

JOINT CAMBRIDGESHIRE & PETERBOROUGH OVERARCHING HEALTH AND WELLBEING STRATEGY 2022 -2030

1. BACKGROUND

1.1 Health and Wellbeing Boards are required, as stated in the Health and Social Care Act 2012, to produce Health and Wellbeing Strategies. The last two years have required the whole system to focus on tackling the challenges of the Covid-19 pandemic and whilst a Health and Wellbeing Strategy had previously been written and consulted upon, it was not launched due to the pandemic. Since then, much has changed and a new approach is needed

1.2 The direct and indirect impact of Covid-19 has brought threats and opportunities to our ways of working and our residents' health, which mean we must reconsider our priorities and actions. As the local and national response to the Covid-19 pandemic starts to wind down, it is time to rebalance our attention to other harms that have potential to cause great harm over the life course. There are clearly some real challenges ahead, and if we are to stand a chance of addressing these challenges, we must be ambitious and we must work together as a whole system, learning from our successes and prioritising our collective efforts and resources to where we can make the biggest difference to improving health and wellbeing

1.3 The Health and Wellbeing Strategy must be informed by Joint Strategic Needs Assessments. For the purpose of this particular strategy, the Covid-19 Impact Assessment fulfils the function of the JSNA, summarising the joint work we have done across local government, the NHS and partners to understand the emerging impact of Covid-19. In addition, the JSNA core data set provides understanding of health and wellbeing in Cambridgeshire and Peterborough residents.

2. PURPOSE

2.1 ***A new single approach for improving our residents' health and wellbeing***
 The Covid-19 pandemic has positively changed the way we work together. All partners in Cambridgeshire and Peterborough have rallied to respond to the pandemic, each partner playing their part and delivering what was required, within very short time scales. We must not lose our collective learning from this.

2.2 There are also significant infrastructure changes such as the development of the Integrated Care System (ICS), which will support system partners to provide a more integrated approach and work more closely together. The Health and Wellbeing Boards in Cambridgeshire and Peterborough will work very closely with the emerging Integrated Care Partnership (ICP), and when we refer to 'joint' in this strategy this means jointly with the ICP, across geographies and with partners, communities and residents.

2.3 The Health and Wellbeing Boards and the Integrated Care Partnership (ICP) must remain separate legal entities with their own statutory responsibilities that cannot be delegated to each other. However, we intend to bring the HWBs and ICP much closer together with common membership and joint meetings as a combined HWB/ICP in practice, with many of the same individuals sitting on both the Board and the Partnership. All partners in the combined HWB/ICP commit to cooperative and supportive working as equal partners across organisations, with everyone putting aside organisational boundaries to be focused on improving health and wellbeing for the people they serve. We believe that working together as



much as possible across organisations, pooling our data, our understanding, resources, knowledge and experience, will result in better outcomes for our residents

2.4 We recognise there will be other priorities across the system. The Combined Authority, the Integrated Care Board, the Public Service Board, and district local authorities and other organisations will all have their own sets of priorities and plans. For example, the ICS has five strategic objectives which are partly focused on NHS workforce and services as well as including population health. Many of these priorities will undoubtedly lead to improvements in health and wellbeing through improving NHS care and also through improvements in the wider determinants of health – education, jobs, housing, income and the environment. However, the priorities and vision in this Health and Wellbeing Strategy should form the core of the system’s commitment to improving health and wellbeing.

2.5 *Developing the strategy and our joint approach for improving residents’ health*

Before work on this strategy had started, our local developing Integrated Care System consulted and developed a mission statement for the ‘system’ (health, local authorities and other partners working together)

“All together for healthier futures”

Partners from across the NHS and the local authorities, and the wider public and voluntary sector, then came together in late 2021 and early 2022 several times to discuss the Health and Wellbeing Strategy and review the evidence on health in our area and the impact of Covid-19.

2.6 At a workshop held on 6th October 2021, all partners agreed in principle to a **single plan** and set of priorities across the Health and Wellbeing Board and the ICS. In addition, it was agreed that the ICS vision that had been consulted on and agreed by Cambridgeshire and Peterborough - “*All Together for Healthier Futures*” - should become the vision across the ICP and the HWB.

2.7 This means there will not be a separate overall long-term health and wellbeing strategy for local government, nor for the local NHS although there will however be Integrated Care Board plans for service delivery. This “One Plan” approach is a first for our area and demonstrates a commitment of all partners to working together towards shared goals, while retaining organisations’ different areas of expertise and statutory responsibilities.



The workshop on 6th October 2021 was informed by our work assessing the impact of Covid-19

2.8 Key points from the impact assessment are:

- Covid-19 has exposed and exacerbated inequalities, as demonstrated by the differential impact of the pandemic on our black and ethnic minority communities and those living in our most deprived areas
- There are more people in poverty; this risks a long-term impact on health
- The mental health of our population has been impacted by the pandemic, particularly children and young people
- Obesity affects around a 1/3 of our year 6 children and up to 60% of adults and has been made worse by the pandemic
- Our health service is under pressure and the way that people access health care and preventative health care has changed
- There are risks and opportunities to our environment as result of the pandemic.

Three top-level overarching strategy goals and four key priorities for achieving these goals arose from discussions at this meeting on 6th October 2021. A subsequent development meeting on 17th January 2022 agreed, in principle, that these goals and priorities should form the core of the overarching Health and Wellbeing Strategy.

2.9 ***Health and Wellbeing Strategy for Cambridgeshire and Peterborough 2022-2030***

What will we focus on?

This ‘overarching’ strategic approach sets out our headline ambitions and the four priorities we will focus on to achieve these ambitions. We are aiming to work with our residents, patients and stakeholders to tackle some real challenges in improving the health and wellbeing of the people we serve, by reversing some of the health determinants and outcomes that were challenging before the pandemic and have worsened as a result of the pandemic. We also need to prioritise reducing the health inequalities which existed pre-pandemic but which were exacerbated and brought into sharper focus by Covid-19.

2.10 This will be an eight-year overarching strategy for the health and wellbeing of residents



in Cambridgeshire and Peterborough.¹ It will provide a clear statement of what we intend to achieve together across the NHS and local government system and will set out how we intend to develop and achieve it in partnership with our residents, patients, and stakeholders. This strategy is also the high-level long-term plan and priorities for our local NHS Integrated Care System,² which oversees NHS services across Cambridgeshire and Peterborough.

2.11 Working jointly across the NHS and local government will mean that we can be more ambitious and more accountable in addressing these issues. By sharing more of our data, we can develop a better common understanding of our residents' health and needs as well as service use. Bringing all our collective resources, knowledge and experience together means we make best use of these resources to create measurable and meaningful impact.

What do we want to achieve?

2.12 Three overarching ambitions were agreed by consensus across local authority and NHS colleagues; reflecting the issues we know about in our population and the outcomes that are most important. Whilst these are recognised as ambitious, they are plausible, and all partners have committed to delivering these ambitions. This will require collective and organisation specific endeavours.

2.13 By 2030:

1. We will increase the number of years that people spend in good health

Life expectancy is often used as a measure of societal progress, and although it is important, it does not take into account the fact that towards the end of life there is often a period, perhaps many years, which is spent in poor health. Healthy life expectancy, on the other hand, measures the average time we can expect to live in good health. It is clearly worthwhile to prevent conditions that cause disability and poor health over a long time, in order to increase the number of years that people spend in good health. We know that healthy life expectancy is also strongly linked to deprivation, with people living in less well-off areas more likely to experience a long time at the end of life in poor health. By 2030 we want to see healthy life expectancy increase by at least two years for men and women in Cambridgeshire and Peterborough.

2. We will reduce inequalities in preventable deaths before the age of 75

Preventable premature mortality are deaths of people under 75, from causes of death that are largely or entirely preventable (for example, smoking related deaths, or deaths from vaccine-preventable disease). We know that there is a strong relationship between the wealth of an area and the rate of preventable premature mortality. Our most deprived areas see many more of these deaths than our least deprived areas. We will weaken this relationship between wealth and early preventable deaths so that people in our least well off areas are less likely to die young.

3. We will achieve better outcomes for our children

¹ This strategy covers Cambridgeshire and Peterborough; the two local authorities have joint working relationships and have agreed to delegate authority to a single Health and Wellbeing Board to act on behalf of both areas.

² The Integrated Care System is also developing NHS-focused plans describing priorities in commissioning and delivering healthcare



Working with parents and communities we will achieve better outcomes for our children, recognising the holistic needs of our children. Health and wellbeing measures for children are broad and include determinants of health as well as health outcome measures. Investing in the health and wellbeing of our children, will pay dividends throughout their lives. In addition, investments in the early years are often the most cost effective³. This outcome would mean that on key measures of health and wellbeing for children, Cambridgeshire and Peterborough will be the best in a group of 'comparator' local authorities (those which are similar in size, wealth and some demographic factors). In other words, when it comes to our children and young people, we will be doing better than the other areas that we are most similar to us.

2.14 As part of our early workshops on this strategy, there was considerable discussion on how to set appropriate long-term goals for Cambridgeshire and Peterborough that would make a difference to the health of residents. The three overarching goals that were arrived at are intended to be stretching and ambitious, but also plausible and achievable. Together, the three goals will add up to a healthier and happier community, where the foundations for a good life are set in childhood, health inequalities are lessened, and wealth is less strongly linked to good health and wellbeing.

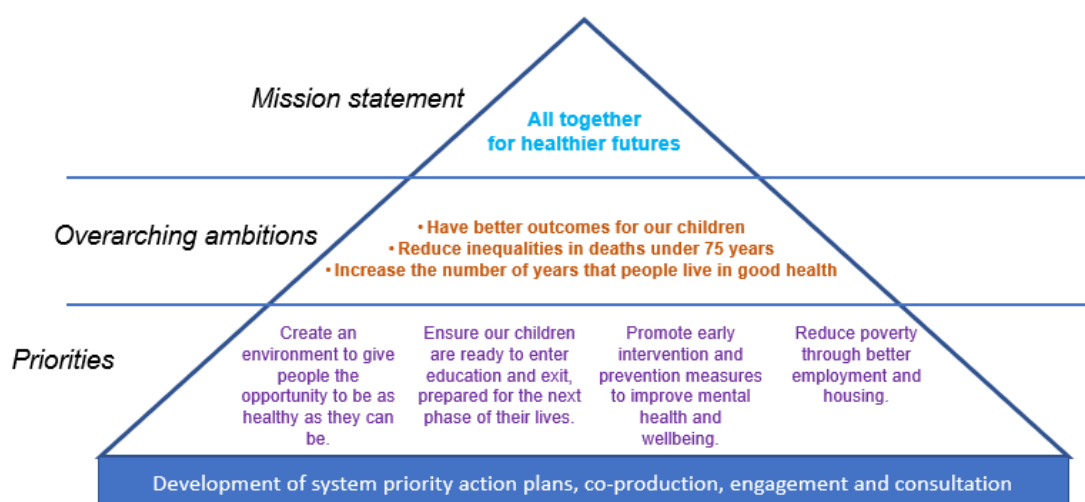
2.15 The technical appendix C presents the best available evidence on the current situation for the three overarching goals. It is important to note that for some of the indicators used to measure progress towards these goals, the full impact of the Covid-19 pandemic is not yet showing up in the data. We may in fact be starting from a lower point than the most recent data suggests.

2.16 ***How we will achieve these ambitions***

Discussion at our system-wide workshops identified four priority areas where we know we need to do things differently in order to achieve our overarching ambitions.

The four priorities for the Health and Wellbeing Board and the Integrated Care System focus on children, our environment and opportunities for health, poverty, and mental health and wellbeing. Each of these priority areas will be developed into a chapter of the Health and Wellbeing Strategy. The four priorities are listed below.

³ [The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-best-start-for-life-a-vision-for-the-1001-critical-days)



2.17

1. **Ensure our children are ready to enter education and exit, prepared for the next phase of their lives**

- This is not limited to children's educational attainment
- Children's physical and mental health and wellbeing are essential for children to participate effectively in education

2. **Create an environment to give people the opportunities to be as healthy as they can be**

- 'Environment' here is used in the widest sense, so includes wider determinants of health such as health behaviours, infrastructure, and socio-economic factors, as well as access to green spaces and clean air.
- This also includes the opportunities for better health which the NHS provides; partly healthcare, but also encouraging patients to take greater responsibility for their own health.

3. **Reduce poverty through better employment and better housing**

- This especially recognises that the Health and Wellbeing Board / ICP partners are large employers within our local economy and the way we employ, treat our staff and commission services can have a big impact, as well as capturing work with wider partner organisations on the economy, employment and health.
- Local and Combined authorities have a key role to play in improving housing across Cambridgeshire and Peterborough impacting health of residents
- Better physical and mental health will improve employment for our residents

4. Promote early intervention and prevention measures to improve mental health and wellbeing

- Work to improve wellbeing across the population, as well as intervening early when people experience mental ill-health, will have huge benefits for all our residents.

2.18 Senior staff from across the local public sector will work with partners and communities to take on development and leadership of the four strategy priorities, supported by evidence and data about our population. The work on these system-wide priorities – deciding what will change, what will cease and what new approaches are necessary will take place over the next six months. The longer timescale for developing this work is necessary to include and summarise much of the work that is already being done in these areas. It is also important to allow sufficient time for meaningful co-production, engagement and consultation to take place with service users, patients and residents, as well as ensuring relevance and support from partner organisations. The process and principles for developing the priority chapters, including engagement work, is laid out in the engagement plan and timeline in Appendix B

2.19 Health and Wellbeing Board and NHS partners will have different roles to play in each of these priorities; for example, the health system does not provide housing, and the local authority does not commission most mental health interventions. However, each of the four areas has scope for action for all key partners, plus there are additional benefits that should come from working on these agreed priorities together as a system.

2.20 All four priorities will need to consider what needs to be done around the cross-cutting themes and ambitions of improving children's outcomes, reducing health inequalities and improving years of life lived in good health.

3. CONCLUSION

3.1 We intend this Health and Wellbeing Strategy to shape work across the NHS and Cambridgeshire and Peterborough local authorities over the next eight years. We are starting from a challenging position given the impact of Covid-19 across our area, but we have set stretching but achievable ambitions. By working more closely across the NHS, the public sector, partners, communities and residents than we ever have before, we can achieve these ambitions and make a meaningful difference to the lives of our residents; happier and healthier children and young people, fewer early deaths in our more deprived areas, and more years spent in good health.

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