

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** CHILDREN AND YOUNG PEOPLE'S HEALTH

**LEAD:** LOU WILLIAMS

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- 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 (CAMH) 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 additional funding from Central Government.

**Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

- Health Visiting service is now commissioned through a section 75 agreement with CPFT
- Outcomes framework, service specification and key performance indicators for the Healthy Child Programme have been developed and embedded. Quarterly performance monitoring meeting are held with the Provider CPFT. The health visiting service is required to carry out 5 mandated visits, from the ante natal period to the 2year check on the child. Of these:
  - 268 families received an antenatal visit
  - 98% of all new mothers received a new birth check, 92% of which was within the first 14 days of birth
  - 95% of mothers received a 6 - 8 week check, 88% within the 6 to 8 week period
  - 95% of mothers/families had a 12 month check by 15 months.
  - 81% of children had a two year development check
- New pathway developed for children with suspected ADHD/ASD. Following consultation with parents the name of the pathway has been re launched as the Emotional and Social Development Pathway. Parents are offered early help, via Webster Stratton or Triple P evidence-based parenting programmes, prior to referral to specialist CAMH services. On on

	<p>line Triple P programme is also being piloted at the moment in Peterborough and Cambridgeshire. Feedback from CPFT indicates that the early help is supporting in the reduction of the waiting lists for assessment. For both ASD and ADHD, assessment waiting times have been reduced to less than 12 weeks. For ADHD, the waiting time is within 6 weeks for the majority of referrals.</p> <ul style="list-style-type: none"> <li>- Recently a procurement process has been completed for the provision of counselling services and mental health promotion services jointly with CCC and C&amp;P CCG and additional investment has gone into this. The new provider CHUMS, will start delivering the service from 1<sup>st</sup> January 2018.</li> </ul>
<p><b>Narrative update on workstreams</b></p>	<p>The Joint Commissioning Unit, which is made up of commissioners from Peterborough City Council, Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group, continues to work jointly to develop an integrated 0 - 19 service. The JCU have overseen a number of areas of work:</p> <ul style="list-style-type: none"> <li>● The redesign of the Speech and Language Therapy Service to offer a consistent model of delivery across Peterborough and Cambridgeshire - focusing on early support and prevention. Recruitment to the remodeled service is underway and a launch event will be held in January 18.</li> <li>● The redesign of the Occupational Therapy and Physiotherapy Service has begun, including a full needs assessment and engagement with partners.</li> <li>● Options for future delivery of the 0 - 19 services is being considered by the JCU</li> </ul> <p>Joint work is being done with the Local Maternity System (LMS) to deliver the Better Births Strategy. There is a national drive to improve local maternity services. The Cambridgeshire and Peterborough LMS has written a Better Births Strategy and Plan. One workstream identified is a focus on the development of “Community Hubs”, which has been set up to deliver a more integrated way of working with other services in the community. A workshop has been held with key partners to look at the services that could be delivered in the community. to improve outcomes for families.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>A workshop was help with range of partners and key stakeholders, to consider the community hub model, as part of the Better Births Strategy. The workshop included midwifery services, children’s</p>

	centre providers, voluntary sector providers, health visiting teams, parent representation and local authority representatives.
<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>● Develop a CAMH pathway that better meets need and manages demand so that pressures on specialist services are minimised</li> <li>● Continuing a pilot approach where additional CPN capacity is aligned with schools to enable better support to be offered to C&amp;YP with emerging emotional and mental health difficulties</li> <li>● Working with the PSCB 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</li> <li>● Renew the Child Poverty Strategy in 2016</li> <li>● Develop a joint strategy to address high rates of teenage pregnancy</li> <li>● Jointly review the commissioning and delivery of services for C&amp;YP with SEND, from age 0-25</li> <li>● Consideration of the needs of single parent families in these workstreams</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<ul style="list-style-type: none"> <li>● In order to reduce pressures on specialist CAMH services, a new counselling service with additional investment from the CCG is due to start from January 2018. Procurement completed and mobilisation ongoing.</li> <li>● Following the JTAI inspection, multi-agency action plans have been developed to address neglect.</li> <li>● A needs analysis for SEND has been completed by Public Health in order to inform a 10 year SEND strategy across Cambridgeshire and Peterborough.</li> </ul>
<b>Risks</b>	<ul style="list-style-type: none"> <li>● Risks involved with mobilisation of a new service (CHUMS counselling service) are being managed through a mobilisation board.</li> </ul>
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Current Value	Agreed Target
1.1a	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Number of Children & Young People commencing treatment in NHS-funded community services
1.1b	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Proportion of Children & Young People with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)
1.1c	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Proportion of Children & Young People showing reliable improvement in outcomes following treatment
1.1d	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards	-	Indicator only currently available at national/regional level	-	-	-	-	CAMH - Total bed days in CAMHS tier 4 per CYP population/total CYP in adult in-patient wards/paediatric wards
1.2	Prevalence of obesity - reception year (proportion, %)	▼	Statistically similar to England	2015-16	259	9.3%	9.3%	Prevalence of obesity - reception year (proportion, %)
1.3	Prevalence of obesity - year 6 (proportion, %)	▲	Statistically similar to England	2015-16	460	19.8%	19.8%	Prevalence of obesity - year 6 (proportion, %)
1.4	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)	▼	Peterborough higher (worse) than England. Statistical significance unavailable	2016	-	5.0%	4.2%	Number of young people Not in Education, Employment or Training (NEET) (Proportion, %)
1.5	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched	-	Strategy launched by Peterborough Safeguarding Children Board 13/09/2016	-	-	-	-	Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched
1.6	Under 18 conceptions (crude rate per 1,000)	▼	Statistically significantly worse than England	2015	95	28.3	20.8	Under 18 conceptions (crude rate per 1,000)
1.7	Under 16 conceptions (crude rate per 1,000)	▼	Statistically similar to England	2015	8	2.4	3.7	Under 16 conceptions (crude rate per 1,000)

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** AGEING WELL

**LEAD:** CHARLOTTE BLACK

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- A service model has been developed by local NHS commissioners and community service providers, 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
  - This is supported by jointly agreed plans for the BCF

**Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

Indicators currently showing green:

- **Health checks:** the total number of health checks delivered to over 40s remains significantly above the England average.
- **Feeling safe:** The proportion of people who use services who say that those services have made them feel safe and secure is statistically significantly better than England.

Indicators currently showing red:

- **Falls:** The rate of injuries due to falls in people aged 65 and over is still statistically significantly worse than England. However, there is a positive trend over time with the rate of falls decreasing. This issue is being addressed by the CCG-wide falls prevention programme.
- **Feeling safe:** The proportion of people who use services who feel safe is statistically significantly worse than England. However, there is a positive trend over time with the proportion of people feeling safe increasing. It is important to note that the proportion of people who use services who say that the services have made them feel safe and secure is still significantly better than England.

	<ul style="list-style-type: none"> <li>• <b>Social isolation:</b> the proportion of carers who have as much social contact as they would like is significantly worse than England. This has been identified as a priority area by the Cambridgeshire and Peterborough Ageing Well Strategy Board (see below for further details).</li> </ul>
<p><b>Narrative update on workstreams</b></p>	<p><b>Dementia:</b> The Older People Mental Health Delivery Board is bringing together agencies across the health and social care system to develop an integrated plan to improve outcomes for people living with dementia across Cambridgeshire and Peterborough. A multi-agency strategy that reflects local need and responds with current evidence-based practice to inform future provision and support is being developed. The strategy uses the following Well Pathway for Dementia domains: (i) Preventing Well (ii) Diagnosing Well (iii) Supporting Well (iv) Living Well (v) Dying Well. A system-wide dementia business case has been approved by the STP; this includes investment for a Dementia Nurse Consultant leadership post, development of the Dementia Intensive Support Services (DIST), education and training, carer support and end of life preparation.</p> <p><b>Falls prevention:</b> Implementation of the CCG-wide falls prevention business case has now commenced. The aim of the project is to implement a comprehensive, standardised and integrated falls prevention pathway across the CCG area of Cambridgeshire and Peterborough. This will include:</p> <ul style="list-style-type: none"> <li>- Increased provision and improved quality of evidence-based targeted interventions e.g. strength and balance classes, future development of fracture liaison services.</li> <li>- Proactive identification of those at risk of falls.</li> <li>- Comprehensive multifactorial assessment offered to those at risk of falling with appropriate intervention plan to address risk identified.</li> <li>- Strengthened system-wide integration and co-ordination.</li> </ul> <p>Implementation is being overseen by a small, multi-agency group with strategic oversight from the Cambridgeshire and Peterborough Falls Preventions Working Groups and the Ageing Well Strategy Board.</p> <p><b>Social isolation:</b> Social isolation has been determined a priority by the Ageing Well Strategy Board, alongside other priorities including falls prevention and dementia. This reflects the need described in the 'red' performance indicator and feedback from stakeholders, including at the Ageing Well Prioritisation Event which took place in May 2017. The Campaign to End Loneliness has received funding to work intensively in Cambridgeshire and Peterborough with the aim of reducing loneliness in</p>

	<p>older people. The first stages of the work are underway including a mapping and consultation exercise to establish agreed solutions locally.</p> <p><b>Integrated Commissioning and the Better Care Fund (BCF):</b> A new Cambridgeshire and Peterborough Integrated Commissioning Board has been set up to agree opportunities for a common approach to commissioning, develop strategies, deliver sustainable transformation and provide oversight of the BCF plans and pooled budgets. Due to delays in the publication of the national guidance, the 2017/18 plans for the Cambridgeshire and Peterborough Better Care Funds are currently being drafted.</p> <p>☒ <b>Older People: Primary Prevention of Ill Health JSNA:</b> the JSNA has been completed and signed off by the Health and Wellbeing Board. Work has now commenced to communicate the findings of the JSNA and implement key recommendations.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>The dementia strategy is being co-produced by the multi-agency Older People Mental Health Delivery Board, with representation from adult services, public health, health service commissioners and providers, and the voluntary sector.</p> <p>The falls prevention pathway has been co-produced and is being implemented by colleagues from public health, CPFT and the CCG. Funding has been secured from both public health and the STP.</p>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• The HWB has commissioned an ‘Older People: Primary Prevention of Ill Health’ JSNA for Peterborough, which is due for completion during 2016</li> <li>• Develop a joint ‘Healthy Ageing and Prevention Agenda’ to ensure that preventative action is integrated and responsible to best support people to age well, live independently and contribute to their communities for as long as possible, including isolation and loneliness</li> <li>• Review and refresh the joint dementia strategy for Peterborough</li> <li>• 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</li> <li>• Recognise that some older people prefer face to face communication rather than digital, through community hubs which are part of the Council’s wider strategy for communicating with the public</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p><b>Milestone 1: Falls Prevention</b> Implementation of the business case is underway using learning from a pilot in St. Ives, which completed recently (see above for further details).</p> <p><b>Milestone 2: Mental Health and Dementia</b> The joint dementia strategy is under development and the business case for investment from the STP has been approved (see above for further details).</p> <p><b>Milestone 3: Continence and UTIs</b> Further development of gaps and priorities is being undertaken.</p> <p><b>Milestone 4: Community VCS</b></p>
<b>Risks</b>	As below
<b>Key considerations</b>	<p>Previous considerations:</p> <ul style="list-style-type: none"> <li>• STP governance is currently being reviewed by SDU for greater clarity on board roles and alignment with BCF governance.</li> <li>• LDR investment will not be available from NHS Digital until April 2017.</li> <li>• Better Care Fund planning for 2017/18 will need to incorporate plans for achieving health and social care integration by 2020 and future initiatives, e.g. devolution, will need to be factored into those plans.</li> </ul>



**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
6.1a	Injuries due to falls in people aged 65 and over (Persons, Directly Standardised rate per 100,000)	▼	Statistically significantly worse than England	2015-16	663	2,348	2,169	Match or exceed England performance
6.1b	Numbers of over 40s taking up NHS health check offers	▲	Total of health checks delivered remains significantly above England average	2016-17	5,232	10.4%	8.5%	Match or exceed England performance
6.1c	Report on take up of any preventative service commissioned directly as part of STP in the future	-	TBC	-	-	-	-	-
6.2	Reducing avoidable emergency admissions (BCF), (crude rate per 100,000)	▼	Statistically similar to England	Mar-13	328	176.0	178.9	Match or exceed England performance
6.3a	The proportion of people who use services who feel safe (proportion, %)	▲	Statistically significantly worse than England	2015-16	-	65.0%	69.2%	Exceed England performance in order to reach statistical similarity
6.3b	The proportion of people who use services who say that those services have made them feel safe and secure (proportion, %)	▼	Statistically significantly better than England	2015-16	-	88.3%	85.4%	Match or exceed England performance
6.4	Using an Outcomes Framework - covering several key priority areas for older people in relation to their NHS care and the Social Care Outcomes Framework	-	Will be expanded as part of on-going work with Clinical Commissioning Group on Sustainability & Transformation (STP) Plans	-	-	-	-	-
6.5	Social Isolation: % of adults carers who have as much social contact as they would like (proportion, %)	▼	Statistically significantly worse than England	2014-15	-	29.7%	38.5%	Match or exceed England performance
6.6	Carer-reported quality of life score for people caring for someone with dementia	-	Indicator provided for the first time in 2014-15. Peterborough has a lower score than England	2014-15	-	6.7%	7.7%	Match or exceed England performance

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** GROWTH, HEALTH AND THE LOCAL PLAN

**LEAD:** SIMON MACHEN

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<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ol style="list-style-type: none"> <li>1. The Environment Action Plan describes the following actions:             <ol style="list-style-type: none"> <li>a. Secure funding to increase the number of Green Flag awards to 6</li> <li>b. Nene Park Trust will continually raise the quality of its facilities and improve the participation and engagement of visitors</li> <li>c. Seek funding to carry out a feasibility study into local, sustainable food production</li> <li>d. Achieve Fairtrade city status</li> <li>e. Develop planning guidance to support local food</li> </ol> </li> <li>2. The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups</li> <li>3. Public Health outcomes and/or objectives will be added to the Plan</li> <li>4. Public Health advice will be embedded into the City Council’s Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of land use planning on health</li> </ol>	
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	<p>There have been no changes to the national indicators since the August report</p>
<p><b>Narrative update on workstreams</b></p>	<p><b>Activity 1 – Environment Action Plan</b> No update since last report</p> <p><b>Activities 2 and 3 - Local Plan</b> Consultation on the Proposed Submission version of the emerging Local Plan is now due to commence in Jan 2018 for a six week period. This version of the plan will then be submitted to central government who will appoint an independent planning Inspector to carry out a public examination into the document. It is anticipated that the new Plan will be adopted by end of 2018.</p> <p><b>Activity 4 – Public health continue to work with Growth and Regeneration Directorate</b></p>

<b>Examples of partnership working (services, projects, co-production/design etc)</b>	PH team are working with colleagues from strategic planning, development planning, community safety and environmental health to investigate options for improving the food environment in Peterborough
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<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Strategic planning to undertake training with Development Management officers on Health Impact Assessment (HIA) and develop guidance for planners and developers on optimising health and wellbeing for smaller residential schemes.</li> <li>• Strategic planning to attend a Developers Forum meeting to brief them on the Health policy.</li> <li>• Public Health to look at available data around fast food outlets in Peterborough and consider options around possible guidance on their future location</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p><b>Milestone 1:</b> Strategic planners are in discussion with development planners about the use of HIA as part of the new local plan. Public Health will be reviewing best practice, learning and identifying resources from elsewhere to support HIA training and the development of simple/ pragmatic resources to support planners and developers optimise health for smaller residential schemes.</p> <p><b>Update</b> – Concerns raised about the workload implication of the proposed HIA policy and how outputs from HIA will be used. Considerations are being made to increase the threshold level e.g. size of the development at which an HIA is required.</p> <p><b>Milestone 2:</b> Meeting to be scheduled with housing development forum before the release of the final plan.</p> <p><b>Update</b> – There has been a short pause in the Local plan process</p> <p><b>Milestone 3:</b> Review of local data on fast food premises and related health conditions in Peterborough and national evidence on what can be done will begin in September.</p> <p><b>Update</b> A review of local food environment was undertaken to better understand:</p> <ul style="list-style-type: none"> <li>• The number and distribution of different food outlets e.g. fast food, local grocery shops across Peterborough, their location and growth over time</li> <li>• national evidence on what can be done to improve choice and create a food environment which encourages as default more healthy options</li> </ul>

	<p>The report was taken to the Public Health Board in October and following this Public Health, Planning Policy and Development Management teams will meet in November to explore the feasibility of developing a Supplementary Planning Document as a means of influencing the development of fast food outlets in the city.</p> <p>A second work stream is running in tandem, which includes colleagues from PH and environmental health to look at evidence based interventions to influence the quality of food being offered.</p>
<b>Risks</b>	<p>At the stage of the examination of the Local Plan, objections to the Health policy (or any of the health and wellbeing cross cutting themes within other policies) could result in directions for amendments to the Plan that are outside the control of the authority</p> <p>Lack of understanding or buy in from officers and/or developers may mean that the Health policy is not fully implemented once adopted.</p>
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
8.1	Excess weight in 4-5 year olds (% of all pupils)	▲	Statistically similar to England	2015-16	632	22.8%	22.1%	8.1
8.2	Excess weight in 10-11 year olds (% of all pupils)	▲	Statistically similar to England	2015-16	794	34.2%	34.2%	8.2
8.3	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the day time (proportion, %)	▼	Statistical significance not calculated - Peterborough percentage is now below England	2011	5,020	2.7%	5.2%	8.3
8.4	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more during the night time (proportion, %)	▼	Statistical significance not calculated - Peterborough percentage is now below England	2011	8,190	4.5%	12.8%	8.4
8.5	Utilisation of outdoor space for exercise/health reasons (proportion, %)	▼	Statistically similar to England	2015-16	-	17.8%	17.9%	8.5

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** HEALTH AND TRANSPORT PLANNING

**LEAD:** ADRIAN CHAPMAN / SIMON MACHEN

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<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>	
<ul style="list-style-type: none"><li>• The City Council’s Travelchoice initiative encourages people to walk, cycle, use public transport and car share, as well as the uptake of low emission vehicles</li><li>• Increase the number of pupils receiving Bikeability training from 951 to 1,300 annually</li><li>• The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understands current data and intelligence regarding the County’s roads and develop multi-agency solutions to help prevent future accidents and reduce collisions</li><li>• Addenbrooke’s Regional Trauma Network is a key partner in the CPRSP, and through various data sources to allow the serious accident data to be broken down into more detail to gain a clear understanding on the impact of severe collisions to the NHS and longer term social care and other partners</li><li>• The fourth Local Transport Plan (2016-2020) emphasises the role transport can play in the health of Peterborough residents</li></ul>	
<b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b>	<p>There have been no update to indicators since the last August Performance Report.</p> <p>Discussion to take place between Public health and Transport team to agree further performance measures moving forward which can be used in next quarter performance report.</p>
<b>Narrative update on workstreams</b>	<p>The Council has applied for sustainable travel funding from the Combined Authority following a unsuccessful application to Department for Transport, a decision should be taken at their board meeting on 25 October. This will enable the continuation of projects focused on increasing active travel through the targeting of communities and businesses.</p> <p>£20,000 has been awarded to the Cambridgeshire and Peterborough Road Safety Partnership Delivery Group from the OPCC to deliver various road safety activities. This has funded the following over the last 3 months:</p>

	<ul style="list-style-type: none"> <li>• Officers from different partner agencies have attended various nationally recognised road safety training courses. By attending these courses has allowed officers from the different agencies to develop new road safety interventions which can be targeted at specific identified groups and fully.</li> <li>• Toolkits are being developed which cover the fatal four (speed, seatbelts, mobile phones and drink drug driving). Toolkits will be available to community, voluntary groups, CSPs across the county to allow for a coordinated message.</li> <li>• Focus has continued on young drivers officers have delivered events at RAF Wittering around drink/drug driving and attended the Freshers Fayre at Peterborough Regional College. Drive IQ was also launched, this new interactive road safety package is available free of charge to all schools across Peterborough. <a href="http://www.cambsdriveiq.co.uk">www.cambsdriveiq.co.uk</a></li> </ul>
<b>Examples of partnership working (services, projects, co-production/design etc)</b>	

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b> <ul style="list-style-type: none"> <li>• Collect further JSNA information on transport and health for Peterborough, using locally developed methodologies</li> <li>• Permanently embed public health advice in to the City Council's Growth and Regeneration Directorate, through a post which will work with local land use and transport planners to consider the impact of transport planning on health and health inequalities</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p>The Council was successful in it's application for funding from department for transport to enhance its cycling and walking plans and provide staff training on current best practices. Eight days of free consultancy time have been agreed. A Dept for Transport introductory meeting is scheduled for late October.</p> <p>A paper on transport and health will be taken to the HWB in December, this will outline the importance of active travel in increasing physical activity across Peterborough and improving the overall health of the residents.</p>

	<p>A transport model has recently been developed with Cranfield University that allows us to test different scenarios to enable the City to achieve its Sustainable Transport aspiration of creating 'A pedestrian, public transport and cycle first city and 90% of all journeys will be zero emission' by 2050. The model allows us to test the effect of changes such as more electric vehicles, improved infrastructure, behavioural change campaigns etc. Further work will now take place to ensure the scenarios are suitably evidenced based.</p>
<p><b>Risks</b></p>	<p>The loss of funding from the Dept for Transport sustainable travel funding means there is a shortfall in funding of £500k (compared to 2016/17). This could curtail activities around supporting/enabling active travel.</p> <p>Responsibility for developing the local transport plan has moved to the Combined Authority, the recently completed Peterborough transport plan, strongly supported active and sustainable travel. It is unclear where active travel fits within future priorities of the combined authority at this point.</p> <p>The Road safety partnership is currently experiencing problems with casualty data and the new CRASH system. This is currently being investigated and solutions being developed. Currently a risk as 6 months into 2017 and only have verified casualty data for January 2017.</p>
<p><b>Key considerations</b></p>	



**Performance Indicators:**

Indicat or Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
9.1	The number of businesses with travel plans	-	48 business in Peterborough have travel plans	2016	48	-	-	9.1
9.2	To further develop a robust monitoring network to enable in depth transport model data to be measured	-	In progress					9.2
9.3	Measures of air quality	-	Peterborough currently has 1 Air Quality Assessment Area	2015	1	-	-	9.3
9.4	The numbers of adults and children killed or seriously injured in road traffic accidents (crude rate per 100,000)	▼	Statistically similar to England	2013-15	229	40.1	38.5	9.4

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** HEALTH AND WELLBEING OF DIVERSE COMMUNITIES

**LEAD:** ADRIAN CHAPMAN

<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>																							
<ul style="list-style-type: none"> <li>• The HWB has commissioned a JSNA on the health and wellbeing needs of migrants</li> <li>• 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</li> </ul>																							
<b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b>		<p>The proportion of health checks completed that recorded a South Asian ethnicity was 7.2%. This is below the 12% proportion of people of south Asian ethnicity in the general Peterborough population. In total, 376 health checks were completed in people with South Asian ethnicity in the year 2016/17.</p> <p>Data is being collected to determine ethnicity of people using mental health crisis services (First Response Service -FRS, and Sanctuaries)</p> <p>Suicides in Peterborough by people with Eastern European ethnicity is a concern. It is difficult to report this data for confidentiality reasons as the numbers are small.</p>																					
<b>Narrative update on workstreams</b>		<p><b>Controlling Migration Fund projects</b></p> <p>Peterborough and Cambridgeshire councils have been successful in a number of bids to DCLG’s Controlling Migration Fund. Five Peterborough projects have been funded to date, these are:</p> <table border="1"> <thead> <tr> <th>CMF Project</th> <th>Lead Officer</th> <th>DCLG Grant Awarded (Total)</th> <th>17-18</th> <th>18-19</th> <th>19-20</th> </tr> </thead> <tbody> <tr> <td>Getting to Know You</td> <td>Janet Bristow - City College</td> <td>£281,573</td> <td>£138,706</td> <td>£142,867</td> <td>N/A</td> </tr> <tr> <td>Alcohol Misuse</td> <td>Joseph Keegan - Cambs Council / Julian Base - PCC</td> <td>£283,347</td> <td>£135,120</td> <td>£148,227</td> <td>N/A</td> </tr> </tbody> </table>				CMF Project	Lead Officer	DCLG Grant Awarded (Total)	17-18	18-19	19-20	Getting to Know You	Janet Bristow - City College	£281,573	£138,706	£142,867	N/A	Alcohol Misuse	Joseph Keegan - Cambs Council / Julian Base - PCC	£283,347	£135,120	£148,227	N/A
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Rough Sleeper Support Services	Sean Evans - PCC	£250,436	£99,401	£151,036	N/A
Shared Vision	Keith Jones - CAB	£288,350	£105,344	£145,852	£37,154
Social Media Resources	Kathy Hartley - Public Health	£94,200	£48,900	£45,300	N/A
		<b>£1,197,906</b>	<b>£527,471</b>	<b>£633,282</b>	<b>£37,154</b>

The projects help to address many of the issues identified in the JSNA for Diverse Ethnic Communities.

Funding has been received and the projects are beginning to be implemented or their roll-out is being planned.

Getting to Know You will see increased ESOL provision within Peterborough over the next 2 years. The project is led by City College and will involve both GLADCA and PARCA in community based delivery.

ESOL classes will be thematically based and will focus on participants gaining confidence in accessing and using a range of public services. A call for volunteers to deliver the ESOL classes met a good response. The programme of lessons has been planned and resources are being developed.

Tackling Alcohol Misuse is being led by Public Health and delivered in both Wisbech and Peterborough.

This will see additional outreach and engagement to migrant communities to help tackle street drinking and support migrants to access treatment services.

Information Pack of Social Media is also being led by Public Health and will see a range of videos created in a variety of languages explaining how to access and use public and other services e.g. education, housing, health, employment etc. This project has a steering group and project support from public health. Implementation is being planned with the involvement of Peterborough City Council Comms team, linking with the 'Healthy Peterborough' initiative

The Citizens' Advice Peterborough project to deliver targeted IAG from community locations and Boroughbury Medical Centre is in the planning stage.

	<p>Of note is the intention to link the projects listed above together, in order to help with design and implementation, particularly around sharing information resources.</p> <p><b>Community engagement support</b></p> <p>Community connectors have been involved in the following:</p> <ul style="list-style-type: none"> <li>● connecting with faith communities and other communities to support and encourage completion of survey forms in understanding the health needs of South Asian Communities in the city.</li> <li>● promoting the health MOT checks that have been arranged by Solutions 4 Health during the summer when several hundred people have benefited.</li> <li>● Taken part in the initial preparatory work to organise an awareness event around sexual health for the targeted community groups being proposed in early 2018 and other campaigns work that is currently being run by Public Health Team</li> </ul>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>The mental health Crisis 'First Response Service' (FRS) and 'Sanctuaries' - implemented as part of a partnership 'crisis care concordat programme' is being promoted as a programme of work to Minority Ethnic communities throughout Peterborough. This is being achieved by the FRS visiting community groups to talk about the service, promotion of the mental health crisis video, translated into Urdu, Punjabi, Lithuanian and Polish.</p> <p>Training of the FRS team is also planned to increase their knowledge and understanding of cultural attitudes.</p>

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>The benefits of tailoring preventive programmes, working with South Asian communities to prevent diabetes and CVD, are increasingly recognised nationally. The CCG and the City Council will work together to assess the feasibility of local schemes</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p>NHS Health Checks - designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia among adults aged 40 - 74 years old - are now being delivered within local community settings, complementing existing delivery through local GP practices. In addition to increasing the delivery of NHS Health Checks the delivery of Health MOT's for younger age groups has also begun, with a specific focus on target populations. Target populations include local south Asian* communities who have a higher risk of developing diabetes and higher rates of coronary heart disease.</p> <p>A South Asian health and wellbeing survey is being implemented, which will assess the local need as well as access to services. The survey aims to assess health and wellbeing risks and concerns and will be used to help tailor and design appropriate services including preventative programmes. The survey is expected to be completed by the end of January 2018. The results of the survey and any recommendations that are drawn from them will be made available within a supplement to the diverse ethnic communities JSNA that will focus on the needs of South Asian communities.</p>
<b>Risks</b>	<p>The main risk for both the health check programme and the health and wellbeing survey is ability to engage with the S Asian population to ensure a good return (for the survey). There is also the risk that the reach for both these programmes is not comprehensive – ability to engage women or traditionally hard to reach communities. Engagement is important for the survey as we would require a good return in order for the responses to be representative of the needs of the community.</p>
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
12.1	We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions  Ethnicity broken down further than 'white other' when collecting data	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	12.1
12.2	Proportion of health checks completed where ethnicity is given as British Asian	-	Proportion is below proposed target	-	-	-	-	target to be in line with the proportion of S. Asian in the population aged 40-70  12.2
12.3	The proportion of BME people detained under Section 136 of the mental health act							12.3

12.4

suicides by people  
with Eastern  
European  
ethnicities

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** HEALTH BEHAVIOURS AND LIFESTYLES

**LEAD:** LIZ ROBIN

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- 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
- Commissioning a joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital.
- Improve support for local employers to promote healthy workplaces through a new contract with 'Business in the Community'

**Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

A Health System Prevention Strategy has been produced in recognition of the impact of preventable ill health has locally. GP practices continue to deliver the key prevention programme, NHS health checks while this is now also being delivered by the local lifestyle provider, Solutions4Health, who delivered over 120 health checks since July 2017. Solutions4Health are also delivering one to one clinics and group programmes to assess and address lifestyle factors including alcohol, diet and nutrition, physical inactivity and smoking, with 380 people setting a personal health plan since April.

A range of weight management and physical activity programme for children and adults are also being delivered with over 100 adults referred to programmes since April and nine local schools expressing an interest in hosting child programmes. Schools also remain engaged in the local Health Champion initiative and the associated health awareness training programme with over 300 children and young people supported in schools since April.

The integrated drug and alcohol treatment service (Aspire) went live on 1st April 2016 and is now half way through it's second year. Year 1 saw a dip in performance due to the complex system change involved in the retender. However, performance has subsequently recovered to national average levels. During Year 1 and 2 the service has significantly increased the number of clients with alcohol and non-opiate issues engaged into treatment compared to the previous two separate drug and alcohol treatment providers.



	<p>The current Healthy Workplace programme continues to be delivered with a focus on supporting those workplaces that predominantly employ routine and manual workers. The programme has supported an additional 11 new workplaces during last quarter and held 8 training and network event to support local workplaces.</p>
<p><b>Narrative update on workstreams</b></p>	<p>The lifestyle services are being embedded in an increased number of locations across the City and at increased time to improve access. At a strategic level during the last quarter there has been a focus on tobacco control as part of the prevention work being undertaken. Following the publication of the national Tobacco Control Plan in July 2017 partners have been working to establish a refreshed local Tobacco Control partnership and associated local plan and workstreams.</p> <p>Implementation of the Migrant Impact programme following a successful bid to DCLG is progressing. The workstream focused on addressing the impact of alcohol misuse among migrant population on the wider community is underway. A coordinated approach across both Fenland and Peterborough is being established through the appointment of specialist alcohol outreach workers, across both areas and a Community Connector and Healthy lifestyle advisor for Peterborough.</p> <p>Year 2 objectives for the integrated drug and alcohol treatment service (Aspire) service include continued performance improvement to reach top quartile, to reduce the proportion of clients in long term treatment and development of early intervention provision for alcohol.</p> <p>A strategic partnership approach is needed to increase the number of GPs engaging in Shared Care and to develop a strategic response to the nationally identified issue of addiction to prescribed medicines and over the counter medicines</p> <p>The contract for the current Healthy Workplace programme is due to finish on 31 March 2018. A proposal to undertake a procurement exercise for a new programme has been approved by the Joint Commissioning Board. The new programme will include accreditation framework to recognise progress made in supported workplaces and a requirement on the new provider to ensure increased sustainability of health and wellbeing activities within supported workplaces after the initial intervention.</p>

**Examples of partnership working (services, projects, co-production/design etc)**

The workplace programme is a joint commission across Cambridgeshire and Peterborough that supports the wider networking of local employers. The programme is also closely aligned with both healthy lifestyle services across the area to ensure employers have full access to support services.

The Tobacco Control Plan is being co-produced with a variety of partners from the local authority, health sector, voluntary groups and patient groups. Each partner is directly committed to lead specific interventions and work collaboratively towards the achievement of shared outcomes.

The drug and alcohol retender embedded two key strategic joint commissioning arrangements. The first relates to the Hospital Alcohol Liaison Project, jointly commissioned with the CCG to provide extended brief interventions to patients admitted due to alcohol and or drugs and engage them with structured treatment where needed.

The second is the Integrated Recovery Offender Programme (IROP) jointly commissioned with the Police & Crime Commissioner. IROP is piloting innovative ways to support frequent custody attenders with drug, alcohol and mental health issues. The Project is in its second year and has recently commissioned a mental health nurse from the Liaison and Diversion Service in CPFT to work within the team.

## HWB STRATEGY 2016/19: FUTURE PLANS

- 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, linked with services for people with mental and physical health, disability and ageing issues
- Improve our communication with local residents on health issues and to develop local campaigns and access to health information sources in a range of settings, which can be trusted to provide reliable advice on healthy lifestyles
- Recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme
- Reduce the number of local people developing Type 2 Diabetes

### Future Plans: Progress against key milestones and local indicators/trends

The integrated healthy lifestyle service has been commissioned by Peterborough City Council in partnership with the Clinical Commissioning Group and began delivery on 01 April 2017. The service is delivering clinics from the majority of GP practices and a range of community settings across Peterborough. Services are being provided on a one to one basis and through group interventions to help local people address health risks such as smoking, inactivity and excess weight.

The Healthy Peterborough campaign programme has been established with monthly campaigns delivered on specific health issues, aligned to associated national campaigns to maximise exposure. Since March 2016 the campaign programme has focused on issues such as Ageing Well, Physical Activity, Smoking, Mental Health and Cancer. Data from the Healthy Peterborough website has demonstrated that campaigns have been viewed in excess of 10,000 times and in some cases over 30,000 times when a campaign has run over a two month period.

The Healthy Schools Peterborough programme was established during the 2016/17 academic year and has engaged primary, secondary and special schools. An accreditation process covering Bronze, Silver and Gold awards for schools has been developed. The Programme Board is now established and is directing the development and delivery of the programme this academic year.

The Healthier You: NHS Diabetes Prevention Programme service has been established across Cambridgeshire and Peterborough to support people at risk of developing Type 2 diabetes. The local

	programme is being delivered by ICS Health and Wellbeing in local settings and are working with Solutions4Health.
<b>Risks</b>	The weight management element of the integrated healthy lifestyle service remains a has been a risk. A proposal for Solutions4Health to sub-contract the Obesity Service at Cambridge University Hospitals to deliver Tier 3 weight management services has been agreed and is being progressed. Delivery of the service will still be based in Peterborough.
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
2.1	Smoking Prevalence - All (proportion, %)	Decreasing - getting better	Statistically similar to England	2016	-	17.6%	2.1	Reduce disparity between Peterborough and England
2.2	Smoking Prevalence - Routine & Manual Occupations (proportion, %)	Increasing - getting worse	Statistically similar to England	2016	-	27.9%	2.2	Match or exceed England performance
2.3	Excess weight in adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2013-15	-	70.8%	2.3	Reduce disparity between Peterborough and England
2.4a	Physically active adults (proportion, %)	Increasing - getting better	Statistically similar to England	2015	-	54.7%	2.4a	Reduce disparity between Peterborough and England
2.4b	Physically inactive adults (proportion, %)	Increasing - getting worse	Statistically significantly worse than England	2015	-	34.3%	2.4b	Reduce disparity between Peterborough and England
2.5	The numbers of attendances to sport and physical activities provided by Vivacity (observed numbers)	Increasing - getting better	5.7% increase between 15/16 and 16/17	2015-16	1,388,710	-	2.5	Increase of year-on-year number
2.6	Admission episodes for alcohol-related conditions - Persons (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015-16	1,245	708	2.6	Reduction in DSR of 1.0% per year
2.7	Admission episodes for alcohol-related conditions - Males (directly standardised rate per 100,000)	Increasing - getting worse	Statistically significantly worse than England	2015-16	800	939	2.7	Reduction in DSR of 1.0% per year
2.8	Admission episodes for alcohol-related conditions - Females (directly standardised rate per 100,000)	Increasing - getting worse	Statistically similar to England	2015-16	445	491	2.8	Reduction in DSR of 1.0% per year
2.9	The annual incidence of newly diagnosed type 2 diabetes (observed numbers)	-	Awaiting provision from CCG	-	-	-	-	TBC - Awaiting data from CCG

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** HOUSING AND HEALTH

**LEAD:** ADRIAN CHAPMAN

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- Housing related support 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 to be supported to do 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 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
- The City Council's Cabinet has approved introducing selective licensing in 5 areas of the city covering privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and wellbeing of those residents. Since its launch in December 2016 over 6,000 applications for a licence have been received.

**Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

- 1,077 aids & adaptations were completed in 2016/2017 and so far this year 667 have been completed. 258 Disabled Facility Grant funded adaptations were completed in 2016/2017. 103 Disabled Facility Grant funded adaptations have been completed so far this year.
- 3,427 Handyperson requests were completed in 2016/2017 and so far this year 1,228 have been completed. Handyperson requests often identify other issues within the property which can be addressed by other available assistance and funding streams
- The Local Energy Advice Programme (LEAP) funded through the Warm Homes Discount provides energy advice, energy & tariff switching, simple energy efficiency measures, income maximisation, debt advice and onward referrals for further assistance to fuel poor households and households at risk of falling into fuel poverty. This programme is now in its second year

	<p>and so far 192 referrals have been made against a target of 650. 126 Home energy visits have been completed and 967 simple measures installed resulting in total bill savings of £10,530. The Incomemax service has resulted in an estimated £45,000 yearly increased income and the energy advice given has resulted in an estimated £171.00 unit bill saving with an estimated £21,546.00 lifetime bill saving. Information about the LEAP Scheme will be included in the 6,000 Stay Warm, Stay Well packs as part of this year's Public Health campaign</p>
<p><b>Narrative update on workstreams</b></p>	<ul style="list-style-type: none"> <li>● 8 Housing Related Support providers are currently funded, which includes support in accommodation settings, drop in support and some specialist floating support. Overall numbers of Homelessness Prevention as a direct result of this support are slightly up on same period last year (173 Q1 2016/17 vs 185 Q1 2017/18) Discussions are now taking place to jointly commission a generic Floating Support Service with Cambridgeshire County Council from July 2018 onwards. This will provide support to vulnerable residents in both hostel settings and within their homes. The aim is for the support to move with them through different types of accommodation and at different levels to achieve full independent living.</li> <li>● The Cross Keys Homes Extra Care scheme of 54 units completed and was handed over to CKH's Housing Related Support team on 5<sup>th</sup> September. An open day has taken place and 14 units, accommodating 20 people are now occupied within the scheme. Other units have now been reserved resulting in a total of 50% of the units now being allocated.</li> <li>● We continue to work with Housing providers and Health Investment Organisation's to ensure we get the right accommodation to meet the needs of each person, including bespoke requirements.</li> </ul>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>Partnering with AgilityEco on the LEAP project.</p>

### HWB STRATEGY 2016/19: 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 disorders to enable them to live independently with a live-in carer where necessary or floating support
- A Vulnerable People's Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed
- 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 ageing 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

#### Future Plans: **Progress against key milestones and local indicators/trends**

**Milestone 1** - Adult Social Care achieved the development of 22 units since April 2017 slightly below our initial target. We would expect to achieve a further 16 units by early 2018.

**Milestone 2** The Vulnerable Persons Housing Sub Group - the group relaunched on 1<sup>st</sup> November (after the time of writing this report and so a verbal update will be provided at the meeting).

**Milestone 4** - Discretionary DFGs have been introduced to support health priorities. Pathways are being developed with the DTOC Teams at the City Hospital and the Transfer of Care Team where discharge is being delayed due to housing inaccessibility or poor condition. This discretionary grant (max £6,000) can be used to carry out urgent work in people's homes to facilitate discharge from hospital, interim beds, re-ablement or a care setting ensuring the property is warm and safe. Further identified work can be carried out at the property at a later date under DFG or Repairs Assistance funding.

We have been working in partnership with the NHS on developing our Housing and Accommodation Strategy to support our most complex and challenging clients to be discharged from inappropriate inpatient services. Providing the right accommodation and support for these clients forms part of our commitment to the NHS England transforming care programme for people with a learning disability".



<b>Risks</b>	
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
10.1	Excess winter deaths index (3 years, all ages, Persons, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	268	19.6	19.6	Match or exceed England performance
10.2	Excess winter deaths index (3 years, all ages Males, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	81	11.8	16.6	Match or exceed England performance
10.3	Excess winter deaths index (3 years, all ages Females, Ratio)	Increasing - getting worse	Statistically similar to England	Aug 2012 - Jul 2015	187	27.3	22.4	Match or exceed England performance
10.4	Reduction in unintentional injuries in the home in under 15 year olds	Decreasing - getting better	Statistically similar to England	2015-16	464	113.5	104.2	Match or exceed England performance to improve to statistically similar to England
10.5	Reduction in delayed discharges from hospital related to housing issues (observed numbers)	Decreasing - getting better	Has reduced, statistical significance unavailable	2015-16	694	-	-	Reduction in observed numbers

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** MENTAL HEALTH FOR ADULTS OF WORKING AGE

**LEAD:** WENDI OGLE-WELBOURN

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered
- The local 'Crisis Care Concordat' implementation plan aimed at reducing the incidence of mental health crisis and the use of Section 136 of the Mental Health Act is being delivered within the agreed time frames. Improvements include a new mental health crisis care telephone helpline through the 111 service (option 2), that connects with a community First Response Service (FRS). A community place of safety or 'sanctuary' has been set up to offer support to people in mental health crisis. This service has been nominated for a Positive Practice Award.
- 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

**Current Activities: Performance narrative and statistics. (Please refer to relevant performance measures of success).**

**1. Suicide Prevention**

**Metrics: Suicide Rates: Persons/Males/Females: Standardised rate per 100,000 population**

**Performance: 2013-2015 three year average 'rolling' data: All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)**

**Males: 11.5% Decreasing, getting better; better than the England value (15.8%)**

**Females: Data redacted due to low numbers (not statistically significant) (New data not yet available – therefore no change)**

**An annual suicide audit has been carried out for Peterborough and Cambridgeshire since 2014. Early indications suggest that the total number of suicides in Peterborough reduced during 2016.**

**2. Crisis Prevention**

**Metric: Rates of use of Section 136 under the Mental Health Act**

**Performance: Instances of use of Section 136 under the Mental Health Act in Peterborough decreased during 2016/17 and continue to reduce. Figures are currently being audited. The final outturn 2016/17 and in-year figures will be included in the next report.**

	<p><b>3. Mental Health Housing and Accommodation</b>  <b>Metric:</b> Adults in contact with mental health services in settled accommodation  <b>Performance:</b> Increasing (80% at April 2017) – getting better and statistically better than England (58.5%) (31% previously reported; this is likely to be an under reporting of the actual values)</p> <p><b>4. Employment</b>  <b>Metric:</b> Adults in contact with mh services in employment  <b>Performance:</b> 10.5% at April 2017): Increasing – getting better although and statistically better than England (8.8%) (4.6% previously reported; this is likely to be an under reporting of the actual values)</p> <p><b>5. Stronger Links Between Commissioners</b>  <b>Performance:</b> Performance is improving in 5 out of the 6 areas with meaningful measures  <b>Metrics:</b> Improvement in performance against the prioritised metrics;</p> <p><b>6. The Right Support, the First Time, at the Right Place, by the Right People</b>  <b>Performance:</b> Performance is improving in respect of the items for which there is full and robust data In the future it will be possible to track progress as anomalies in the approach to data collection have now been addressed. <b>Metrics:</b> Improvement in performance against the prioritised metrics</p> <p><i>Note: an overarching report against the outcome metrics in the HWB Strategy will be prepared annually, co-ordinated by the Public Health Intelligence team.</i></p>
<p><b>Current Activities: narrative update on workstreams</b></p>	<p><b>1. Suicide Prevention</b></p> <p>i) The suicide prevention strategy has been updated by members of the Suicide Implementation Group.</p> <p>ii) A number of new workstreams have been established e.g. bereavement support for people bereaved by suicide following investment by the STP.</p> <p>iii) A Zero Suicide Ambition now underpins the Suicide Prevention Strategy and a proposal that delivery of this ambition and the Suicide Prevention Strategy should be governed by the Cambridgeshire and Peterborough Safeguarding Executive will be considered at the January meeting of that Group. This will give both initiatives senior support and guidance. A proposal to hold 2 launch events in February/March 2018 – one in each of Cambridgeshire and Peterborough - will also be considered by the Executive. These events will be co-produced with people with lived experience of mental health problems and carers.</p>

iv) Key organizations directly involved in Suicide Prevention or with people with lived experience of mental health problems will be asked to sign up to the National Suicide Alliance at these events. A target will be set to secure sign up from organizations in the wider community by 2019/20 will also be set.

## **2. Crisis Prevention**

i) Excellent progress is being made with implementation of the Crisis Concordat Action Plan with progress being to or ahead of time on most of the 17 priorities.

ii) The focus of activity is ensuring that the new requirements arising from the Police and Crime Act will be met across the health and care system. Action to address potential gaps was initiated late in June 2017. The Board will be alerted to any areas of concern in the next report. This will allow the Board to consider areas that may need more focussed and senior attention to resolve.

## **3. Mental Health Housing and Accommodation**

i) It is likely that the figures previously reported were inaccurate with performance being under reported. The next report will start to show the ongoing trend in performance.

ii) Housing and accommodation has been prioritised by Peterborough commissioners. Mental health is included within the work being undertaken. Significant work is being undertaken with providers to develop the market to increase both the range and choice of accommodation and the capacity available. This includes increasing capacity in the accommodation available for people stepping down from forensic/secure services.

## **4. Employment**

i) It is likely that the figures previously reported were inaccurate with performance being under reported. The next report will show the ongoing trend in performance.

ii) Improvement of employment outcomes has been prioritised by PCC, CCC and the CCG which are working increasingly collaboratively.

iii) Following the 29.06.17 workshop, a multi-agency Steering Group has been established. 3 priorities have been identified: i) Co-production of the mental health employment strategy in order to ensure that it truly reflects the needs and wishes of local people with mental health needs ii) alignment with the DWP employment pathway and the Devolution agenda/work of the Combined Authority in relation to employment across Cambridgeshire and Peterborough iii) developing a multi-agency bid for investment in an Individual Placement Service, the evidence based model of choice for people with

mental health problems on the Care Programme Approach specified in the 5 Year Forward View for Mental Health. This is led by the CCG and CPFT as funding is available from NHS England through the CCG.

iv) The service currently commissioned for Peterborough residents from Richmond Fellowship which was not delivering against the targets and specification has been decommissioned. A decision regarding what is needed in Peterborough to support people into employment will be made through the work on the Mental Health Employment Strategy.

#### **5. Stronger Links Between Commissioners**

i) Work to establish a Mental Health Joint Commissioning Unit continues. A decision about the most effective governance, structure and arrangements will be made at the December Joint Commissioning Board. The expectation is that this will confirm the arrangements that have been established during the year.

ii) Two multi-agency groups that include service user and carer representation now oversee the delivery and improvement of mental health services: i) The MH Delivery Board (the Cambridgeshire and Peterborough Crisis Care Concordat group) which oversees crisis acute care ii) the Community MH Services Delivery Board which oversees statutory and voluntary sector provision in the community and primary and secondary care.

#### **6. The Right Support, the First Time, at the Right Place, by the Right People**

i) The enhanced primary care mental health pathway to be delivered through the PRISM has been implemented across Peterborough. This will help to ensure that the Care Act responsibilities of CPFT, including as required in of social care through the Section 75 Partnership Agreement, are discharged.

iii) The focus of both commissioners and providers remains to improve outcomes across the mental health pathway including prevention and suicide prevention.

### HWB STRATEGY 2016/19: 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
- The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services
- Service user representation will also be invited to the Partnership Board

#### Future Plans: Progress against key milestones

##### **Milestone 1: 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**

i) The HWB can now be assured that Engagement on the MH Strategy is robust and complete. The work requested by the CCC HWB to ensure that there is clarity about the outcomes/impact of the strategy is also complete.

##### **Milestone 2: 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**

i) The Recovery Coach service continues to deliver strong outcomes. Council and CCG commissioners are considering ways to build on the impact they have had within the mental health commissioning strategy going forwards.

##### **Milestone 3: 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.**

See 6 ii) above.

##### **Milestone 4: The new Mental Health Commissioning and Delivery Partnership Board which includes representatives of carers and the voluntary sector, will ensure that the needs of carers are considered in joint planning of services**

	<p>i) Improvement in the identification of carers of people with mental needs is a key priority 2017/18. This is being addressed directly with CPFT and with The Carers Trusts as well as being addressed within the joint Council and CCG review of the Cambridgeshire and Peterborough Carers Strategy.</p> <p>ii) Work to improve outcomes and experience of carers in contact with CPFT is continuing and will be captured in the new Carers Schedule within the revised Mental Health Section 75 Partnership Agreement to be implemented from 01.04.18.</p> <p>iii) Council and CCG commissioners meet jointly with Rethink Carers Support and Healthwatch on a quarterly basis to discuss concerns with mental health care and services.</p> <p>iv) The Peterborough and Cambridgeshire MH Stakeholder Group meets quarterly to provide a forum for engagement with the wider mental health stakeholder group, including carers.</p> <p><b>Milestone 5: Service user representation will also be invited to the Partnership Board</b></p> <p>i) The Peterborough MH Stakeholder Group now includes Cambridgeshire with the first joint meeting being held on met on The next meeting of the group is arranged for 31.01.18. The operation of the group as a Partnership Board will be considered as part of the paper on mental health governance that will be considered at the MH Joint Commissioning Group meeting on 05.12.17. This will ensure that the role of the group is clear.</p>
<b>Risks</b>	<p>i) That there is insufficient resource, despite efficiencies being achieved by addressing duplication and improving joint working and synergies, across the health and social care system to support all the developments identified as being required to improve access to services and outcomes by the various adult mental health workstreams. Mitigation: i) to minimise inefficiencies e.g. duplication and overly complicated processes and pathways; ii) to improve promotion/prevention and early intervention including effective information, advice and signposting; to minimise duplication and maximise integration/seamlessness of pathways and services commissioned by the Councils and CCG – through the Mental Health Joint Commissioning Unit.</p> <p>ii) That the complexities and time needed to meet the internal governance requirements of each organization slows progress and significantly slows delivery of the potential benefits of working collaboratively. Mitigation: Establish joint commissioning for adult mental health.</p>
<b>Key considerations</b>	<p>i) The work to identify and interrogate opportunities to work jointly across the whole system requires support from the senior managers and others within the key organizations involved to maximise the benefit of the opportunities.</p> <p>ii) Reporting and governance within the 3 organizations can be time consuming and slow progress. Exploration of models to establish joint commissioning for mental health will help to address this.</p>

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
4.1	Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years, crude rate per 10,000)	▲	Statistically significantly worse than England	2015-16	431	189.5	134.1	-
4.2	Rates of use of section 136 under the mental health act	-	Instances of S136 use in Peterborough have fallen but this is partly attributable to closing of Cavell Centre. Constabulary suggest target should be based around avoiding use of police stations as place of safety	2015-16	20	-	-	-
4.3	Suicide Rate - Persons (directly standardised rate per 100,000)	▼	Statistically similar to England	2013-15	42	8.4	10.1	-
326 4.4	Suicide Rate - Males (directly standardised rate per 100,000)	▼	Statistically similar to England	2013-15	29	11.5	15.8	-
4.5	Suicide Rate - Females (directly standardised rate per 100,000)	-	Data redacted due to low numbers	2013-15	-	-	-	-
4.6	Hospital readmission rates for mental health problems	-	Awaiting provision from CPFT	-	-	-	-	-
4.7a	Adults in contact with mental health services in settled accommodation	▲	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	-
4.7b	Adults in contact with mental health services in employment	▲	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	-
4.8	Carers for people with mental health problems receiving services advice or information	Increasing - getting better	Remains below England (statistical significance not calculated)	2013-14	5	2.9%	19.5%	-



**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** PROTECTING HEALTH

**LEAD:** DR LIZ ROBIN

**HWB STRATEGY 2016/19: CURRENT ACTIVITIES:**

- Cambridgeshire and Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB (LTBI) screening in line with the national TB strategy and a successful bid for pilot funding was submitted to Public Health England
- The Health Protection Steering Group, which involves the City Council, local NHS and Public Health England, has oversight of immunisation and screening uptake, task and finish groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward the recommendations
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council, to look at a range of sexual health issues, not just communicable diseases

**Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)**

**TB**

Good progress continues to be made in Peterborough on Latent TB (LTBI) screening in certain at risk groups, which has been the focus of the TB commissioning Group led by the CCG in the past 18 months. Additional GP practices have now been recruited to the programme to ensure a high level of coverage.

The eligibility criteria for the service are any new patient registering with a practice or retrospectively identified by the practice as being:

- Born or spent > 6 month in a country of high TB incidence
- Entered the UK within the last 5 years
- Aged 16-35 years
- No history of TB either treated or untreated
- Never screened for TB in the UK

GP practices with a crude annual rate of active TB  $\geq$  20 cases/100,000 were initially prioritised  
The project commenced in March 2016 and was very successful in its pilot year.

Data to end of May 2017 showed that 385 people were screened, 307 negative, 48 positive, 8 borderline negative, 10 borderline positive, 5 indeterminate

Work also continues on workforce planning for specialist TB clinical staff in local NHS provider trusts. A revised hospital discharge protocol is being developed that combines Adult Social Care and Housing. TB patients will be incorporated into this.

#### **Health Protection Steering Group (HPSG)**

This group meets quarterly to review performance for Screening and Immunisation, current communicable disease activity, healthcare associated infection and work to improve anti-microbial stewardship and reduce the development of antibiotic resistance and to receive reports of health protection issues dealt with by environmental health teams.

#### **Updates**

Low uptake for all three cancer screening programmes:

Bowel Cancer screening uptake – range 55.4% – 59.9% (acceptable 52%, achievable >70%)

Breast screening uptake – range 69.87% - 75.8% (acceptable >70%, achievable >80%)

Cervical cancer screening – range 63.3% - 66.1% (acceptable >80%, achievable >95%)

Immunisations – uptake for most vaccines is fairly steady, and, while not above the 95% herd immunity target, they are at an acceptable level but HPV vaccination uptake has dropped and at 86% is now below the target of 90%. The other vaccination that is causing concern is the second dose of MMR vaccine – there is good uptake now of the first dose but at age 5 years under 90% of children have been received the second dose of the vaccine that is needed to give a high level of immunity.

Neonatal BCG – all trusts are now reporting uptake routinely with a very high level of uptake in excess of 90%.

#### **Sexual health strategy**

The Sexual Health Board is working on an action plan that has absorbed the actions from the sexual health strategy for Peterborough. Emergency Hormonal Contraception has now been commissioned from a number of local pharmacies and work is in hand to extend this cover to more pharmacies.

	<p>Priorities for the delivery board are prevention of teenage pregnancy, reduction of late diagnosis of HIV, development of clinical pathways and reduction in Chlamydia infection</p> <p>Under 18 conception rate in 2015 in Peterborough was 28.3 / 1000, compared with national rate of 20. Chlamydia detection rate (15 – 24 year olds) in 2016 in Peterborough was 2862. While this is seen to be a good rate as it indicates a reasonable level of screening uptake, it also indicates a high rate of infection.</p>
<p><b>Narrative update on workstreams</b></p>	<p><b><u>TB</u></b></p> <p>Delivering the detailed TB commissioning action plan, including:  Expanding the LTBI screening programme;  Specialist Workforce planning;  Discharge planning</p> <p><b><u>HPSG</u></b></p> <p>Current focus on flu vaccination as winter approaches. Reports from Australia show that their flu season that has just ended was more severe than previous years and usually the flu strains that have been predominant in the Southern hemisphere tend to be those that affect us in our following flu season so we are expecting a more severe flu season this year.</p> <p>We also hope to do some targeted communications in the new year to encourage uptake of the Human Papilloma Virus (HPV) vaccine by teenage girls – this vaccine prevents infection with the Human Papilloma Virus that is associated with Cervical Cancer. Uptake of the vaccine has fallen recently, not just in Peterborough, mostly associated with unfounded adverse publicity in neighbouring countries and counties.</p> <p><b><u>Sexual Health</u></b></p> <p>Delivering the detailed sexual health action plan, including:  Tackling teenage pregnancy through - a holistic schools based programme to provide them with information, skills and services; and Improving access to information and services in schools and colleges;  Decreasing the rate of late HIV diagnosis;  Decreasing the prevalence of chlamydia in the 15-24 year olds in Peterborough;  Increasing uptake of the new Community Pharmacy Emergency Contraception Service in Peterborough;</p>

	Increasing access to appropriate reproductive and sexual health services
<b>Examples of partnership working (services, projects, co-production/design etc)</b>	All of the work described above is done in partnership with Public Health England, NHS England, the CCGs, Provider organisations and the voluntary sector and includes involvement of the public.

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Develop a TB commissioning plan for Cambridgeshire and Peterborough</li> <li>• Develop a joint strategy to address poor uptake of screening including improved communication with communities and individuals</li> <li>• Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals</li> <li>• Develop a Peterborough Joint Sexual Health Strategy, covering a range of issues</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p>Milestone 1: TB commissioning plan: Latent TB screening implementation, second wave GP practices recruited. Workforce mapping for TB management is complete.</p> <p>Milestone 2: Strategy to improve screening uptake: A task group led by NHS England has been set up including voluntary sector organisations: Strategy to improve communications. Promotional materials for cervical screening have been used in a range of PCC and partner venues. 'Healthy Peterborough' focussed on cancer prevention and screening in February 2017. Focus group work with diverse communities is being conducted. A new multi-agency stakeholder group is being established to take forward the action plan for screening, due to meet on 29 November.</p> <p>Milestone 3 Strategy to improve immunisation uptake: The recommendations of the Immunisations task group led by NHS England are being taken forward and work has included: training local health connectors on immunisations; dispelling the myths; targeting practices with child immunisation waiting lists.; developing a pilot flag system for practices to identify children missing immunisations; and encouraging practices to run more open access immunisation clinics which have been demonstrated to improve access and increase uptake.</p> <p>Milestone 4: Develop a Peterborough joint sexual health strategy: The local multi-agency Contraceptive and Sexual Health Strategic Group has agreed a strategy and action plan. The strategy continues to focus on four key overall themes for Peterborough:</p> <ul style="list-style-type: none"> <li>• Increase sexual and contraceptive health awareness amongst local population;</li> </ul>

	<ul style="list-style-type: none"> <li>● Increase detection of Sexually transmitted infections amongst the local population;</li> <li>● Reduce the number of unplanned pregnancies; and</li> <li>● Improve early HIV detection within the city to reduce high rate of late diagnosis.</li> </ul> <p>A sexual health needs assessment for vulnerable groups is close to completion. Peterborough and Cambridgeshire multi agency strategic groups will align in the future and we are waiting for the finalisation of this.</p>
<b>Risks</b>	All organisations involved in this work face serious financial pressures that could impact this work in the future.
<b>Key considerations</b>	The priorities outlined the narrative sections of this report are our key considerations for the future

**Performance Indicators:**

Indicator Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
7.1	Percentage of eligible people screened for latent TB infection	-	Denominator data currently unavailable - 325 patients screened May 2016 - January 2017	-	-	-	-	-
7.2	Percentage of eligible newborn babies given BCG vaccination (aim 90%+)	-	Denominator data currently unavailable - Apr 17 - Jun 17 data show 175 patients vaccinated prior to discharge, 13 OPD vaccination by 4 weeks and 7 patients declined at Peterborough City Hospital	April to June 2017	>90%	-	-	-
7.3	Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months (proportion, %)	▲	Statistically similar to England	2014	35	85.4%	84.4%	Match or exceed England performance
332 7.4	Evidence of increasing uptake of screening and immunisation	-	Peterborough currently amber or green for 8/10 chosen indicators	2015-16	8/10	-	-	<ul style="list-style-type: none"> <li>Achieve 95% performance for years 2016/17, 2017/18 and 2018/19 where this is already being achieved or close to being achieved (Dtap/IPV/Hib (1 year old and 2 years old), MMR for one dose (5 years old))</li> <li>Improve MMR for two doses (5 years old) to national benchmark goal of 90% by 2018/19                             <ul style="list-style-type: none"> <li>For all other indicators, maintain 90% performance for years 2016/17 and 2017/18 and improve to 95% for 2018/19</li> </ul> </li> </ul>
7.5	HIV late diagnosis (proportion, %)	▲	Remains above benchmark goal of 50.0%	2013-15	23	60.5%	40.3%	Return to 25% to 50% (PHOF Amber 'Rag') by 2017-19
7.6a	Chlamydia- proportion aged 15-24 screened (proportion, %)	▲	Statistically significantly better than England	2016	5,689	25.0%	20.7%	Increase to at least previous best of 24.7% (requires increase of 2.05% per year)
7.6b	Increase in chlamydia detection rate (proportion, %)	▲	Remains above benchmark goal of 2,300/100,000	2016	651	2,862	1,882	Benchmark goal already reached - maintain and improve by 1% per year

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** HEALTH AND WELLBEING OF PEOPLE WITH DISABILITY AND/OR SENSORY IMPAIRMENT

**LEAD:** CHARLOTTE BLACK

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<p><b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b></p> <ul style="list-style-type: none"> <li>• The Council and CCG have agreed a strategy for supporting older people and adults with long term conditions within the BCF plan, working together to support people with disabilities through data sharing, 7 day working, person centred system, information / communication / advice, ageing healthily and prevention</li> <li>• The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough</li> <li>• A Vulnerable People’s Housing Sub-Group has been established, which will review how local housing needs for vulnerable people, including people with disabilities, should be addressed</li> </ul>	
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	<p>Performance reporting requirements to be set.</p>
<p><b>Narrative update on workstreams</b></p>	<p>Peterborough Physical Disability Board - The first meeting of the refreshed Peterborough Physical Disability Board met in May 2017. The Board is Chaired by an independent person and the membership includes officers from the Council and others from the voluntary sector (and other interested parties). It has a Forward plan that includes Transport, Health, Employment and Leisure. The last Partnership Board meeting discussed Transport with specific reference to rail travel - and Virgin EC were in attendance.</p> <p>Peterborough Sensory Disability Board - A pre-meeting to develop the Peterborough Sensory Disability Board took place at the beginning in Oct 2017 and a Terms of Reference was agreed to be taken to the first ever board in December 2017. The membership currently includes - Guidedogs for the Blind, Deafblind, Cambridgeshire Deaf Association, Peterborough Association for the Blind and the Royal National Institute for the Blind. The first meeting will be chaired by Gary Jones, Head of Adults</p>

Commissioning, Peterborough Council - but this will pass to an independent person once that person is identified.

#### **Local Offer**

Considerable work has been undertaken on the development of the [Local Offer](#) which is a website and database of information for children and young people up to the age of 25 who have special educational needs and/or disabilities. The Local Offer has been amalgamated with the Families Information Service and has been co-produced with Family Voice, the Youth Access Champions and partners from health. The website includes a wealth of information for young people with disabilities and sensory impairment including links to other websites and downloadable leaflets and brochures. Easy Read brochures for the [Local Offer](#) and [Preparing for Adulthood](#) have been co-produced and uploaded.

#### **2016/17 Carers Survey**

The results of the 2016/17 Carers Survey has been analysed and an action plan devised. The results were very positive with 72.6% of carers stating that they were extremely to quite satisfied with the support and services they receive against an England average of 70.8%. A [public report](#) on the survey can be viewed on the council website. Work continues with Carers Trust Cambridgeshire and Peterborough, including sending a regular magazine to all carers.

#### **Care and Support Directory 2017/18**

The [Care and Support Directory for 2017/18](#) which is a useful information source for people with disabilities and sensory impairment was distributed to council offices, the hospital, Age UK, Carers Trust and GP practices in August 2017 and can be viewed on the council website. Copies can be requested from the council by calling 01733 747474.

#### **Adult Social Care User Survey 2016/17**

The results of the 2016/17 Adult Social Care Service User Survey are currently being analysed. The results are extremely positive with Peterborough receiving better than England average results on most questions. We achieved a 51% response rate on the survey which is very high for a postal survey and 65.5% of respondents were extremely or very satisfied with the support they received. This is better than the England average of 64.7%. When asked about whether they had enough choice over care and support services. 74.6% said yes, compared to an England average of only 67.6%. In relation to finding it



	<p>very or fairly easy to find information and advice about support, services or benefits, Peterborough's result was 78.6% against an England average of 73.5%.</p> <p><b>Future arrangements for Learning Disability</b> A joint review is underway between both LAs and the CCG about future arrangements for learning disability</p>
<b>Examples of partnership working (services, projects, co-production/design etc)</b>	Adult Social Care is working closely with partners to develop an integrated response and pathway to all adults who may need support. Work is also in hand to develop the early help response and identify effective ways of intervening early and reducing escalation of need. This work is taking place across all partner organisations.

<b>HWB STRATEGY 2016/19: FUTURE PLANS</b>	
<ul style="list-style-type: none"> <li>• Implementation of strategy for supporting older people and adults with long term conditions</li> <li>• Work with users of St George's hydrotherapy pool to explore future options for sustainability</li> </ul>	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	Future plans related to people with physical disability and sensory needs will form part of an adult social care programme across PCC and CCC. Work being undertaken by Impower in PCC and Capgemini consortium in CCC
<b>Risks</b>	
<b>Key considerations</b>	

**Performance Indicators:**

Indicat or Ref	Indicator	Peterborough Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
5.1a	Adults with learning disabilities in employment (proportion, %)	Increasing - getting better	Statistically similar to England	2013-14	55	8.4%	6.7%	Match or exceed England performance
5.1b	ASCOF - Percentage of adults known to Adult Social Care in employment (to increase) (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012-13	65	4.8%	8.8%	Match or exceed England performance
5.2a	Adults with learning disabilities in settled accommodation (proportion, %)	Decreasing - getting worse	Statistically similar to England	2013-14	475	72.5%	74.9%	Improve by 0.5% per year
5.2b	Adults in contact with mental health services in settled accommodation (proportion, %)	Increasing - getting better	Statistically significantly worse than England	2012-13	410	30.7%	58.5%	Improve at greater rate than national average
5.3	ASCOF - Permanent residential admissions of adults to residential care (to decrease) (65+, proportion, %)	Increasing - getting worse	Statistically similar to England	2013-14	20	17.3%	14.4%	1% decrease per year
336 5.4	Numbers of adults in receipt of assistive technology	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Feb-17	5,131 (predicted end of year)	-	-	Year-on-year increase
5.5a	Adult Social Care service user survey quality of life measure - carer-reported quality of life	Decreasing - getting worse	Statistically similar to England	2014-15	-	7.3	7.9	Improve each year
5.5b	Adult Social Care service user survey quality of life measure - social care-related quality of life	Increasing - getting better	Statistical significance not calculated - Peterborough value has fallen between 2012-13 and 2013-14 and is now below that of England	2015-16	-	19.1%	19.1%	Year-on-year increase
5.6	Number of adults with social care needs receiving short term services to increase independence	Increasing - getting better	Green RAG status to reflect consistent increase in recipients	Feb-17	1,498 (Predicted end of year)	-	-	Year-on-year increase
5.7	Number of adults with social care needs requesting support, advice or guidance	Increasing - getting better	Rate per 100,000 is 490.8, currently below target rate of 658/100,000	Sep-16	-	490.8	-	658.0/100,000

**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** GEOGRAPHICAL HEALTH INEQUALITIES

**LEAD:** ADRIAN CHAPMAN

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<b>HWB STRATEGY 2016/19: CURRENT ACTIVITIES:</b>	
<ul style="list-style-type: none"><li>• 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.</li><li>• City Council 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. Every child development, which children’s centres help to support, is important for future health &amp; wellbeing</li><li>• The City Council has identified the CAN Do Area around Lincoln Road, which includes parts of Central, Park &amp; North wards. The CAN Do Programme focuses on supporting environment and service improvements for the area. The City Council has recently secured £7.5m capital funding for improvements in the area.</li></ul>	
<b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b>	
<b>Narrative update on workstreams</b>	<b>CAN Do Regeneration Programme</b> <ul style="list-style-type: none"><li>• An Executive Board has been established to oversee the 2-year programme and governance terms agreed that reflect the vital participation of the community.</li><li>• Scoping is underway within the 3 themes - assets, parks and open spaces, public realm - and design options are also being prepared in relation to the public realm works.</li><li>• The programme engages with the Community Serve Local Action Group as a consultative forum and members have been asked to map out the community led activities within the area to</li></ul>

inform and influence the design requirements for a potential new community facility that can address the needs and gaps in health and wellbeing services in the area.

- Recruitment is shortly to complete for the Programme's part time Project Manager
- Public and voluntary sector partners will work in collaboration with the community to develop improvement plans for the parks and open spaces in the area. It is anticipated that this group will submit a funding bid to the National Lottery's new £4.5m Place Based Social Action Fund to support this work. This group have also submitted an expression of interest for the Innovation Litter Fund (made available from DCLG in line with the new National Litter Strategy). Both of these initiatives aim to ensure direct participation and ownership within the community for sustainably improved open spaces

#### **Community Serve**

- Community Hubs supported by the City College are located within Gladstone and Orton Malborne. Cross Keys Homes support a community led hub in Westwood.
- Solution4Health offer health & wellbeing activities in both the Gladstone Park Community Centre and the Millfield Community Centre.
- Recruited 2 hub apprentices to support Coordinators
- Undertaken initial demographic mapping of each hub area with more detailed mapping to follow
- Run 19 Community Meet and Eat events attracting a total of 543 local people and improving social cohesion and isolation. Partners attending include Public Health, the National Literacy Trust and College staff to promote learning and volunteering opportunities
- Run a total of 11 free courses to improve skills, employability or health and wellbeing and reduce isolation
- Engaged 5 partners (NHS, Solutions4Health, Age UK, Carers Trust, Dementia UK) to offer Health & Wellbeing information and advice sessions to local residents and attend Meet and Eat events.

- Engaged 3 businesses to encourage their CSR responsibilities, increase Apprenticeship take up, local volunteering and participate in the time banking rewards scheme initiative
- Engaged 1,228 residents:
  1. 211 have attended drop- in information and advice sessions
  2. 543 have attended a community Meet and Eat.
  3. 20 have taken up an Apprenticeship
  4. 454 have attended a community course e.g. IT, employability ESOL, healthy eating, self-employment.
- Facilitated engagement of residents, stakeholders and partners by organizing meetings of the Can do Local Action Group.

#### **Community Serve Outcomes**

Feedback from members of the community confirms appreciation of having a community Hub on their doorstep to learn valuable, life changing skills, which can improve employability or a change in direction by gaining promotion.

As a result of attending the Hub and participating in a range of courses including ESOL, students have gained valuable life changing skills; for the first time, they can communicate at an effective level with Doctors and Teachers. This is a major achievement as it eliminates the isolation factor and it allows students to integrate within the community.

The CommUNITY meet and eat gatherings have proved to be incredibly successful and go a long way to reduce isolation, increase social relationships, tackling health and well-being and providing volunteering skills and development in the local community. Over 500 People have come together to enjoy a three- course meal for £2.50 in community venues across the three areas in which we operate. Other partners also attend these events to support public health, children's literacy and well-

	<p>being. The aim of the CommUNITY meet and eats is to provide the food and initial skills and then encourage volunteers to take on the running for sustainability.</p> <p>We are now working on a stronger, more evidence-based tool to demonstrate the impact of Community Serve, especially in relation to reducing demand in statutory services, improving outcomes for vulnerable people, and supporting communities to do more to help themselves.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>All of the activity in this theme is being delivered in partnership with a wide range of agencies from across all sectors.</p>

HWB STRATEGY 2016/19: FUTURE PLANS	
<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p>Public Health are beginning a programme of work on health inequalities across Peterborough and Cambridgeshire and how this is linked to socioeconomic outcomes.</p> <p>The work will help partners better understand how outcomes differ across the area, how they are changing and the areas with greatest need. The output will support:</p> <ul style="list-style-type: none"> <li>● the CCG in its statutory duty to reduce health inequalities and to carry out health inequalities impact assessments of any significant services changes</li> <li>● targeting of preventive public health initiatives and services so that they focus more on areas of the city with the greatest health and wellbeing needs.</li> </ul> <p>This work will be completed by March 18.</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>● Housing shortages continue, resulting in increased levels of overcrowding, poor standards and households being accommodated in temporary accommodation</li> </ul>
<b>Key considerations</b>	

**Performance Indicators:**

Indicator Ref	Indicator	Trend	Current Status	Current Time Period	Peterborough Current (#)	Peterborough Current (Indicator Value)	England Value	Agreed Target
12.1	We will work with local health services to improve data collection on ethnicity, both generally and to assess the success of targeted interventions	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	12.1
12.2	Outcome measures for health and wellbeing of migrants will be developed following completion of the JSNA	-	To follow via Peterborough City Council policy team in collaboration with Public Health Intelligence	-	-	-	-	12.2



**HEALTH & WELLBEING AND SPP PROGRAMME DELIVERY BOARD**

**PERFORMANCE REPORT**

**DATE:** NOVEMBER 2017

**SUBJECT:** SUSTAINABLE TRANSFORMATION 5 YEAR PLAN (INCLUDING BCF)

**LEAD:** WILL PATTEN (AUTHOR: CAROLINE TOWNSEND)

KEY PRIORITIES			
<ul style="list-style-type: none"> <li>• Health system transformation planning</li> <li>• Customer experience strategy</li> </ul>			
<p><b>Performance narrative and statistics (please include updates on local indicators / trends, key outcomes achieved and updates on those national indicators currently showing red)</b></p>	<p>The 2017/18 metrics for the Better Care Fund have been agreed. The below table provides an overview of targets and performance to date:</p>		
	Metric	2017/18 Planned Target	Summary Performance to date
	Non-elective admissions to hospital	18,128 non elective admissions	Full Q2 performance was not available at time of writing. Q1 performance underperformed against the threshold target (4.545) with 4,988 actual non-elective admissions. Performance in July and August indicates a decrease in non-elective admissions for the start of Q2.
	Delayed Transfers of Care (DTCs) from hospital	3.5% Occupied Bed Days	The system continues to report high levels of DTOC and we have experienced an increase in DTOCs throughout Q1. There is a clear DTOC trajectory and plan in place to support delivery of the 3.5% target by the end of October, we hope to see significant improvements against this metric in Q3.
	Admissions to long-term residential and nursing homes in over 65 year olds	154	At the end of Quarter 2 there were a total of 54 care home admissions year to date and we are forecast to deliver within our threshold target.
Effectiveness of re-ablement services	83%	At the end of Q2 performance was at 80.8%. This was impacted by reduced performance due to capacity issues in the care market and winter pressures.	

### Narrative update on work-streams

Our approach to integration over 2017-19 was submitted as part of our local Better Care Fund plan to NHS England on 11<sup>th</sup> September 2017.

There will be a continued focus on building on the work undertaken to date. The following provides an update on key priority areas:

**Prevention and Early Intervention:** including a county wide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities. Falls prevention implementation is underway with a focus on disseminating learning from the St Ives pilot review event in October, to support the roll out of initiatives. Stroke prevention Atrial Fibrillation is currently focusing on the roll out of ECG equipment to identify patients in flu clinics. SLAs have been signed by 22 GP practices.

**Community Services (MDT Working):** including wider roll out and embedding of case management, to include data sharing to support risk stratification and pro-active identification of service users. Additional CPFT staff recruitment is being finalised to support the enhanced case management service roll out. Agreement that Datalytix will support risk stratification data sharing for 12 months from go live. First run of data is being gathered from GPs to support case finding.

**Enablers:** continued development of consistent, accurate and reliable information and advice to support the concept of 'no wrong front door'. Further work to progress the LGA funded proof of concept has been progressed and a test proof of concept has been developed. An evaluation workshop was held on the 16<sup>th</sup> October, which will inform a review of next steps.

**High Impact Changes for Discharge:** A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. Good progress is being made implementing the High Impact Changes for Discharge and the below provides an update on key initiatives that are progressing in this area:

**Reablement:** recruitment is progressing well to support a 20% increase in reablement capacity. A number of appointments have been made, with further recruitment initiatives planned. Additional reablement step down bed capacity is being commissioned for the winter months. Options for low level reablement provision are being explored with VCS providers.

	<p><b>Moving and Handling Coordinator:</b> this post is now based with the Transfer of Care Team with a view to support embedding integrated approaches to equipment and assistive technology to support discharge and this post was in place from the 16<sup>th</sup> October.</p> <p><b>Transfer of Care:</b> two new social worker posts have been based in the acute from 23<sup>rd</sup> October (Admissions Avoidance Social Worker and Social Care Strategic Discharge Lead). A new Continuing Healthcare pathway (4Qs) 3 month pilot was launched in NWAFT during October and additional social worker and discharge planning nurse capacity to support this is being recruited to.</p> <p><b>Trusted Assessor:</b> a care home trusted assessor pilot is being implemented with South Lincolnshire County Council and LINCA. Communications have been undertaken with the local care homes to ensure appetite and buy in.</p> <p><b>Home Care:</b> a weekly meeting with home care providers is now fully operational to support joint working and capacity building. Alternative options to increase home care capacity are also being explored.</p>
<p><b>Examples of partnership working (services, projects, co-production/design etc)</b></p>	<p>The Better Care Fund 2017-19 Plan is based on the following agreed principles:</p> <ul style="list-style-type: none"> <li>● Greater alignment across Cambridgeshire and Peterborough</li> <li>● A single commissioning board (the ICB)</li> <li>● Greater alignment with the STP and local authority transformation plans</li> <li>● Using the BCF to 'get the basics right' and coordinate our approach, focusing on a smaller number of system-wide changes.</li> </ul>

## FUTURE PLANS

<b>Future Plans: Progress against key milestones and local indicators/trends</b>	<p><b>BCF Planning 2017/18</b></p> <p>The BCF 2017-19 plan was submitted to NHS England on the 11<sup>th</sup> September 2017. Final approval status is expected shortly following the regional assurance process. The Q2 submission to the Department of Communities and Local Government (DCLG) in relation to the Improved Better Care Fund (iBCF) was also submitted on the 29<sup>th</sup> October 2017.</p> <p><b>Alignment with STP</b></p> <p>A single BCF implementation plan is in development. Further work to develop a BCF reporting/metrics dashboard is also being undertaken, ensuring alignment with appropriate STP metrics to prevent duplication. This will provide a clear overview of scope and milestones, including progress to date on an ongoing basis.</p>
<b>Risks</b>	<ul style="list-style-type: none"> <li>● NHS Digital national funding is less than expected and Local Digital Roadmap projects will need to be prioritised accordingly.</li> <li>● DTOC targets for the system are ambitious to meet 3.5% national target.</li> <li>● iBCF Spring Budget funding is non-recurrent, gradually decreasing over the next 3 years.</li> </ul>
<b>Key considerations</b>	<ul style="list-style-type: none"> <li>● DTOC governance is currently being reviewed by the SDU for greater clarity and system wide oversight.</li> </ul>