health Inequalities in Coronary Heart Disease Programme Board’ has worked closely with City Council’s public health services to improve uptake of CVD ‘health checks’ for 40-74 year olds and to promote smoking cessation services for people at risk of heart and respiratory disease.

FUTURE PLANS

- The Health and Wellbeing Board has set up a Cardiovascular Steering Group, and this will develop and implement a joint strategy to address cardiovascular disease in Peterborough.
- The potential for a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease is being explored.
- Options are being explored to reduce the risk of stroke within the local population by improved identification of atrial fibrillation (an irregular heart rate which can lead to formation of blood clots and cause a stroke)

HOW WILL WE MEASURE OUR SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Premature death rates from CVD (under age 75).
- Inequalities between electoral wards in emergency CVD hospital admissions.
- The upward trend in the prevalence of diabetes.
- The rate of hospital admissions for stroke and heart failure.

2.4 MENTAL HEALTH FOR ADULTS OF WORKING AGE

Mental ill health is the largest cause of disability in the UK, representing 23% of the burden of illness. People with severe mental illness die on average 20 years earlier than the general population. Peterborough has its own challenges with mental illness, particularly around prevention and management of mental health crisis and support to those with severe mental illness and their carers.

NEEDS IDENTIFIED IN THE JSNA:

There is need to reduce mental health crisis, self-harm and suicide. In Peterborough:

- Hospital admission rates for self-harm are 40% above expected.
- Suicide rates were consistently higher than England rates until a drop was seen in 2012/14
- Referral rates to Crisis Resolution Home Treatment services for mental health problems are higher than Cambridgeshire.
- Use of police powers to take a person in mental health crisis to a place of safety (section 136) occurred at a much higher rate in Peterborough population than in Cambridgeshire.

Demand for mental health acute care occurs at a higher rate than all other areas in Cambridgeshire and mental health hospital admission rates are also higher.

Enablement – Data indicates that the proportion of people in Peterborough with severe mental illness who live independently or are in employment is consistently below the England rates.

Data indicate that carers of people with mental health disorders in the Peterborough community have unmet needs for services, information and advice.

CURRENT JOINT WORK

- The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered. This includes the award winning 'Stop Suicide' campaign, which raises awareness and offers training in suicide prevention and provides resources for self-help.
- A local 'Crisis Care Concordat implementation plan aims to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act. A new crisis care telephone helpline and a community place of safety are proposed for the coming year.
- Implementation of the Joint Peterborough Mental Health Commissioning strategy includes redesign of the mental health accommodation pathway, increased choice of housing options, a placement model of employment support, stronger links between commissioners and clear focus on the right support, the first time, at the right place, by the right people.

FUTURE PLANS

- Bring together findings from the Peterborough Mental Health JSNA (2015) and refresh the Mental Health Commissioning strategy in 2016 to tailor implementation plans to address unmet mental health need.
- A new recovery coach service to support people after discharge from secondary care and during transitions by connecting between third sector, local authority and mental health services
- An enhanced Primary Care Mental Health Service is planned to support people with greater needs upon discharge from secondary care. This will operate through community based teams.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Hospital admissions for self-harm.
- Rates of use of section 136 under the mental health act
- Suicide rate
- Hospital readmission rates for mental health problems
- Enablement of those with severe mental illness, with more people in employment and independent living

2.5 AGEING WELL

Ageing is not just about being older or living for longer - it's about ensuring that people have quality of life that adds value and purpose and through which they can continue to contribute to their families, communities and the wider economy as they grow older. Ageing can however bring challenges, such as frailty and dependence which need not be an inevitable part of ageing. There is much that individuals can do to maintain their own health and wellbeing as they age. Public services, the third sector, the commercial sector and local government can ensure Peterborough is a good place to grow older.

NEEDS IDENTIFIED IN THE JSNA:

- Numbers of people over the age of 65 within Peterborough are expected to grow substantially over the next few years, by about 28% between 2013 and 2023.
- More people over 65 years have multiple long-term health conditions (LTCs) requiring treatment, and about 50% of people with multiple LTCs experience limitation of their day to day activities
- Rates of hospital admission and need for social care packages of care increase with age
- There are currently approximately 1,660 people living with dementia in Peterborough – this is projected to rise to 2,660 by 2030.

KEY HEALTH INEQUALITIES

- There are a higher proportion of older people aged 65+ in rural areas of Peterborough.
- In more deprived areas, people develop multiple long-term health conditions at a younger age

CURRENT JOINT WORK

The health and wellbeing challenges facing older people have been prioritised locally across health and care systems. In response UnitingCare (an NHS partnership responsible for providing older people's healthcare and adult community services across Cambridgeshire and Peterborough) are working together with local NHS commissioners, local Councils and voluntary organisations to enable people to age well and to live the life they want to lead by:

- Providing high-quality, responsive care and support
- Integrated working across health, social care and third sector services in Peterborough to ensure that care is joined-up around the needs of individuals within local communities, and avoidable admissions to hospital and care can be prevented.

FUTURE PLANS

- The Health and Wellbeing Board has commissioned an "Older People: Primary Prevention of ill health" JSNA for Peterborough which is due for completion in July 2016
- Developing a joint "Healthy Ageing and Prevention Agenda" to ensure that preventative action is integrated and responsive to best support people to age well, live independently and contribute to their communities for as long as possible
- To understand the challenges faced by local older populations, a specific programme of work in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self manage with minimal support.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Increased access and uptake of preventative services to promote and ensure ageing well
- Reduced rates of admissions to hospital and social care due to conditions that could have been managed in the community.
- Customer survey to establish if Older people feel safer and supported in their communities
- UnitingCare Outcomes Framework – covering several key priority areas for older people in relation to their NHS care, and the Social Care outcomes framework .

2.6 PROTECTING HEALTH – COMMUNICABLE DISEASES

NEEDS IDENTIFIED THROUGH THE ANNUAL HEALTH PROTECTION REPORT

- Rates of Tuberculosis (TB) in Peterborough are well above the national average – there are implications from the new national strategy and the opportunity to offer screening for latent TB infection to new migrants from high prevalence communities
- There is relatively poor uptake of adult bowel and cervical cancer screening programmes
- There is relatively poor uptake of childhood immunisation programmes, particularly in the inner city and areas of higher socio-economic deprivation
- Chlamydia screening is focussed on young people aged 15 – 24, with a high diagnosis rate in Peterborough despite low screening uptake suggesting that some young people who are infected may be missing out on screening
- There is reported late diagnosis of HIV for some men leading to poorer outcomes.

KEY HEALTH INEQUALITIES

- TB is recognised as being associated with deprivation and overcrowding
- There is some evidence that screening uptake is lower among some more deprived and marginalised populations and some new migrant groups
- The picture around immunisation uptake is complex but there is evidence that certain populations have difficulty accessing services for immunisation

CURRENT JOINT WORK

- Cambridgeshire & Peterborough CCG has convened a joint TB commissioning group, to develop plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB Infection (LTBI) screening in line with the national TB strategy and a bid for funding has been submitted to PHE.
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake. Task & Finish Groups to look to at uptake issues for both have reported and implementation groups are due to take forward their recommendations.
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council

FUTURE PLANS

- Develop a TB Commissioning plan for Cambridgeshire & Peterborough
- Develop a joint strategy to address poor uptake of screening
- Develop a joint strategy to address poor uptake of immunisation
- Develop a Peterborough Joint Sexual Health Strategy

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

- Percentage of eligible people screened for latent TB infection
- Percentage of eligible newborn babies given BCG vaccination (aim 90%+)
- Increase in rate of completion of TB treatment
- Evidence of increasing uptake of screening and immunisation
- Reduction in late diagnosis of HIV
- Increased uptake of chlamydia screening

CREATING A HEALTHY ENVIRONMENT

3.1 GROWTH, HEALTH AND THE LOCAL PLAN

The Planning System for the built environment affects health in many ways - through securing good housing construction, transport infrastructure, improving air quality and noisy environments, remediating contaminated land, providing open space and play space, enhancing biodiversity, providing opportunities for local food growing, reducing flood risk, provision of local employment and many more. The adopted Core Strategy for Peterborough sets the requirement for an additional 25,500 new homes and 20,000 new jobs by 2026. The new Local Plan will extend the plan period to 2036.

There is a clear correlation between health and where we live. A number of published studies have provided evidence that our local environments can have a positive effect on individual health and wellbeing. On the other hand, many aspects of the built environment can deter people from being physically active, which is important for health. Consideration of 'social infrastructure', encouraging communities in new housing developments to develop supportive social networks, has a positive impact on wellbeing.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The percentage of physical active adults is not significantly different to the England average
- The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

KEY HEALTH INEQUALITIES

- Lack of access to open and green spaces can be bad for people's physical and mental health. Residents in areas of deprivation which have access to green space have lower rates of premature death than residents of deprived areas with less access to green space. The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

CURRENT JOINT WORK

- The Environment Capital Action Plan (dates of plan) describes the following actions:
 - Secure funding to increase the number of Green Flag awards to 6.
 - Nene Park Trust will continually raise the quality of its facilities and improve the participation and engagement of visitors.
 - Seek funding to carry out a feasibility study into local, sustainable food production.
 - Achieve Fairtrade city status.
 - Develop planning guidance to support local food.

FUTURE PLANS

- The health of residents will be specifically considered in development of the new Local Plan.
- Public Health outcomes and/or objectives will be added to the Plan

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

The Local Plan potentially affects a wide range of health outcomes. Some outcomes likely to be influenced by the built environment and land use planning are:

- The percentage of physically active and inactive adults
- Excess weight in 4-5 and 10-11 year olds, and Adults
- The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
- Utilisation of outdoor space for exercise/health reasons

3.2 HEALTH AND TRANSPORT PLANNING

Transport is a complex system affected by infrastructure, individual characteristics and behaviours and can have a broad impact on health. Components that could be linked to health outcomes include issues such as air and noise pollution, road design, impact on physical activity, road injuries and deaths, and access to health services. This illustrates the diverse nature of the policy areas that are related to transport and may have a direct or indirect impact on health. Travel offers an important opportunity to help people become more physically active. Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity, particularly in younger age groups.

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The number of children killed or seriously injured in road traffic accidents is not significantly different to the England Average.
- The number of adults killed or seriously injured on road is not significantly different to the England Average.
- Travel offers an important opportunity to help people become more physically active. However, inactive modes of transport have increasingly dominated in recent years.
- Approximately 37% deaths from Coronary Heart Disease are related to physical inactivity.

KEY HEALTH INEQUALITIES

- The effects of road traffic disproportionately impact on socially excluded areas and individuals through pedestrian accidents, air pollution, noise and the effect on local communities of busy roads cutting through residential areas.
 - Areas with higher levels of deprivation tend to have lower levels of general physical activity
- Cycling proficiency is also linked to where people live, with those in more deprived neighbourhoods less likely to report being able to cycle.

CURRENT JOINT WORK

The City Council's Travelchoice initiative encourages people to walk, cycle, use public transport, car share as well as the uptake of low emission vehicles.

- Increasing the number of pupils receiving Bikeability training from 951 to 1300 annually.
- The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understand current data and intelligence regarding the county's roads and develop multi-agency's solutions to help prevent future accidents and reduce collisions.
- Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources allow the serious accident data to be broken down into more detail to gain a clear understanding of the impact of severe collisions to the NHS and longer term social care and other partners.

FUTURE PLANS

- The Fourth Local Transport Plan (2016-2020) will contain a strong emphasis on the role transport can play in health of Peterborough residents
- Collect further JSNA information on transport for Peterborough, using locally developed methodologies. .

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes

- The numbers of adults and children killed or seriously injured in road traffic accidents.
- The number of businesses with travel plans
- % of adults who meet the CMO guidelines on physical active (active people survey)
- To further develop a robust monitoring network to enable in depth transport modal data to be collected.
- Measures of air quality

3.3 HOUSING AND HEALTH

CREATING A HEALTHY ENVIRONMENT

The National Housing Federation states that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood. Housing conditions that adversely affect health, include; indoor dampness; pollutants associated with respiratory problems; features that lead to physical injury. Household overcrowding is associated with an increased risk in the spread of infection, and Indoor cold is associated with excess winter deaths and cardiovascular problems. The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

Homelessness is associated with adverse health, education and social outcomes, particularly for children. Statutory homeless households contain some of the most vulnerable and needy members of our communities. The Welfare Reform Act 2012 introduced a range of benefit changes which are likely to result in a loss of income for some claimants and could result in an increase in homelessness if people are unable to meet their housing costs. There are also national requirements to reduce social rented housing,

NEEDS IDENTIFIED IN THE JSNA AND KEY HEALTH INEQUALITIES:

In Peterborough:

- The rate of family homelessness is worse than the England average.
- The 3 year rate of excess winter deaths (which may be related to winter infections, cold homes, and becoming cold outside the home) remained similar to the England average in Peterborough in 2010 -2013.
- It is estimated that poor housing conditions are responsible for over 651 harmful events requiring medical treatment every year. The estimated cost to the NHS of treating these is £2.2M annually.

CURRENT JOINT WORK:

- Housing Related Support (formerly Supporting People) funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies, and therefore prevent them from becoming homeless.
- The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home and be supported to do so through the provision of aids and adaptations, and a demand for Extra Care Accommodation. To date, 262 additional units of Extra Care accommodation have been provided in partnership with Registered Providers. A further scheme of 54 dwellings is under construction.
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations and the HP assist hospital discharge and enable health services to be delivered in people's homes. The Agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives.

FUTURE PLANS

- Peterborough City Council is working in partnership with Registered Providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorder to enable them to live independently with a live in carer where necessary or floating support.
- The Peterborough Market Position Statement has identified a significant shortfall of nursing and residential care accommodation and it will be a priority to increase this provision for the aging population.
- A task and finish group including Housing managers and Hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this.
- There is currently (winter 2015) a public consultation on introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and well- being of those residents.

HOW WILL WE MEASURE SUCCESS?

- Decrease in the ratio of excess winter deaths to average non-winter deaths
- Reduction in unintentional injuries in the home in the under 15 year olds
- Reduction in delayed discharge related to housing issues.

4.1 GEOGRAPHICAL HEALTH INEQUALITIES

NEEDS IDENTIFIED IN THE JSNA:

- This link between more adverse socio-economic circumstances (deprivation) and poorer health is well known.
- The five most deprived electoral wards in Peterborough are Dogsthorpe, North, Paston, Central and Ravensthorpe. Within these wards, deaths rates from all causes under the age of 75 and rates of admission to hospital are significantly high.
- Other parts of Peterborough also have residents living in difficult socio-economic circumstances – for example Bretton North, Orton Longueville and Park wards are not included in the five ‘most deprived’ but have a higher percentage of children in poverty, lower achievement at GCSE and a higher percentage of the working age population claiming out of work benefit than the Peterborough average.

CURRENT JOINT WORK

- The City Council has a focus on economic development and regeneration in the City, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health.
- City Council commissioned Children’s Centres work closely with health visitors, and are located to ensure focus on the areas of the City with the highest levels of need.
- The City Council has identified the ‘Can Do’ Area around Lincoln Road, which includes parts of Central Ward, Park ward and North ward. The ‘Can Do’ Board focusses on supporting environmental and service improvements for the area and includes senior staff from the City Council.

FUTURE PLANS

- The NHS Clinical Commissioning Group has a statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes.
- City Council proposals for selective licensing of private sector housing in parts of the City (outlined in the previous section) could impact on geographical health inequalities in the longer term.
- There is potential to target preventive public health initiatives and services so that they focus more on areas of the City with the greatest health and wellbeing needs.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- Increase in levels of education and economic attainment in electoral wards with highest levels of deprivation.
- Increase in life expectancy in wards with highest levels of deprivation.
- Reduction in emergency hospital admissions from wards with the highest levels of deprivation.
- Smoking cessation rates in wards with highest levels of deprivation
- Health checks completion in wards with highest levels of deprivation

4.2 HEALTH AND WELLBEING OF DIVERSE COMMUNITIES

NEEDS IDENTIFIED IN THE JSNA:

DIVERSE COMMUNITIES

- Peterborough has an ethnically diverse population; 70.9% of residents self-identified as White English/Welsh/Scottish/Northern Irish/British compared to 86.0% in England as a whole. A higher proportion of our population than average are of South Asian and Eastern European descent.
- Black & Ethnic Minority populations are highest in the Central ward (58.2%), Park (35.8%) and Ravensthorpe (30.8%).
- World Health Organization research concludes that
 - the risk of cardiovascular disease and type 2 diabetes is higher in South Asian population groups
 - alcohol consumption is rising in many Eastern European countries, contributing to a significant decline in life expectancy among men of Eastern European descent
 - rates of tuberculosis are also known to be higher in some African, South Asian and Eastern European countries than in England.

CURRENT JOINT WORK

- The Health and Wellbeing Board has commissioned a Joint Strategic Needs Assessment (JSNA) on the health and wellbeing needs of Eastern European migrants.
- Eastern European 'community connectors' employed by the City Council are working closely with the local NHS on issues such as promotion of screening and immunisations

FUTURE PLANS

- The benefits of tailored preventive programmes, working with South Asian communities to prevent diabetes and cardiovascular disease, are increasingly recognised nationally. The CCG and City Council will work together to assess the feasibility of local schemes.

HOW WILL WE MEASURE SUCCESS?

Measuring success is more challenging for health and wellbeing issues in diverse communities, as recording of ethnicity by health services is not always complete. This makes it hard to rely on routinely collected data. Population mobility and change can also make measuring progress more challenging.

- Work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions.
- Outcome measures for health and wellbeing of Eastern European migrants will be developed following completion of the JSNA.

TACKLING HEALTH INEQUALITIES

4.3 HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT

NEEDS IDENTIFIED IN THE JSNA:

The population of Adults in Peterborough living with a learning disability is forecast to rise by 10% between 2014 and 2030 from 2865 people to 3152 (source Department of Health Information Centre). In particular:

- Growth in number of residents with severe Learning Disabilities is from 174 to 193 (11%)
- Growth in number of residents with autistic spectrum disorders is from 1179 to 1320 = 12%

The number of people with moderate or serious physical disabilities is forecast to rise by 14% between 2014 and 2030 from 11,208 to 12,743

In particular

- Forecast growth in those requiring assistance with personal care is from 5155 to 5904 (15%)
- Forecast growth in residents with serious visual impairment is from 76 to 84 (11%)
- Forecast growth in residents with moderate to profound hearing impairment is from 4178 to 4895 (17%)

CURRENT JOINT WORK AND FUTURE PLANS:

The Council and Clinical Commissioning Group have agreed a strategy for supporting older people and adults with long term conditions within the Better Care Fund plan, working together to support people with disabilities through the following five key workstreams:

- Data Sharing – enabling effective sharing of care and support information between health and social care professionals with access controlled by the person with disabilities.
- 7 Day Working – expansion of health and social care service provision to be accessible and responsive at evenings and weekends.
- Person Centred System – multi-disciplinary teams linked to the communities in which people live.
- Information, Communication and Advice- enhanced information and advice to support people to access the support they might need.
- Ageing Healthily and Prevention – help for all to stay healthy and self-manage long term conditions wherever possible.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

National measures: Adult social care outcomes framework (ASCOF)

- Percentage of adults known to ASC in employment - to increase
- ASCOF Percentage of adults known to ASC in settled accommodation – to increase
- ASCOF permanent residential admissions of adults to residential care – to decrease

Local measures

- Numbers of adults in receipt of assistive technology
- ASC Service user survey quality of life measure – improvement for clients aged under 65 with both learning disability and physical disability
- Numbers of adults with disabilities receiving short term services to increase independence.
- Number of adults with disabilities receiving information advice and guidance

5.1 PARTNERSHIP BOARDS

The Peterborough Health and Well Being Board is supported by a number of Boards and Groups that are key to delivering the outcomes of the Joint Health and Wellbeing Strategy.

The Boards are as follows:

- Housing Partnership
- Children and Families Joint Commissioning board
- Adult Joint Commissioning Board
- Mental Health Board
- Borderline and Peterborough Executive Partnership Board
- Public Health Board

These Boards define outcomes for delivery by focussed Task Groups, and these outcomes are core to delivery of the Joint Health and Wellbeing Strategy.

To avoid duplication and give opportunities to join up work when appropriate, the Health and Wellbeing Board agreed to the development of a Health and Wellbeing Partnership Delivery Board. This comprises the Chairs of all the above Boards and the joint chair of the City's Skills Board. It's role is to take an overview of the work going on and ensure it is co-ordinated. This Programme Board also has strong links with the Safer Peterborough Partnership Board and Adult and Children Safeguarding Boards.

5.2 COMMISSIONING PRINCIPLES

Commissioning is about supporting the development of a thriving, strong and diverse social and health care market that is flexible and responsive to everyone in Peterborough, not just those eligible for direct Council or Health support - We want to stimulate the development of new services, and promote competition so people have a varied care and support market to purchase from. To achieve this, we will work to ensure we commission services that are:

1. Affordable and sustainable;
2. Evidence based;
3. Locally shaped;
4. Improving quality and the patient experience;
5. Addresses Health Inequalities
6. Appropriate in scale; and
7. Reflects the user's voice.

The City Council have developed a set of design principles when commissioning services, shown in appendix A. The NHS is a national tax-funded organisation – so some of the principles around commercialism and revenue generation are less relevant to local NHS organisations – but many aspects of good commissioning practice are shared.

KEY PROGRAMMES

The following pages describe two key programmes to meet the future needs of growing populations, within a available resources:

- The Cambridgeshire and Peterborough 'Health System Transformation Programmes
- The Peterborough City Council Customer Experience Programme

5.3 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH SYSTEM TRANSFORMATION PROGRAMME

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), which plans, organises and buys most NHS-funded healthcare, and the providers of local hospital and community healthcare are working together for the benefit of the whole local NHS healthcare system. They have joined together under the System Transformation Programme to look at shaping a sustainable health system fit for the future. Peterborough City Council and Cambridgeshire County Council are also part of the programme, as are local Healthwatch organisations. The work of the programme also fits in with NHS England's recently published (October 2014) Five Year Forward View. The Five Year Forward View recognises that the world has changed and health services need to evolve to meet the challenges NHS health services face.

SYSTEM STRATEGIC AIMS AND GOALS

The Cambridgeshire and Peterborough health system has agreed to a set of strategic aims for the next five years. These strategic aims are set out in the diagram below which shows how the strategic aims relate, with people at the centre of all we do.



The Cambridgeshire and Peterborough System Transformation Programme is looking at all hospital-based, GP and community healthcare services in Cambridgeshire and Peterborough. It is particularly focussing on the following areas of care:

- Children's and maternity services
- Mental health services
- Care delivered through GP surgeries
- Planned care (both in hospital and in the community)
- Emergency and urgent care.

It's also taking into account the improvements expected to take place in older people's (over 65s) healthcare under the innovative Integrated Older People's and Adult Community Services contract. Prevention is key to the programme with everyone having a role in helping to reduce demand on our health services.

If we do not plan to change our health system, we are likely to see:

- funding shortfalls, possibly leading to unplanned service changes over which we have little control
- decreased quality of care and poorer health outcomes for people
- a continued rise in the need for health care
- some General Practices going out of business
- hospitals continuing to experience a rise in emergency admissions
- hospitals finding it harder to undertake planned work (such as scheduled operations)
- a decrease in quality and access performance standards in hospitals, and an increase in financial deficits
- an increase in pressure on all parts of the health system and an already stretched workforce.

The Health System Transformation Programme has taken a wide range of opportunities to engage with the wider public and feedback will inform and be reflected within the development of ideas for change across the system

5.4 PETERBOROUGH CITY COUNCIL CUSTOMER EXPERIENCE PROGRAMME

The Customer Experience programme will develop and improve the ways in which customers access or are provided with public services, ensuring those that need help the most are able to reach the most appropriate services quickly and first time. This approach will enable services to meet the needs of those affected by health, social and economic inequalities across Peterborough, and will build resilience and capacity in communities to sustain improvements. The programme targets a reduction in costs, an increase in revenue and the management of current and future demand. The programme is divided into seven themes:

- i. Front Door – redefining the method of accessing and contacting the council, ensuring those that can will be able help themselves and those with more complex needs reach the right services quickly
- ii. Investment in Communities – ensuring we invest appropriately in community, voluntary or faith services and capacity as an alternative to public sector services
- iii. Operating Models – designing new service delivery arrangements between council services and with partners
- iv. New Ways of Working – enabling staff to work flexibly and in an agile way, making full use of digital technologies
- v. Revenue – strengthening the council’s commercially-minded approach, increasing the amount of profitable revenue
- vi. Building Optimisation – making the best use of public buildings and office space
- vii. Digital Technology – investing in new technologies to improve ways of working and to enhance the offer to customers

The council wants its customers to:

- Ask once – we will only ask the customer for any information needed once
- Be self-directed – we will maximise any opportunity for the customer to self-serve
- Be in control – we will ensure services are customer-led and take account of the customer’s views
- Be protected – we will identify and act upon any safeguarding concerns
- Be confident the information we hold about them is consistent across the organisation
- Be able to make full use of universal information and provision as the norm through interactive use of technology, blended with ‘expert’ assistance
- Have their queries resolved at the first point of contact wherever possible
- Be able to access council services or information in the most appropriate settings – there will be no wrong front door.

If we get these things right then it will be better for customers as they will receive a better and more accessible service, whilst at the same time enabling us to manage demand more effectively and sustainably.

CURRENT JOINT WORK

The Customer Experience programme is enabling a sharp focus on developing greater integration between the council and health partners. For example:

- the Operating Models theme is scoping an integrated health and social care operational delivery model which could see social workers co-located with health professionals
- the Operating Models theme is developing a new delivery model to bring together reablement and preventative health and social care services into a trading vehicle
- the Front Door theme is exploring a single, integrated front door model for council and health services
- the Investment in Communities theme is determining what health and social care preventative projects could be commissioned to help manage demand
- the Digital Technology strand is piloting new assistive technologies that could help reduce demand on the health and social care system

FUTURE PLANS

The Customer Experience programme is still at the early stages of delivery, but has well established principles including the desire to deliver integration across health and social care services wherever possible and appropriate. We will ensure that health colleagues across the system are fully engaged in the programme.

5.5 A VISION FOR HEALTH AND WELLBEING IN 2016/19

The context for the 2016/19 Joint Health and Wellbeing Strategy is:

- **Significant budget reductions**
- **Growing population and demand for services**



To meet these challenges, Health, Local Authority and other partners in the Health and Wellbeing Board will work in a new way - focusing on outcomes not organisations. We will get done what needs to be done by who is best to do it, and use evidence based sources and best practice to ensure what we deliver has the best chance of success. Success is now seen as collective.

PLACING PEOPLE AT THE HEART OF A SYSTEM WHICH MAKES SENSE TO THEM

The Health and Wellbeing Board will achieve its aims by:

A focus on prevention

- making Peterborough a healthy environment in which to live
- supporting people and communities to maintain their own health and independence.

Driving **delivery** of:

- The right services
- To the right people, families and communities
- By the right people
- At the right time
- In the right place
- At the right cost

Monitoring **outcomes** which matter to local residents, families and communities

7. PETERBOROUGH CITY COUNCIL COMMISSIONING DESIGN PRINCIPLES

Efficient and effective

- Ground-up approach based on lean principles
 - Non value add - **Stop**
 - Non value add but necessary - **Automate**
 - Value add -
- Internal self-serve
- Reducing supply chain
 - Reduced number of transactions / cost of transactions
- All resources will be organised around the Target Operating Model principles:- and Operational Plan
 - Self-serve/ Self Management wherever possible
 - most experienced staff at front door
 - in integrated teams

Role of the Commissioner

- Leadership – promoting, facilitating & place shaping
- Forecasting demand and need; Facilitating and coordinating solutions
- Regulator / Quality Assurer / Safeguarding
- Information provider and empowering local people

Statutory objectives

- Only providing services that are a statutory obligation or
- Where they evidently support statutory objectives or
- Generates profitable revenue where appropriate and lawful

Commercially viability

- Profitable revenue creation is a priority
- Retained 'business units' must be commercially viable

Demand management

- Prioritise the commissioning of services and solutions that will prevent or delay escalating support and service needs.
- Solve Customer problems as early in the journey as possible
- Build Community and Market Capability
 - To develop and extend the Community and Market capability, involvement and offer
- Target commissioning
 - Evidence based & Outcomes focused
 - Using best means of delivering outcomes
 - mixed economy of providers (public, vehicles, private and 3rd Sector)

Collaborate or partner whenever financially viable

- Commissioners will use Joint Funding mechanisms to procure services when appropriate and reduce transaction costs?

All infrastructure will be shared with partners

- Limit single organisation only occupancy and base on maximum occupancy Agile / mobile working the norm

Political

- Commissioning activity will take account of and be sensitive to the national and local political context. Engagement with elected members will be carried out throughout the commissioning process

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