PETERBOROUGH CITY COUNCIL

HEALTH AND WELLBEING BOARD

THURSDAY 21 JULY 2016
2.00 PM

Council Chamber - Town Hall
Contact – phillipa.turvey@peterborough.gov.uk, 01733 452460

AGENDA

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Board Members:

Cllr J Holdich (Chairman), Dr Mistry (Vice Chairman),
Cllr D Lamb, Cllr W Fitzgerald, Cathy Mitchell,
Dr Moshin Laliwala, Dr Gary Howsam, Dr Kenneth Rigg, David Whiles,
Wendi Ogle-Welbourn, Dr Liz Robin, Adrian Chapman and
Andrew Pike, Cllr Richard Ferris

Co-opted Members: Russell Wate and Claire Higgins

Further information about this meeting can be obtained from Philippa Turvey on telephone 01733 452460 or by email – philippa.turvey@peterborough.gov.uk

PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD IN THE BOURGES / VIERSEN ROOMS, TOWN HALL ON 24 MARCH 2016

Members Present:	Councillor Holdich, Leader of the Council and Cabinet Member for Education, Skills and University (Chairman) Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health Councillor Lamb, Cabinet Member for Public Health Councillor Ferris Wendi Ogle-Welbourn, Corporate Director People and Communities Dr Liz Robin, Director for Public Health Cathy Mitchell, Local Chief Officer Dr Harshad Mistry (Vice-Chairman) Dr Moshin Laliwala David Whiles, Peterborough Healthwatch
Co-opted Members Present:	Russell Wate, Local Safeguarding Children's Board and Peterborough Safeguarding Adults Board
Also Present:	Fiona Head, Clinical Strategy Director Paulina Ford, Senior Democratic Services Officer

The Chairman had received a request from David Whiles to move item 9, Healthwatch Peterborough Update to earlier on the agenda as he would need to leave the meeting earlier and wished to present to this item. The Chairman asked the Board members if they were in agreement with this and all unanimously agreed, therefore item 9 was taken as the first item on the agenda.

1. Healthwatch Update

The report was introduced by David Whiles and provided the Board with an update on the progress being made by Healthwatch Peterborough. The report covered its statutory duties and specifically supporting the patient voice including Peterborough residents and those using health and social care services in the Peterborough and those working in Peterborough and those volunteering in Peterborough.

Key points highlighted and raised during discussion included:

- Board Members acknowledged and recognised the good work being done through the Prisoner Engagement Project and felt that this should be promoted more as the health of the prison population was of concern. The Board were advised that the programme was being rolled through Healthwatch to other prisons across the country.
- Findings on the state of the health of the prison population was fed back to NHS England and Healthwatch England. The prison population was an ageing population and therefore the health concerns were not only related to drugs and alcohol.
- Healthwatch did not currently have a rolling programme to target different chronic diseases like bowel cancer, prostate cancer, chronic bronchitis etc. but would look into putting a planned programme in place.
- Viewing access to GP surgeries was a new area of work and would be a light touch and would include talking to the GP's patient group. The visit would take approximately one to

two hours. There was however no formal plan of visits in place yet as this was still in the planning stage.

- The Adult and Childrens Safeguarding Board had recently seen a very powerful Healthwatch video called 'Scribes' which had also been seen in schools, members of the Board felt that it should be shared more widely.
- Findings from views of local Care Homes were shared with the Council, Adult Social Care, Clinical Commissioning Group and the Care Quality Commission.
- In conjunction with Healthwatch Cambridge, Rutland and Lincolnshire, Healthwatch Peterborough had commissioned a local Peterborough based company to provide them with a data tool that allowed people to feedback via the Healthwatch website.
- Healthwatch were confident that all the areas covered within the Health and Wellbeing Strategy were the right ones.

The Health and Wellbeing Board **RESOLVED** to note the progress of Healthwatch Peterborough over the previous year up to and including March 2016.

2. Apologies for Absence

Apologies for absence were received from Adrian Chapman, Service Director, Adult Services and Communities, Dr Gary Howsam, Chairman of the Borderline Local Commissioning Group and Co-opted Member, Claire Higgins, Chairman of the Safer Peterborough Partnership.

3. Declarations of Interest

Item 5. Update on Health and Care System Transformation Programme and Fit for the Future, Sustainability and Transformation Plan

The Director of Public Health declared an interest in that she sat on the Shadow Health and Care Executive.

4. Minutes of the Meeting Held on 10 December 2015

The minutes of the meeting held on 10 December 2015 were approved as a true and accurate record.

5. Update on Health and Care System Transformation Programme and Fit for the Future, Sustainability and Transformation Plan

The Clinical Strategy Director introduced the report which provided the Board with an update on the progress of the System Transformation Programme and to introduce Fit for the Future, Sustainability and Transformation Programme for the Cambridgeshire and Peterborough area.

Key points highlighted and raised during discussion included:

- The work of the Sustainability and Transformation Plan was overseen by a Health and Care Executive whose membership included the accountable officers from the NHS organisations across the system and the Cambridgeshire and Peterborough local authority Chief Executive, Gillian Beasley. The group met every other week to drive the change programme. This was supported by a Clinical Advisory Board.
- The Director of Public Health highlighted that there was very active debate between the Health Service Chief Executives, Corporate Director for People and Communities, Director of Public Health and Chief Executive of Peterborough City Council on how best the plan could engage with local authorities, also the governance of the programme and how it related to the councillors role to scrutinise NHS Service plans.
- When the Sustainability and Transformation Plan was complete it needed to be transparent and therefore would need to be presented to the Board. It would also be important to understand what the plan meant in delivery of the plan to everyday people.

- Next steps. There would be a checkpoint submission which would check that the plan was on track to be produced by 30 June. A large amount of work needed to be done between the clinical working groups and the modelling groups to work out what changes would need to be delivered within the system. This would be an ongoing process.

The Health and Wellbeing Board **RESOLVED** to note the direction of Fit for the Future as well as the Clinical Commissioning Groups Sustainability and Transformation programme for 2016/17 and beyond.

6. Clinical Commissioning Group (CCG) Operational Planning 2016/17

The Local Chief Officer introduced the report which provided a briefing on the changing context for planning and an update on progress being made with drafting an Operational Plan for 2016/17.

Key points highlighted and raised during discussion included:

- There was a requirement for the CCG to provide a one year operational plan and a five year system plan. The plans from the Local Commissioning areas had been built into the one year Operational Plan.
- There would be some overlap between the previous presentation on the Sustainability and Transformation Plan which was the five year system plan and the one year Operational Plan.
- The Operational Plan had been submitted to NHS England and the CCG were waiting feedback.
- Peterborough City Council were working in parallel to the Operational Plan with healthcare providers to integrate the system.
- There was a need to articulate in a clearer way what the various transformation plans were to ensure people understood them. There needed to be a more joint way of describing them. *The Local Chief Officer informed the Board that the Local Commissioning Groups were currently writing a report on what their achievements had been in the past few months. This could be used as a vehicle to inform people about ongoing work and future work that was being done in conjunction with the Local Authority and Public Health and could be written as a joint article.*
- The Peterborough health system was very bad at promoting what was being delivered to its own local population, if this was improved it would promote pride in the city.
- There was an area at the end of the Health and Wellbeing Strategy where the work of the CCG, PCC System Transformation and Front Door Transformation could be brought together.

The Health and Wellbeing Board **RESOLVED** to note the CCG's Operational Plans and comment as appropriate.

7. Health Protection Annual Report

The Director of Public Health introduced the report which provided the Board with information on all aspects of health protection in Peterborough since February 2015 including:

a) An update on screening and immunisations
b) Implementation of the recommendations of task & finish group aimed at improving uptake of screening and immunisation
c) An update on communicable diseases in Peterborough
d) An update on sexual health issues and the planned sexual health strategy
e) An update on health emergency planning.

Key points highlighted and raised during discussion included:

- It was the responsibility of the Director of Public Health to protect the health of local residents from communicable diseases and chemical hazards. The report provides assurance to the Health and Wellbeing Board that this work was being done.
- The Director of Public Health wished to acknowledge and thank the various organisations who provided information for the Annual Health Protection Report and thank Dr Linda Sheridan who was the author of the report but was unable to attend the meeting.
- Tuberculosis (TB) was a priority last year and there was now a national TB strategy in place and an East of England TB Board. The Local Chief Officer was the CCG representative on the Board. A local Latent TB screening pilot was now in place in Peterborough. Work was being done with the housing service to assist in identifying people who needed follow up treatment.
- TB was curable with a combination of treatment and antibiotics. People with a more chaotic lifestyle can now be referred to a pharmacist for treatment.
- It was noted that in some areas of Peterborough the immunisation and screening rates amongst pregnant woman were lower and Board members wanted to know if this might be due to linguistic issues. *The Director of Public Health responded that it was often more about people from other countries not understanding the system and preferring to return to their own country to receive the service. Additionally migrant workers from Eastern European countries often worked long hours and were unable to access appointments outside of working hours.*
- Requests for Meningitis B vaccinations were increasing but there was a national shortage of the vaccination. Locally there was enough vaccine for the groups that had been identified but no spare vaccine for others. GP's were finding it increasingly more difficult to explain to anxious patients why they could not have the vaccine. *The Director of Public Health requested that GP's feed any comments received back to her to pass on to the Health Protection Committee.*
- The vaccination for shingles was only given at the age of 70. This was the most cost effective group to provide the vaccine to as people entering their 80's were more at risk of getting shingles.

The Health and Wellbeing Board **RESOLVED** to agree to discuss and note the contents of the Annual Health Protection Report for Peterborough 2016.

8. Update on Progress within Joint Commissioning Unit

The Corporate Director for People and Communities introduced the report which provided the Board with an update on performance within the Joint Child Health Commissioning Unit. The report also provided the Board with information on the joint working initiatives, developments and priorities within the Joint Commissioning Unit.

Key points highlighted and raised during discussion included:

- Health Visitor targets. Number of first antenatal contacts. The target of 765 was a quarterly target and was arrived at by dividing the number of live births per year (3060) by four. The number of attendees for first antenatal contacts had increased each quarter, this had not been made clear in the report and additional text providing explanation would be provided in future reports.
- Family Nurse Partnership (FNP). This was a specific programme working with teenage parents and the first child. As a result of a reduction in the public health grant allocation the programme would concentrate on targeting the most vulnerable teenage mothers and those known to children's social care.
- School Nursing. There had been an increasing number of referrals around emotional health and wellbeing from schools and this was a national issue.
- A review of speech and language therapy was being undertaken due to the increase in referrals and a large waiting list accumulating. Some additional funding had been put into this area in the interim to alleviate the situation.

- Emotional health and wellbeing services. Workshops had been held to look at how these services could be delivered differently and a range of services would be in place by September. A briefing note would be sent out to all GP's informing them of the new pathways that would be put in place.
- A member of the Board wished to highlight and acknowledge the excellent progress that had been made with initial health assessments for looked after children which had been averaging between 80% and 100% each month.
- The ITHRIVE programme focused on ensuring that children and young people were thriving in their community and that their emotional and mental wellbeing was being supported through schools, locality teams, community groups and school nurses. This programme would hopefully help capture those children who self-harmed and assist with suicide prevention.
- Additional funds had also been provided for specialist crisis response for young people going to A & E.
- A Board member raised the issue of school medical cupboards being stocked with ventilators, inhalers and MediPens which were never used. Children were given two, one for home and one for school. For those children who used the MediPens on an ad hoc basis money could be saved if there was a central pool for these. This would need to be discussed further and the Clinical Governance team would need to be involved to provide clear guidance and a process put in place for using them. *The Corporate Director for People and Communities responded by inviting Dr Mistry to attend the Primary and Secondary Heads Forum to talk to them about this issue.*

The Health and Wellbeing Board **RESOLVED** to note current activity and performance in child health commissioning and delivery and agreed to the actions highlighted in the paper.

9. Health and Wellbeing Strategy 2016-19 Consultation Progress

The Director for Public Health introduced the report which provided the Board with an update on progress with public and stakeholder consultation on the draft Joint Health and Wellbeing Strategy (2016/19) and to request the Boards approval for a further extension of the JHWS (2012/15) to allow for a full three month period of engagement and consultation.

There being no discussion the Health and Wellbeing Board **RESOLVED** to agree to:

1. Note progress with public and stakeholder engagement and the consultation process for the draft Joint Health and Wellbeing Strategy (2016/19) and
2. Approve extension of the current Peterborough Healthy and Wellbeing Strategy (2012/15) until the next Health and Wellbeing Board meeting, when the outcome of the consultation and the final draft JHSW (2016/19) will be brought to the Board for approval.

10. Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment 2015/2016

The Director of Public Health introduced the report the purpose of which was to bring the Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment (JSNA) 2015/16 to the Board for approval and to consider how the Board could work jointly to address the adult mental health needs outlined in the JSNA. The Director of Public Health wished to acknowledge and thank Dr Kathy Hartley, Public Health Consultant who had done much of the work on the JSNA but had been unable to attend the meeting. The Board were provided with an overview of the key findings of the JSNA.

Key points highlighted and raised during discussion included:
- The JSNA was not an action plan but would inform an action plan.

- Mental health problems in working age adults were very common. There was a need to understand the distinction between common mental disorders like anxiety and depression and severe and enduring mental illness like bipolar and schizophrenia.
- Key findings:
    - Common mental disorders were more associated with life conditions and factors and challenges that were associated with areas of deprivation.
    - The JSNA showed that when looking at recorded depression on GP practice registers it did not show the expected findings which were that higher rates of recorded depression might be found in GP practices the central area of the city. Rates were higher in the Borderline GP practices. *Board members commented that all the practices north of the river were of a similar size and footprint. It was important to bear in mind their registered addresses rather than their registered GP's, as this may show a different result.*
    - Needs around adult mental health crisis was identified e.g. those admitted to hospital compared with those over the rest of the Cambridgeshire Clinical Commissioning Group area.
    - Adult suicide rate had fallen to within the national average.
    - The JSNA was data rich but some of the quality of the data was recorded differently which made the assessment of the data difficult. Good data recording was important to ensure good planning.
    - Interaction between physical and mental health was important and the long term effect of long physical illness on mental health.
    - The Local Chief Officer commented that when the document was being developed the CCG were pulling together a Commissioning Strategy. When discussed at the Executive Partnership Board with mental health colleagues at a previous meeting one of the areas focussed on was that there should be a single Local Authority Mental Health Strategy and action plan across the partnership. The Health and Wellbeing Board needed to consider how this might be achieved. The Local Chief Officer suggested that a letter be written from the Board to the Health Care Executive to suggest this and try and drive this forward and suggest how this might be achieved collectively. The Director of Public Health agreed with this suggestion.

After a short discussion the Board agreed that it would be beneficial to have one Cambridge and Peterborough Adult Mental Health Strategy and action plan.

The Health and Wellbeing Board **RESOLVED** to:

1. Approve the Mental Health and Mental Illness of Adults of Working Age Joint Strategic Needs Assessment 2015/16 and to
2. Consider how to take forward addressing the needs identified in the JSNA, through the Joint Health and Wellbeing Strategy (2016/19) and associated joint strategies and action plans.
3. The Health and Wellbeing Board also **RESOLVED** to write to the Health and Care Executive to refer to the needs outlined within the Mental Health and Mental Illness of Adults of Working Age: Joint Strategic Needs Assessment 2015/16 and to express the view that a single joined up Adult Mental Health Strategy would be of benefit.

11. Prime Minister's General Practitioners Access Fund Delivery in the Greater Peterborough Locality

Dr Moshin Laliwala introduced the report which provided the Board with an update on progress in the locality on implementing the Prime Minister's General Practitioners Access Fund Programme which was formerly known as the Prime Ministers Challenge Fund.

Key points highlighted and raised during discussion included:

- The funding would cease in September. The Greater Peterborough Network have been in discussions with NHS England on future funding and are also looking at other funding opportunities. NHS England would confirm in writing exactly what future funding will be available.
- Additional work being done by the Greater Peterborough Network included skype access in nursing homes and 24 hour access via email to primary care. Various other options were being looked at to try and provide alternatives to booking appointments to visit a GP.
- It was noted that there was now an 8.00am to 8.00pm GP service being offered across Peterborough and all GP's on duty would be able to access a patient's medical records regardless of which surgery they were registered at therefore providing a continuation of service to the patient.
- There needed to be better communication to the public as to what changes were being put in place and new services offered.

The Health and Wellbeing Board **RESOLVED** to note the contents of the update report.

INFORMATION ITEMS AND OTHER ITEMS

The remainder of the items on the agenda were for information only and the Health and Wellbeing Board **RESOLVED** to note them without comment.

12. Better Care Fund Plan 2016/17

13. Joint Procurement – Integrated Lifestyle and Weight Management Services

14. Schedule of Future Meetings and Draft Agenda Programme

The Health and Wellbeing Board **RESOLVED** to note the dates of future meetings and agreed future agenda items for the Board.

1.00pm – 2.55pm
Chairman

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 4
		PUBLIC REPORT
Contact Officer(s):	Cath Mitchell. Local Chief Officer, Greater Peterborough Local Commissioning Group (LCG)	Tel. 01733 776177

ST GEORGE'S HYDROTHERAPY POOL

RECOMMENDATIONS	
FROM : Cath Mitchell. Local Chief Officer, Greater Peterborough Local Commissioning Group (LCG)	**Deadline date : N/A**
Members are asked to note this report	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information requested by the Health and Wellbeing Board in relation to the CCG's decision not to provide funding to St Georges Hydrotherapy Pool.

3. BACKGROUND

*3.*1 The CCG has contributed to the funding of the Hydrotherapy pool at St George's in the past on the basis of referrals being made into the service by local GPs.

3.2 The number of referrals made to the service by GPs is very small and ad hoc. There are a number of people utilising the pool without a GP referral and the majority of these people are self-funded.

3.3 While the CCG recognises how valued these services are by those with disabilities, or who require rehabilitative treatment, it does not have a clinical policy in place to support the referrals into the service.

3.4 Taking into account the CCG's current financial situation, the high volume of people self-funding without a GP referral, and that there is no clinical policy in place, the CCG has ultimately taken the decision not to contribute to the funding of the hydrotherapy pool, and not to commission the service for GP referrals. We understand how disappointing this will be for those who use the service.

3.5 There is a hydrotherapy pool at Addenbrookes hospital (CUH). In order to access aquatic therapy all patients need a dry land physiotherapy assessment at CUH prior to hydrotherapy, therefore the physiotherapist deems eligibility. Hydrotherapy is an add-on treatment to physiotherapy at CUH. It is funded through the contract for physiotherapy, not as a stand alone service..

3.6 All LCGs are able to refer to CUH hydrotherapy, however as mentioned above the CCG does not have a clinical policy in place to support referrals to aquatic therapy services.

3.7 Self referral and self-funding is still an option at St George's and if a GP feels strongly that a patient would benefit clinically from hydrotherapy, they could refer to an alternative NHS

provider or apply to the CCG for individual funding through exceptional cases. The GP would need to complete an exceptional cases form giving details of the individual circumstances of the patient and how they could benefit from hydrotherapy as opposed to land-based physiotherapy. Cases would be assessed on an individual basis by the exceptional cases panel.

More information on exceptional cases can be found on our clinical policies website: http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx

4. ANTICIPATED OUTCOMES

The Board is requested to note the reasons behind the decision not to fund.

5. REASONS FOR RECOMMENDATIONS

This report is for information and noting.

6. ALTERNATIVE OPTIONS CONSIDERED

A copy of the St George's report produced by users of the hydrotherapy pool, has been sent to the clinical lead for the Proactive Care and Prevention Programme, within the NHS Sustainability and Transformation Programme to consider as feedback as part of the 'Evidence for Change' http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/.

7. IMPLICATIONS

Self referral and self-funding is still an option at St George's and if a GP feels strongly that a patient would benefit clinically from hydrotherapy, they could refer to an alternative NHS provider or apply to the CCG for funding through exceptional cases. However as there isn't a policy in place to support this, cases would be assessed on an individual basis.

8. BACKGROUND DOCUMENTS

None.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 5
		PUBLIC REPORT
Contact Officer(s):	Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG	Tel. 01223 725400

HEALTH AND CARE EXECUTIVE GOVERNANCE FRAMEWORK

RECOMMENDATIONS	
FROM : Jessica Bawden, Director of Corporate Affairs, Cambridgeshire and Peterborough CCG	**Deadline date :** N/A
Members are asked to comment upon this report	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a request from the Health and Wellbeing Board.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to present the Cambridgeshire and Peterborough Health and Care Executive Governance Framework.

3. BACKGROUND

3.1 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in the preparation of a five year strategic plan – the Sustainable Transformation Plan (STP). Because local authority adult social care services and public health services are interdependent with NHS services, Cambridgeshire County Council and Peterborough City Council have also been asked to plan jointly with the NHS and align our services with STP where appropriate.

3.2 The Health and Care Executive (the Executive) is made up of the Chief Executives and Accountable Officers of partner organisations who are jointly responsible for delivery of the Sustainability and Transformation Programme. These include the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), local NHS Hospitals, NHS Mental Health Services and NHS Community Services. These organisations will participate in the decision making processes of the Executive to the extent that they are delegated authority by their respective organisations. The Local Authorities participate as non-voting members of the Executive through senior officer representation using their existing delegations under Council constitutions.

3.3 The Executive will receive regular reports from engagement with the public and stakeholders in the development of proposals. The Public Involvement Assemblies play a key role in shaping the Programme alongside stakeholder meetings and wider public engagement.

4. MAIN ISSUES

4.1 **Sustainability and Transformation Programme**

The programme exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The Programme will also oversee delivery of

transformation across the system. The Governance Framework (Appendix A) applies to the whole lifecycle of the Programme, and therefore will be reviewed in the near future as we transition from solution development to implementation, and as we agree our collective ambition for the local health and care economy.

4.2 **Corporate Governance Framework**

The Framework describes the governance arrangements that have been established to ensure that the Programme will operate to deliver its role and functions. It describes how the programme will operate, the decision-making process and how certain powers will be delegated from the programme's NHS statutory organisations to the Health and Care Executive and its associated workstreams.

The Framework will be approved/endorsed by the Boards Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

4.3 The arrangements in no way replace or change the decision making arrangements of the Council. Proposal arising from the work of the Health and Care Executive will be brought to the Committee in accordance with the Council's constitution and scheme of delegation.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

A well functioning health and care system will be a factor in attracting and retaining workforce in Cambridgeshire.

5.2 Helping people live healthy and independent lives

A key purpose of the Health and Care Executive is to ensure that the right, sustainable, services are in place to support people to live healthy and independent lives.

5.3 Supporting and protecting vulnerable people

A key purpose of the Health and Care Executive is to ensure that the right, sustainable, services are in place to support and protect people who are vulnerable due to health conditions.

6.0 REASONS FOR RECOMMENDATIONS

6.1 The Health and Care Executive Governance Framework is submitted to the Board for endorsement following a request from the Health and Wellbeing Board.

7.0 IMPLICATIONS

7.1 Resource Implications

Decisions on the allocation and use of adult social care resources will remain with the City Council. However resources will be best used across the health and care system if the relevant aspects of adult social care service planning are carried out jointly with the health service. There is already much joint work between adult social care and the NHS, including discharge planning and reablement, and there is increasing focus on aligning services around the patient/client through multi-disciplinary staff teams (MDTs).

7.2 Statutory, Risk and Legal Implications

The legal implications of the Health and Care System Governance Framework have been reviewed by local authority lawyers. Legal advice on wording of the Framework was incorporated in paragraph 1.3 of the document: 'Cambridgeshire County Council and Peterborough City Council participate in the Programme with the intention to align their public health and social care services in an integrated way. The Councils will participate in the Programme through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements.'

7.3 Equality and Diversity Implications

There are no immediate implications. NHS organisations are subject to equalities legislation when planning services.

7.4 Engagement and Consultation Implications

The work of the Health and Care Executive will include an ongoing programme of stakeholder and public engagement. Any significant service changes would be subject to public consultation in line with the relevant legislation.

7.5 Localism and Local Member Involvement

No significant implications at this point.

7.6 Public Health Implications

A well functioning and sustainable health and care system is important for the overall health of the local population.

8.0 BACKGROUND DOCUMENTS

Appendix A: Governance Framework

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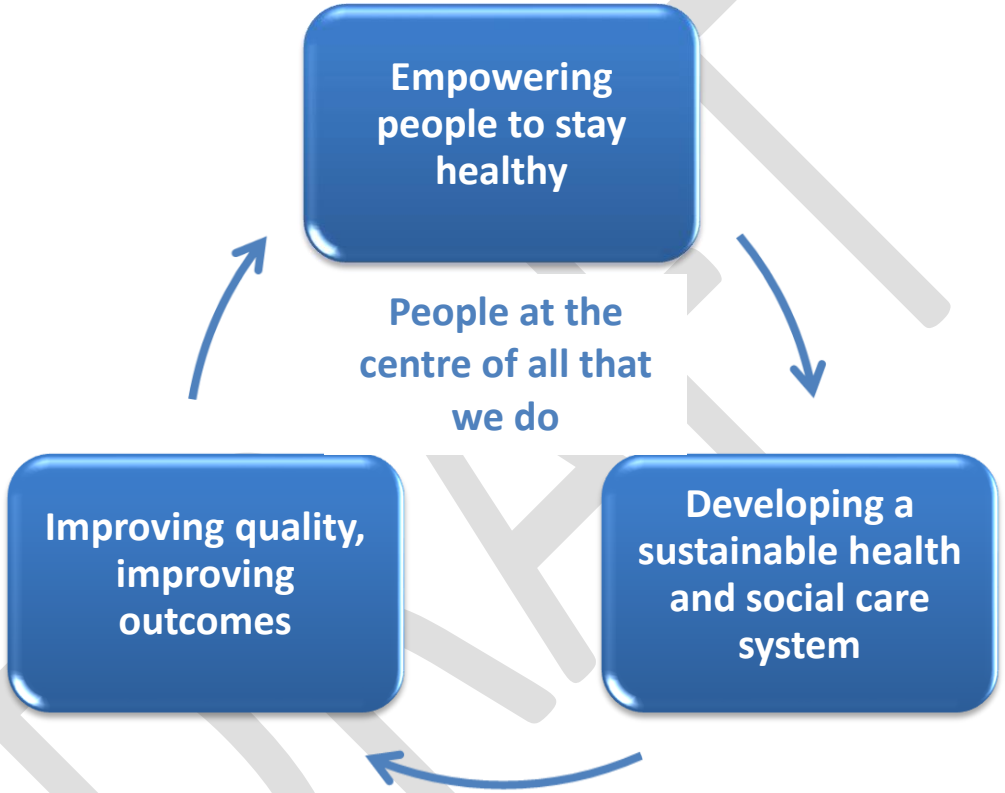
NHS Cambridgeshire and Peterborough Sustainability and Transformation Programme



Governance Framework – Version 1.9c (15.06.2016)

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Annex A

Sustainability and Transformation Programme Key Milestones

1. Introduction

1.1 This Framework describes arrangements intended to provide a foundation of good corporate governance, enabling the Sustainability and Transformation Programme (the Programme) to implement changes in the way that NHS services will be planned, delivered and experienced in Cambridgeshire and Peterborough. The Framework incorporates the milestones for delivering the Programme for Cambridgeshire and Peterborough over the next five years, linked to the NHS Five Year Forward view.

1.2 The Programme is formed from the following NHS and partner organisations across Cambridgeshire and Peterborough:-

NHS Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridgeshire University Hospital NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Cambridgeshire and Peterborough NHS Foundation Trust
Hinchingbrooke Health Care NHS Trust
Peterborough and Stamford Hospitals NHS Foundation Trust
Papworth Hospital NHS Foundation Trust
Cambridgeshire County Council
Peterborough City Council
Clinical Lead – Primary Care (recruitment underway at 3.05.2016)

1.3 Cambridgeshire County Council and Peterborough City Council participate in the Programme with the intention to align their public health and social care services in an integrated way. The Councils will participate in the Programme through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements. The role of the City Council and the district councils exercise a number of relevant housing, planning and other functions, which may also align to this Programme. .

1.4 The Sustainability and Transformation Programme is supported by NHS Improvement and NHS England.

1.5 This Framework sets out the governance arrangements that the Programme will adhere to in delivering its functions. It describes how the Programme will operate, confirms those matters reserved to individual organisations for decision, describes the various Boards through which the health partners operate and where certain powers of those Boards will be delegated to the Health and Care Executive

1.6 The Health and Care Executive & Public Engagement

The Health and Care Executive (the Executive) is made up of the partner organisations who are jointly responsible for delivery of the Programme. The partner organisations will participate in the decision making processes of the Executive to the extent that they are delegated authority by their respective organisations. The Councils participate as non-voting members of the Executive.

The Executive will receive regular reports from engagement with the public and stakeholders in the development of proposals. The Public Involvement Assemblies play a key role in shaping the Programme alongside stakeholder meetings and wider public engagement.

2. Sustainability and Transformation Programme

2.1 The programme exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The Programme will also oversee delivery of transformation across the system.

2.2 The Governance Framework applies to the whole lifecycle of the Programme. The key stages are set out in Annex A.

3. Corporate Governance Framework

3.1 This Framework describes the governance arrangements that have been established to ensure that the Programme will operate to deliver its role and functions. It describes how the programme will operate, the decision-making process and how certain powers will be delegated from the programme's national health statutory organisations to the Health and Care Executive and its associated workstreams.

3.2 This Framework will be approved by the Boards Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

4. Principles for Good Governance

4.1 All members of the Programme will observe the highest standards of probity in relation to the stewardship of public funds, the management of the Programme, and the conduct of its business.

4.2 All members of the Programme will adhere to the seven Nolan principles underpinning public office:

- **selflessness:** holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits. In addition, the NHS CB will act as a role model to the clinical commissioning system and the NHS as a whole, in adopting and maintaining excellent standards of propriety for themselves, their family and their associates;
- **integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;
- **objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards or benefits, holders of public office should make choices on merit;
- **accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **openness:** holders of public office should be as open as possible about all their decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest; AND
- **leadership:** holders of public office should promote and support these principles by leadership and example.

5. Aims

5.1 Through this Governance Framework, the Programme aims to:

- maximise the effectiveness of the Programme;
- *ensure all partner organisations referred to in Section 1.2 meet their statutory obligations*;
- ensure effective stewardship of public funds; and
- be a model of excellence in corporate governance by adopting the highest standards of business conduct.

6. Accountability

6.1 The Programme is accountable to the statutory organisations of the Cambridgeshire and Peterborough system described in Section 1.2 above, and to the associated regulatory authorities described in Section 1.4 above.

6.2 The Programme is committed to openness and transparency in its work, in support of its accountability to patients and public. To that end, public meetings of the Boards, Governing Bodies and local authority committees/cabinets of each organisation are held regularly, and members of the public are welcome to attend and observe these meetings.

6.2 The Programme will demonstrate its accountability through:

- Adhering to the Corporate Governance Framework
- Publishing the Sustainability and Transformation Plan
- Publishing other relevant documentation
- Working within the Freedom of Information Act Policy

6.4 The Programme is committed to putting patients and the public at the heart of its decision-making, and is actively pursuing a wide range of communications and engagement mechanisms to support this commitment.

7. Roles and Responsibilities

7.1 Individual Organisations

Each individual organisation being a Member of the Programme remains at all times accountable for its own activity and decisions.

7.2 Officers from Individual Organisations

Members need to ensure that they have all necessary delegated permissions to bind the authority on whose behalf they act when making decisions. They must ensure that they adhere to all internal processes when making those decisions.

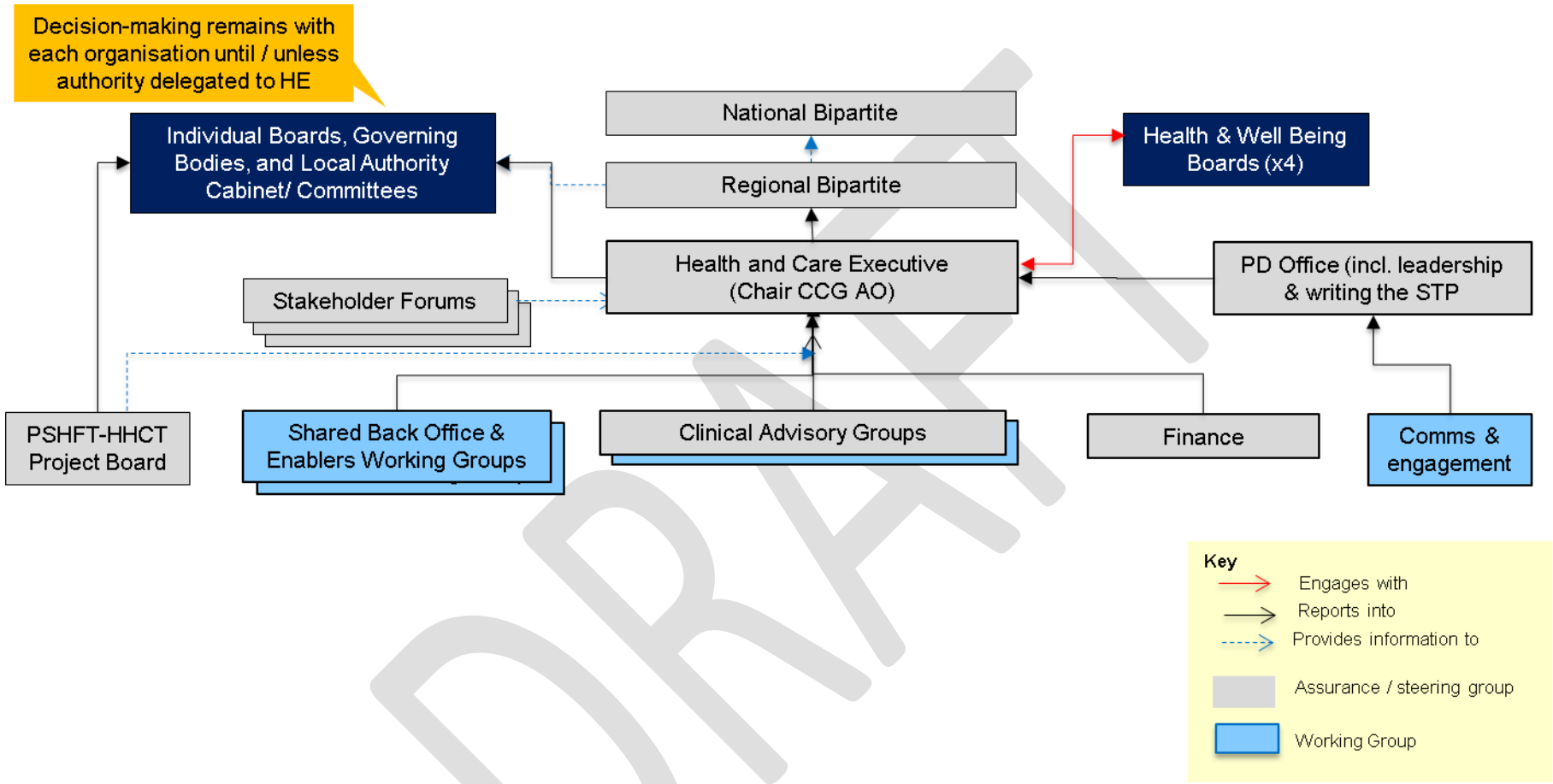
7.3 Programme Office

The Programme Office [comprises officers employed by the Executive] accountable to the Health and Care Executive for delivery of the work programme.

8. Governance Structure

8.1 The overarching governance structure for the Programme is set out in Figure 1 below:-

Governance Structure



A more detailed structure is set out at Appendix A.

8.2 Health and Care Executive functions

The role of the Health and Care Executive is described below:-

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
  - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
    - Sustainable Primary Care
    - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
    - Urgent & emergency care (the 'vanguard'_
    - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
    - Maternity & neonatal care
    - Children's & young people's health care

    A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
    - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
    - PSHFT-HCC collaboration (2016/17)
    - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
  - A series of solutions that close the system's financial challenge through 2020, underpinned by
    - common financial assumptions and modelling,
    - a mechanism for transparently and routinely tracking benefits realisation
    - aligned financial incentives
    - a robust case for accessing the sustainability and transformation fund from 2017/18
    - investigation of all opportunities to source additional income to the local health and care economy
  - Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
    - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
    - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
    - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable

- A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
- A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, [a primary care strategy], neighbourhood delivery plans,
- A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
- What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
- A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.

- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

Terms of Reference are set out at Appendix B.

8.3 Clinical Advisory Group functions

The role of the Clinical Advisory Group is described below:-

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider

- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five–year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

Terms of Reference are set out at Appendix C

8.4 Clinical Working Groups

The Clinical Advisory Group will be supported by the following Clinical Working Groups:-

- Sustainable Primary Care
- Proactive care, primary care and prevention
- Elective Care
- Urgent and Emergency Care
- Maternity and Neonatal Care
- Children and Young People

The role of each Clinical Working Group is:-

- To develop the long-term vision for each workstream), with further detailed specifications on a vision for pathways (including care models, standards and pathways).
- To identify, quantify and deliver a set of short term opportunities to improve the cost-effectiveness of each workstream.
- To propose and evaluate a set of reconfiguration options for care, as well as detailed options for individual pathways.

8.5 Finance Directors Forum

The Finance Directors Forum will include representation from across the national health Programme's partner organisations. The role of the Forum will be:-

- To ensure system proposals are affordable, efficient, and represent value for money
- To ensure investments reduce health inequalities
- To ensure system-wide engagement and buy-in for modelling development and outputs
- To develop a proposal on whether and how to apply a system financial control total

- To align financial incentives around minimising system costs and maximising patient benefit
- To oversee the delivery of CIP and QIPP plans against an agreed trajectory
- To jointly (with the clinical advisory group) oversee the completion of the PCBC

Terms of Reference are set out at Appendix D.

8.6 System Modelling Group

The objectives of the System Modelling Group will be:-

- To refresh and extend the scope of the existing system activity model
- To develop and maintain system activity, capacity and finance models and modelling outputs (for sign-off by the FD's forum) to support decision making on the preferred service model and reconfiguration option(s) for consultation
- To provide analytical support to the clinical working groups as required

8.7 Supporting Workstreams

The Programme will establish the following formal workstreams to support the overall Programme:-

Programme Directors Office - Planning, risk, OD, resourcing, methodology, governance and the management of the overarching Secretariat;

Communications and Engagement – Communications and engagement: telling the story to staff, patients & the public (comms working group, drafting & editorial);

Workforce;

Sustainability and Transformation Planning including writing and benefits realisation;
Support Services and Back office Collaboration;

Oversight and implementation of the 2020 Personalised Healthcare Agenda and the Digital Roadmap

Estates Group which will develop a scope of work for oversight of short term opportunities to access primary care findings from DH and long term strategy.

8.8 Aligned Workstreams

There are a number of aligned workstreams which also support the Programme:-

- Peterborough and Hinchingbrooke Project Board and associated workstreams.
- Better Care Fund Plan and associated workstreams
- *Joint commissioning of children's health services*
- *Transforming Lives (Cambridgeshire County Council adult social care)*
- *Customer Experience Programme (Peterborough City Council)*
- ** Items in italics are relevant but need further discussion with Council colleagues before inclusion*

9. Decision-Making

9.1 Overview

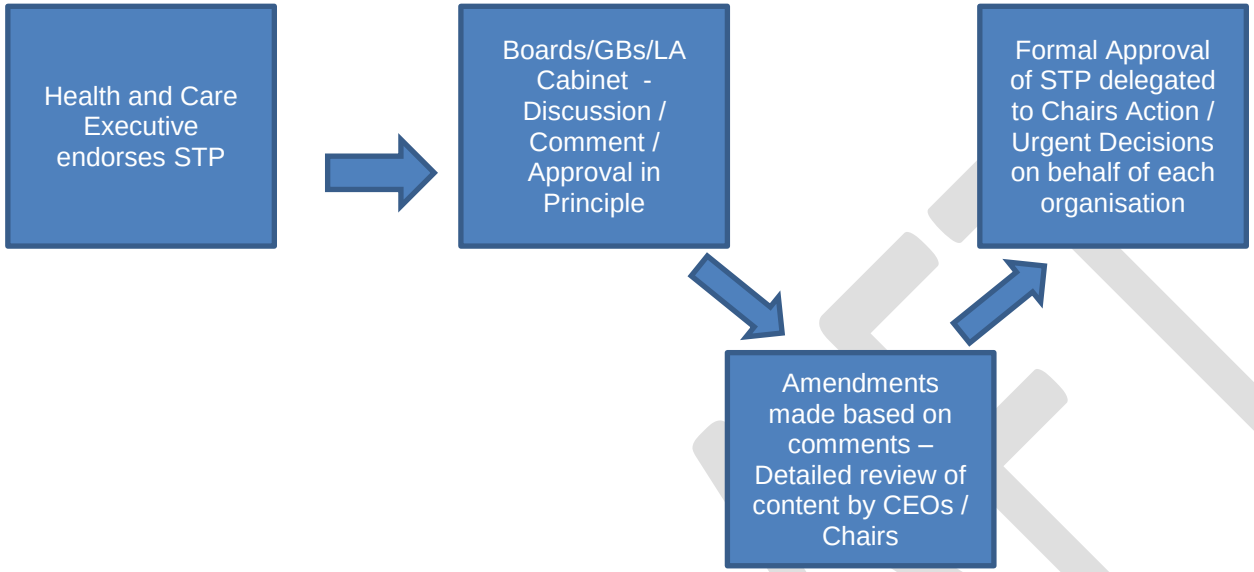
Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in Tables 1 to 6 below. Urgent Decisions are covered in Section 9.6 below.

In the context of the decision making process, the following applies:-

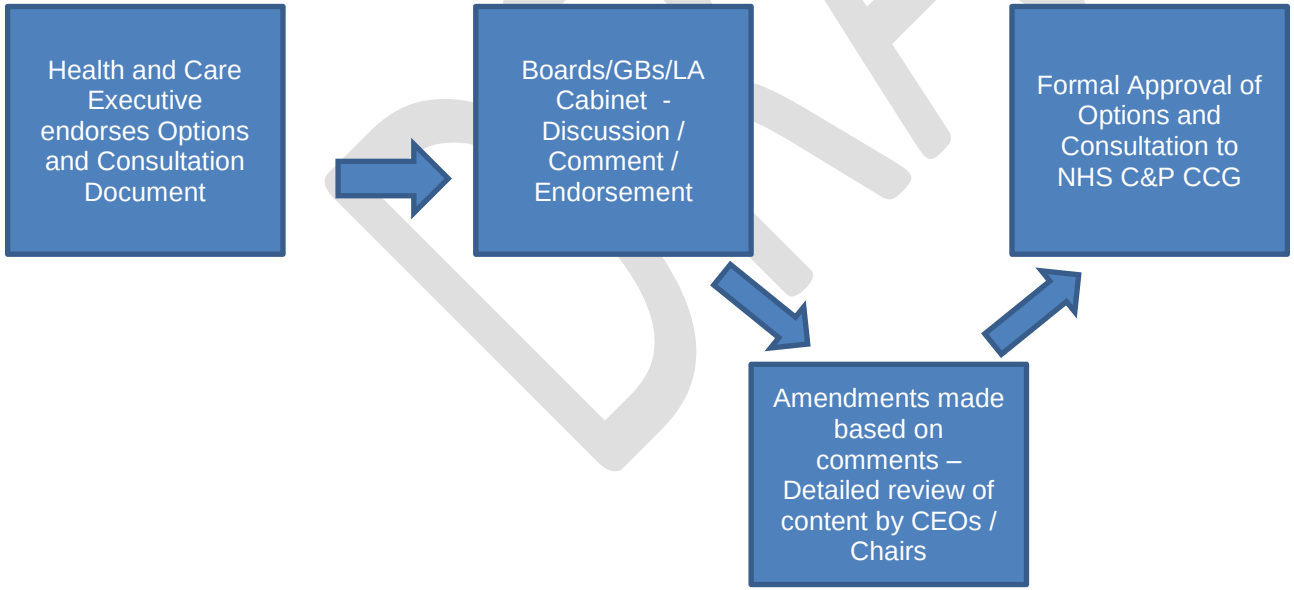
Endorse – to support decisions that have been made across the Programme
Approve – to approve decisions / documentation (in line with Statutory Duties and Functions of all Organisations across the Programme)

The diagram below sets out the decision-making process for the two key steps in the Programme:-

9.1.1 STP Approval



9.1.2 Options and Consultation Document



9.2 Matters Reserved to the Boards, Governing Bodies and Local Authority Committees/Cabinet of Statutory Organisations across the lifecycle of the Programme

Table 1 below summarises the decisions reserved to the CCG Governing Body.

Table 1 – Schedule of Matters reserved to CCG Governing Body
To approve the overarching Options and Consultation Document

Table 2 below summarises those matters which have been reserved to the Boards of NHS Organisations.

Table 2 – Schedule of Matters reserved to the Boards, Governing Bodies of Statutory NHS Organisations
To approve system-wide planning intentions on an annual basis.
To approve options for future organisational form
To approve individual QIPP and CIP plans over the lifecycle of the Programme
To approve in principle the Sustainability and Transformation Five Year Plan and agree delegated Chair's Action / Urgent Decisions (for CCG Governing Body)
To formally endorse sustainable medium term options for service reconfiguration
To approve the over-arching Governance Framework
To endorse the overarching Options and Consultation Document

Table 3 below summarises those matters which are reserved to the Local Authority Committees / Cabinet.

Table 3 – Schedule of Matters reserved to Local Authority Committees/Cabinet
To approve social care and public health service aspects of system-wide planning intentions on an annual basis.
To formally approve the social care and public health service aspects of a Sustainability and Transformation Five Year Plan
To approve the over-arching Governance Framework

9.3 Matters Delegated to the Health and Care Executive

Table 4 below summarises those matters have been delegated to the Health and Care Executive by the relevant Statutory Bodies

Table 4 – Schedule of Matters Delegated to the Health and Care Executive and its Members*	
Matters Delegated	**Delegated to**
To agree to endorse the Sustainability and Transformation Five Year Plan for discussion at each Board, CCG Governing Body/ Local Authority Committee/Cabinet meetings	HCE Meeting
To endorse the over-arching Options and Consultation Document	HCE Meeting
To approve the commissioning of specific packages of work within the health and care economy to support delivery of the above aims	HCE Meeting
To validate the quantum of available financial efficiencies that can be driven through CIP and QIPP plans	HCE Meeting
To formulate system-wide planning intentions on an annual basis	HCE Meeting
To approve sustainable medium term options for service reconfiguration based on recommendations from the Clinical Advisory Group	HCE Meeting
To approve information technology and health analytic developments that would improve care effectiveness and efficiency	HCE Meeting
To approve short term opportunities to improve the effectiveness and efficiency of service delivery	HCE Meeting
To agree recommendations from the Clinical Advisory Group on proposed clinical models and pathways	HCE Meeting
To decide on the scope and timetable of the work programme	HCE Meeting
To allocate appropriate resources (financial, staff and equipment) to support the work programme	HCE Meeting
To engage with individual Boards, Governing Bodies and Local Authority Cabinet / Committees on the development and implementation of the STP	HCE Chair / HCE Members
To engage with Health and Wellbeing Boards on the development and implementation of the STP.	HCE Chair / HCE Members
To provide written notice of dates, times and locations of meetings of the HCE	Secretariat
To determine the nature of a formal vote	Chair
To approve HCE minutes	HCE Meeting
To approve Business Cases to support delivery of the STP	HCE Meeting
To manage the risks associated with overall delivery of the STP	HCE Meeting
To determine the need for Urgent Decisions in discussion with the Chair and Programme Director	Chair

* Representation by local authority officers on the Health Executive will be limited to relevant social care and public health services within the remit of their delegated authority from their respective Council. Any key decisions will be subject to the constitutional process which applies to the Committee Chair/Vice Chair or Cabinet Portfolio Holder responsible for that function.

9.4 Matters Reserved to the Clinical Advisory Group

Table 5 below summarises those matters have been delegated to the Clinical Advisory Group by the Health and Care Executive.

Table 5 – Schedule of Matters Delegated to the Clinical Advisory Group and its Members	
Matters Delegated	**Delegated to**
To develop a clinical vision and strategy for Cambridgeshire & Peterborough	Clinical Advisory Group
To develop recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery	Clinical Advisory Group
To provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency	Clinical Advisory Group
To determine the nature of a formal vote	Chair
To approve CAG minutes	Clinical Advisory Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

9.5 Matters Reserved to the Clinical Working Groups

Table 6 below summarises those matters that have been delegated to the Clinical Working Group and its Members

Table 6 – Schedule of Matters Delegated to the Clinical Working Group and its Members	
Matters Delegated	**Delegated to**
To determine the nature of a formal vote	Chair
To approve CWG minutes	Clinical Working Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

9.6 Urgent Decisions

Due to the nature of the business cycle of individual organisations, there may be a requirement for Urgent Decisions to be taken. In these circumstances, Urgent Decisions should be discussed by the Health and Care Executive and taken by the Chair of the Health and Care Executive, in consultation with the Chair, Chief Executive and Director of Finance (or their equivalent roles) in each partner organisation. Urgent decisions should be recorded appropriately and reported to the partner organisations for formal ratification at the next available meeting.

Urgent Decisions required to be taken by the Councils as a result of any decision exercised by the Executive are subject to the individual council's constitutional arrangements.

9.7 Conflicts of Interests

9.7.1 The Programme will ensure that all Conflicts of Interests are managed in line with NHS Statutory Guidance. A register of personal, professional and organisational conflicts of interest will be maintained for all members of the Programme by the Programme's Secretariat.

9.7.2 Those in attendance will be asked to declare their personal, professional and organisational conflicts of interest.

9.7.3 Where a members of the Programme have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision making itself (i.e., not have a vote).

9.7.4 The Chair of the relevant meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult a member of a Governing Body or Board in the system who has responsibility for issues relating to conflicts of interest.

9.7.5 All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting.

9.6 Dispute and Conflict Resolution

Any issues that cannot be resolved locally will be referred to the regional Tripartite.

10. Risk Management

The Programme will prepare an over-arching Risk Register which will be overseen by the Health and Care Executive and shared with the individual partner organisations.

11. Cycle of Business

The Programme will develop a cycle of business which will align with the individual organisation's business cycles / decision-making processes. Consideration to a monthly cycle of formal business for statutory boards and governing bodies should be considered as part of the process.

12. Reporting Arrangements

The Programme Management Office will prepare an Overview Report of the activities of the Programme which will be prepared for each individual Board or Governing Body.

Sharon Fox
CCG Secretary & Deputy Director of Corporate Affairs
3 May 2016

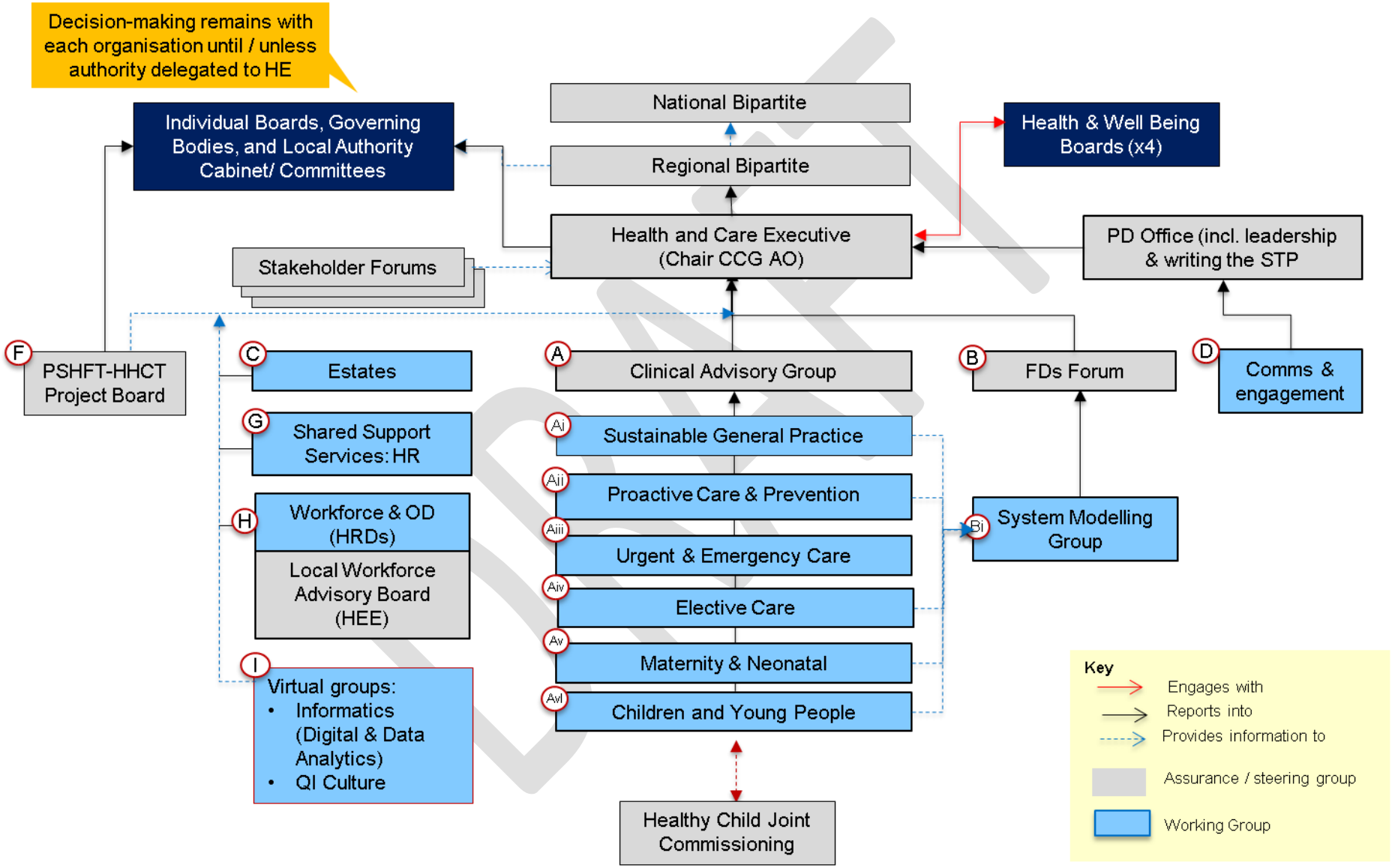
Appendices (TO BE ATTACHED)

Appendix A Sustainability & Transformation Programme Governance Structure
Appendix B Terms of Reference – Health and Care Executive
Appendix C Terms of Reference – Clinical Advisory Group

Appendix D Finance Directors Forum

References: NHS Commissioning Board (NHSE) Governance Framework
The Nolan Principles
CCG Governance Framework
NHSE Conflicts of Interest Mandatory Guidance

Appendix A Sustainability & Transformation Programme Governance Structure



Appendix B Terms of Reference – Health and Care Executive

Cambridgeshire and Peterborough Health and Care Executive

Terms of Reference

Programme Purpose and Outcomes

The Cambridgeshire and Peterborough health and care system transformation programme ("the programme") exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The programme will also oversee delivery of transformation across the system

Title: Health and Care Executive

Date approved:

Initially approved: 16th October, 2015

Updated: 4th May, 2016

Updates approved by:

Roland Sinker	Chief Executive, Cambridge University Hospital NHS Foundation Trust
Aidan Thomas	Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
Matthew Winn	Deputising for Chief Executive of Cambridgeshire Community Services NHS Trust
Lance McCarthy	Chief Executive, Hinchingbrooke Health Care Trust
Claire Tripp	Chief Executive, Papworth Hospital NHS Foundation Trust
Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
Tracy Dowling	Chief Officer, Cambridgeshire and Peterborough Clinical

	Commissioning Group
Liz Robin	Director of Public Health for Cambridgeshire County Council and Peterborough City Council
Gillian Beasley	Chief Executive, Cambridgeshire County Council and Peterborough City Council
Alex Gimson	Chair, Clinical Advisory Group

Regularity of Terms of Reference review and by whom:

By the Health and Care Executive, biannually.

Purpose of the Health and Care Executive:

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
  - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
    - Sustainable Primary Care
    - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
    - Urgent & emergency care (the 'vanguard'_
    - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
    - Maternity & neonatal care
    - Children's & young people's health care

    A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
    - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
    - PSHFT-HCC collaboration (2016/17)
    - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
  - A series of solutions that close the system's financial challenge through 2020, underpinned by
    - common financial assumptions and modelling,
    - a mechanism for transparently and routinely tracking benefits realisation
    - aligned financial incentives

    - a robust case for accessing the sustainability and transformation fund from 2017/18
    - investigation of all opportunities to source additional income to the local health and care economy
  - Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
    - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
    - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
    - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable
  - A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
  - A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, a primary care strategy, neighbourhood delivery plans,
  - A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
  - What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
  - A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.
- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

Membership of the Health and Care Executive:

- Chief Executive, Cambridgeshire University Hospital NHS Foundation Trust
- Chief Executive, Cambridgeshire Community Services
- Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
- Chief Executive, Hinchingbrooke Health Care Trust
- Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
- Chief Executive, Papworth Hospital NHS Foundation Trust
- Director of Public Health for Cambridgeshire County Council and Peterborough City Council

- Chief Executive, Cambridgeshire County Council and Peterborough City Council Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Chief Financial Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Clinical Lead – Programme (CAG Chair)
- Clinical lead – Primary care (recruitment in progress)

Meetings will also include non-voting representation from:

- NHS England
- NHS Improvement

Deputies:

Members of the Health and Care Executive may appoint deputies to represent them at Health and Care Executive meetings. In the event a deputy is provided, the individual(s) must be fully briefed prior to the meeting and would be expected to have the same delegated authority to commit resources on behalf of their organisation as the named committee member would.

Chair:

Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group

Vice Chair:

Chair, Clinical Advisory Group

Quorum:

Commissioner representation, local authority representation and 50% of providers

Voting:

Any question to be determined by the Health and Care Executive in accordance with its purpose shall be decided by a show of hands on a simple majority basis with each Member of the Health and Care Executive (or a deputy nominated in their place) having one vote.

Any member may, immediately after any vote is taken, require a record to be made in the minutes of whether s/he voted for or against or abstained.

If there are equal numbers of votes for and against, the Chair of the Health Care Executive will have a second or casting vote.

Frequency of Meetings:

Face to face meeting every 4 weeks

Teleconference every 4 weeks (alternative)

Away days & leadership development sessions as required

Accountability

To the associated regulatory authorities (NHSI & NHSE)

To the Boards and Governing Bodies of the constituent organisations.

Rules as to Meetings & Proceedings:

The Programme Office [comprises officers employed by the Executive] is accountable to the Health and Care Executive for delivery of the work programme. Actions include:

- Agree the agenda and circulate to members, along with any necessary advanced material.
- Ensure minutes are taken and circulated with a record of decisions made
- Maintain an action log

Attendance at meetings:

Attendance at meetings is mandatory. Members who cannot attend will be expected to send deputies.

Duties of the Health and Care Executive:

1. Decision making:

Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in section 9 of the S&TP Governance Framework (Tables 1 to 6).

2. **Advisory:**
   Provision of information, advice and recommendations.

3. **Monitoring:** To monitor progress against key programme milestones, commitments and commissioning intentions.

Responsibilities of Members:

- Each individual organisation being a Member on the Health and Care Executive remains at all times accountable for its own activity and decisions.
- Members need to ensure that they have the necessary delegated permissions and processes are in place for them to act on behalf of the organisations which they represent.

Standing Agenda Items

Every meeting:

- Apologies and minutes of the Last Meeting
- Register of Actions and matters arising not on the register
- Programme Risk Register
- Agenda for the next meeting

Accountability and Reporting:

Jointly to the boards or governing body (or equivalent) of the individual organisations represented, in addition to the accountability to the Regional Tripartite Group and others as set out above.

Self-Assessment:

The Health and Care Executive will review its performance biannually against these Terms of Reference

Duration:

The Health and Care Executive will meet until September 2016, by which point a full review of progress will be made and proposals for future governance developed to oversee implementation.

Appendix C Terms of Reference – Clinical Advisory Group

Cambridgeshire & Peterborough Health and Care System

Transformation Programme

Clinical Advisory Group

Terms of Reference

Purpose

The Clinical Advisory Group is the key clinical forum for the development of the Cambridgeshire and Peterborough Sustainability and Transformation Plan. It will:

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider
- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five–year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

Scope of Work

- The health and care services, including primary care and specialised services, delivered in Cambridgeshire and Peterborough and covered by the Clinical Working Groups (for short term opportunities to improve the effectiveness of service delivery and medium term options for service configuration)
- All health and care services delivered in Cambridgeshire and Peterborough including local authority commissioned services such as social care, public health and health visiting (for the Sustainability and Transformation Plan)
- Delivery of national clinical priorities, including 7 day services, parity of esteem and reduced unwarranted variation

Title: Cambridgeshire & Peterborough Clinical Advisory Group

Date approved: Initially approved XXX

Approved by: Cambridgeshire and Peterborough Health and Care Executive

Membership of the Group:

- Chair (Acute hospital clinician or GP)
- Vice Chair (GP or Acute hospital clinician)
- Representative from Medical Directors group
- Representative from Nurse Directors group
- A Director of Adult Social Care
- A Director of Children's Services
- A GP (provider)
- Public Health Consultant
- Clinical Representative from Ambulance Trust

- Mental health lead
- Patient representatives
- Clinical Working Group Chair Urgent and Emergency Care
- Clinical Working Group Chair Elective Care
- Clinical Working Group Chair Proactive Care and Prevention
- Clinical Working Group Chair Children and Young People
- Clinical Working Group Chair Maternity and Neo-natal

Alternates: Members of the Group may appoint alternates to represent them at a meeting. In the event an alternate attends, the individual(s) must be fully briefed prior to the meeting.

Chair: XXXX

Vice Chair: XXXX

Ways of Working: The Group should aim to reach a consensus on all proposals to be submitted to the Health Executive. In the event it is not possible to reach a consensus, the relative merits of alternative proposals should be clearly articulated. The Group may invite other attendees, including external experts, and form task and finish groups as necessary to conduct its business.

Duties of the Group: The Group's main function is to provide information, advice and recommendations. The Group does not have a decision making function as such and does not have any delegated authority other than that of making recommendations.

Responsibilities of Members: Each member on the Group is there in an individual capacity, acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

Accountability and Reporting: To the Cambridgeshire and Peterborough Health Executive

Frequency of Meetings: Monthly or as may be determined by the Chair in order to fulfil its duties in line with the agreed timeline

Administration: The Group will be supported by administration support who will:

- Agree the Agenda and circulate to members, along with any necessary advanced material
- Ensure minutes are taken and circulated with a record of issues to be taken forward
- Maintain an action log.

Regularity of Terms of Reference review and by whom: By the Programme Director acting on behalf of the Health Executive, six monthly

Duration: The Group will meet until December 2016, at which point a full review of progress will be made and proposals for future work developed.

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 6
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01223 207175

ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT

RECOMMENDATIONS	
FROM : Director of Public Health	**Deadline date : N/A**
1. The Health and Wellbeing Board are asked to note the information in the Annual Public Health Report 2016 and the plans to make the Report available for the public.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board at the request of the Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to present the Annual Public Health Report for Peterborough (2016), attached as Annex A, to the Health and Wellbeing Board. The Annual Public Health Report (APHR) is designed to convey information about health in Peterborough in a form which is accessible for the public.

2.2 This report is for Board to consider under its Terms of Reference No.3.4 'To consider the recommendations of the Director of Public Health in their Annual Public Health report.'

3. THE ANNUAL PUBLIC HEALTH REPORT

3.1 The format of the Peterborough Annual Public Health Report (2016) is similar to the previous Annual Public Health Report (2015). The health statistics have been updated, and an additional section on health inequalities (mapped geographically) has been added.

3.2 The previous Annual Public Health Report was produced electronically only. The 2016 Report will be printed and copies will be distributed to Councillors; members of relevant Partnership Boards; HealthWatch; GP surgeries; City Council reception areas and parish Councils. This follows the observed take up of printed summary copies of the Peterborough Health and Wellbeing Strategy distributed through these routes during the HWB Strategy consultation period.

4. CONSULTATION

4.1 The Annual Public Health Report is defined in legislation as the independent report of the director of public health, therefore consultation is not required.

5. ANTICIPATED OUTCOMES

5.1 The anticipated outcome of the Annual Public Health Report (2016) is to increase the awareness and knowledge of health issues within Peterborough with the general public and stakeholders. Strategies and actions to address the health issues highlighted in the Report are outlined in the draft Health and Wellbeing Strategy *(agenda item 7).*

6. REASONS FOR RECOMMENDATIONS

6.1 The Director of Public Health for a local authority has a statutory duty to prepare an independent annual report on the health of their local population and the local authority has a statutory duty to publish it.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 The Annual Public Health Report (2016) could have been produced as a much more detailed technical document. However, detailed technical information about health issues and trends in Peterborough is available elsewhere e.g. on the Public Health Outcomes Framework (PHOF) website and in Joint Strategic Needs Assessment for Peterborough. Therefore the approach taken was to make the Report as accessible as possible to the general public.

8. IMPLICATIONS

Legal

8.1 Production of the Annual Public Health Report (2016) has met the statutory requirements of the Health and Social Care Act (2012).

Equalities considerations have been met within the context of the report.

9. BACKGROUND DOCUMENTS

Public Health Outcomes Framework
www.phoutcomes.info/

Joint Strategic Needs Assessments for Peterborough
www.peterborough.gov.uk/healthcare/public-health/JSNA/

10. APPENDICES

Annex A – Director of Public Health's Annual Report 2016 - Presentation

DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2016

Annex A

PETERBOROUGH: A HEALTHY CITY?

Contents

Introduction

The annual Director of Public Health Report is an independent document focused on the health of the people of Peterborough. This year's report updates the health statistics used in the 2015 report and has a new section on health inequalities.

The Report provides information about several public health challenges in Peterborough. The plans to address these challenges are outlined in the Peterborough Health and Wellbeing Strategy, available on / https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy

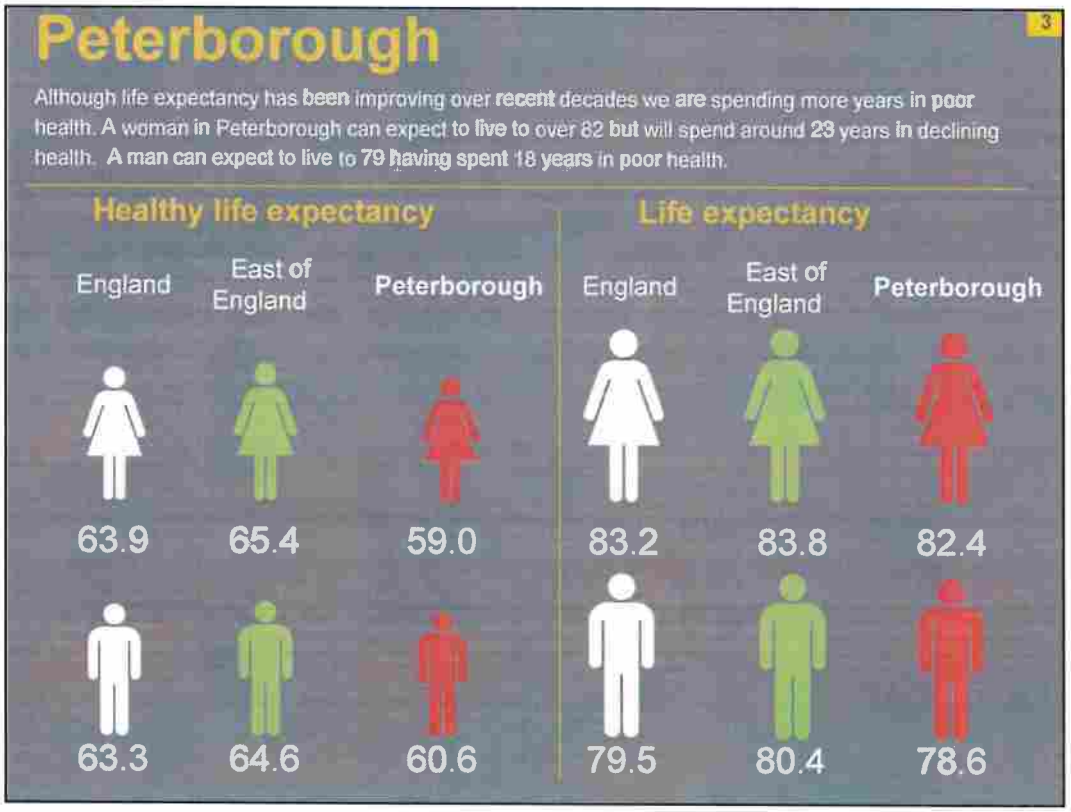
I'd like to thank all the people I've worked with over my first year as Director of Public Health in Peterborough for their enthusiasm, energy and practical support, and their commitment to improving outcomes for local residents.

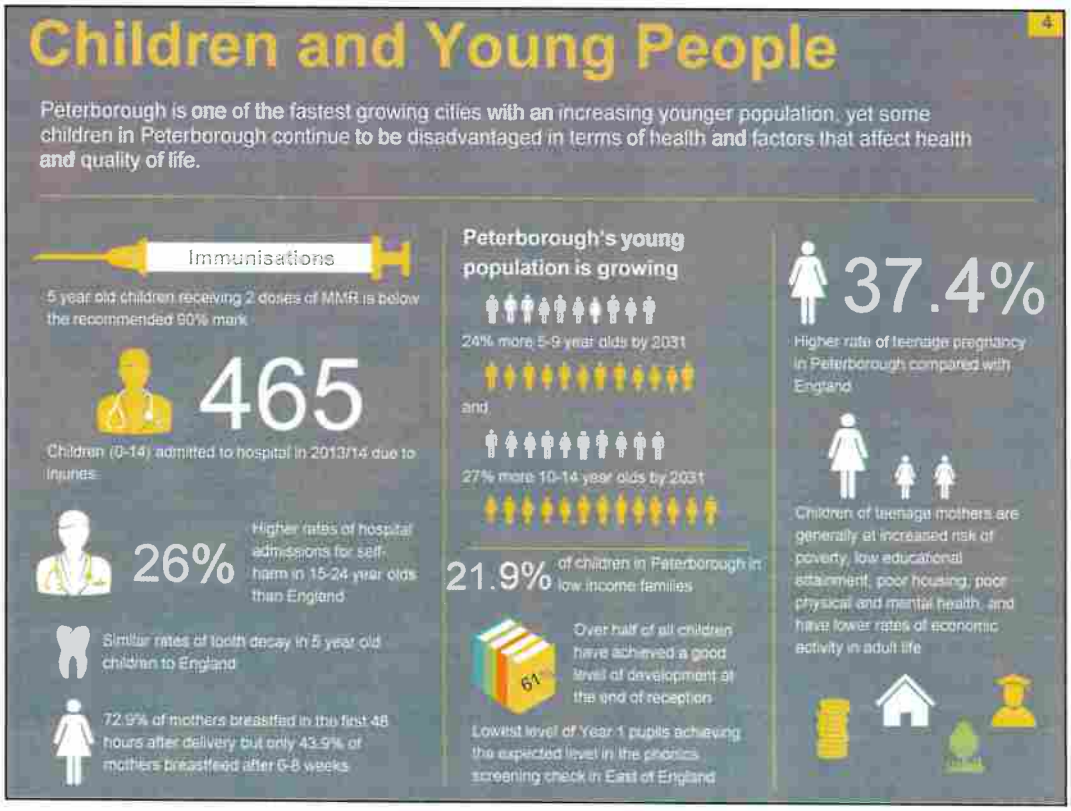
Dr Liz Robin

Director of Public Health

2

Our Population


Peterborough
3
Although life expectancy has been improving over recent decades we are spending more years in poor health. A woman in Peterborough can expect to live to over 82 but will spend around 23 years in declining health. A man can expect to live to 79 having spent 18 years in poor health.
Healthy life expectancy
England
East of England
Peterborough
63.9
65.4
59.0
63.3
64.6
60.6
Life expectancy
England
East of England
Peterborough
83.2
83.8
82.4
79.5
80.4
78.6


Children and Young People
4
Peterborough is one of the fastest growing cities with an increasing younger population, yet some children in Peterborough continue to be disadvantaged in terms of health and factors that affect health and quality of life.
Immunisations
5 year old children receiving 2 doses of MMR is below the recommended 90% mark
465
Children (0-14) admitted to hospital in 2013/14 due to injuries
26%
Higher rates of hospital admissions for self-harm in 15-24 year olds than England
Similar rates of tooth decay in 5 year old children to England
72.9% of mothers breastfed in the first 48 hours after delivery but only 43.9% of mothers breastfeed after 6-8 weeks
Peterborough's young population is growing
24% more 5-9 year olds by 2031
and
27% more 10-14 year olds by 2031
21.9% of children in Peterborough in low income families
61
Over half of all children have achieved a good level of development at the end of reception
Lowest level of Year 1 pupils achieving the expected level in the phonics screening check in East of England
37.4%
Higher rate of teenage pregnancy in Peterborough compared with England
Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor physical and mental health, and have lower rates of economic activity in adult life

5

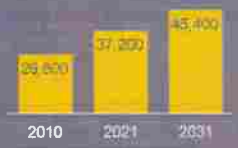
Older People

Older age often presents health challenges. The number of people aged over 65 in Peterborough is increasing and will continue to increase over the next 20 years. This will put pressure on health and social services. However, some simple measures can be taken to help prevent illness and disability and enable older people to live healthier longer lives and to live independently.

Our local challenges

74%

Increase in the number of people over the age of 65 by 2031 (compared with 2010)



2X more people aged over 80 in 2031 than 2010

In Peterborough, 50 more people aged over 65 died during winter months in 2011-14 than would be expected based on mortality rates at other times of year

71% of older people take up the offer of the flu immunisation

1 in 17

people aged over 65 are living with dementia, which is over

1,500

people in Peterborough

441

emergency hospital admissions for injuries from falls in persons aged 80 and over in Peterborough in 2014/15

£2.5 Million

health and social care bill for hip fractures in Peterborough per year

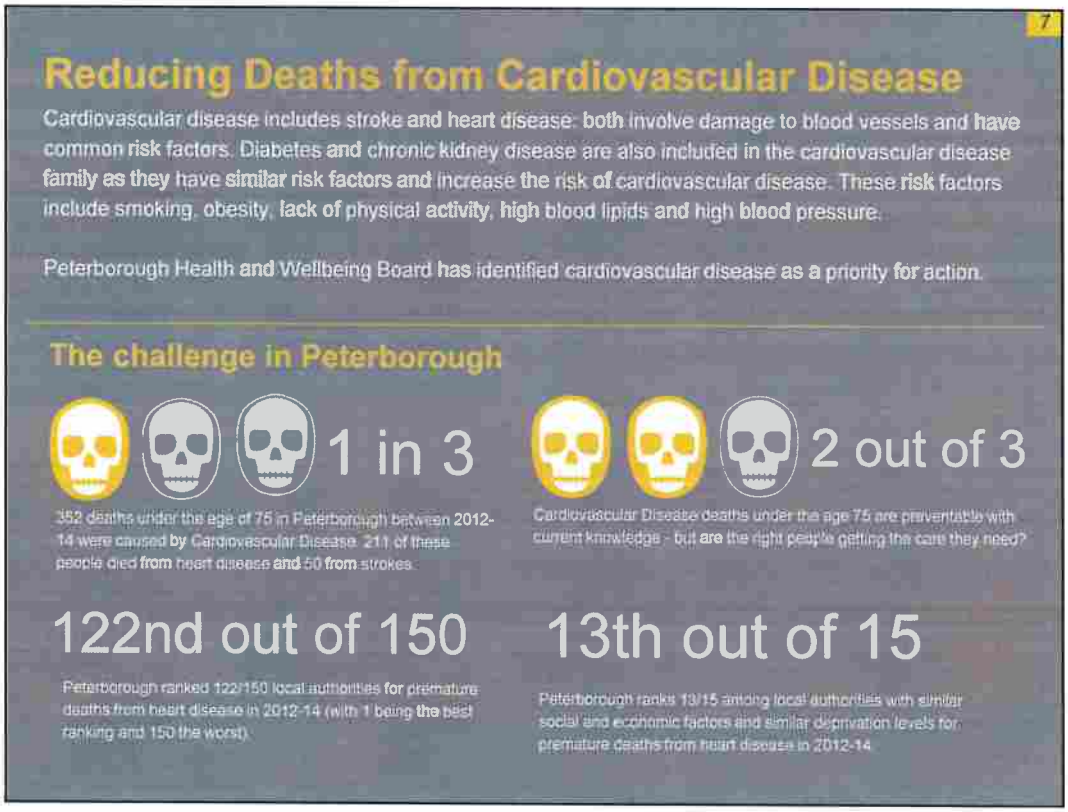
192

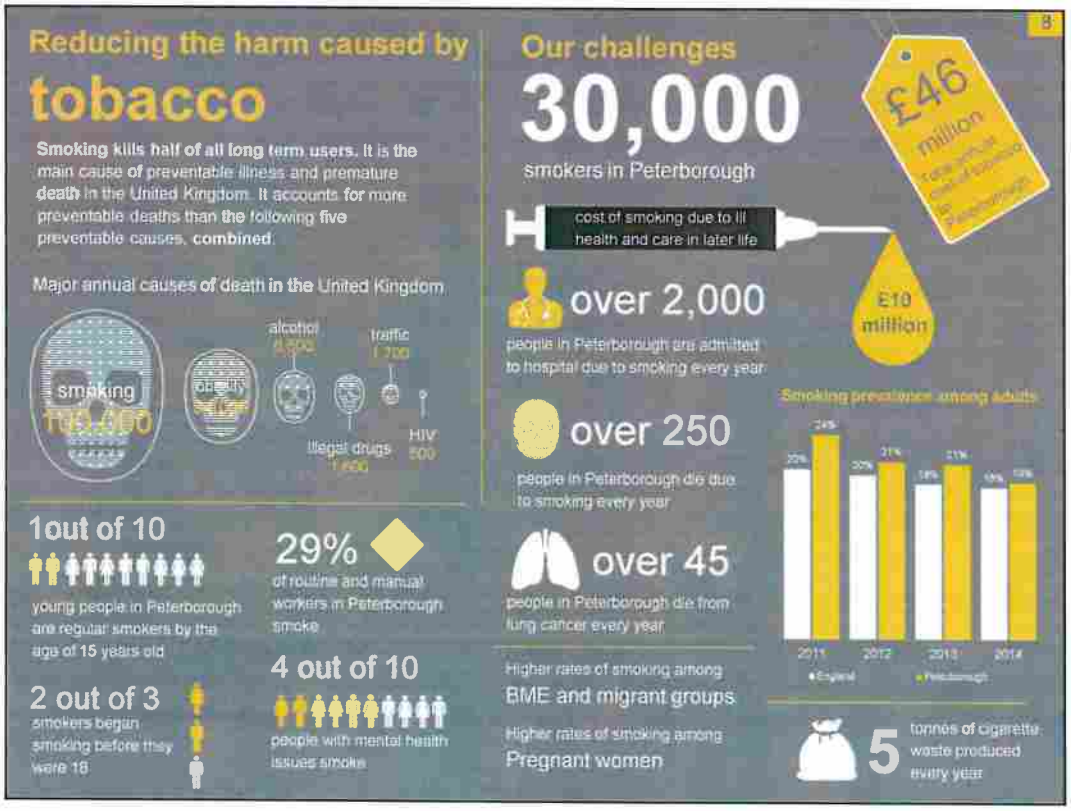
hip fractures in people aged over 65 in Peterborough in 2014/15

1 in 3 people who fracture their hip die within 12 months after the fracture

6

Our Lifestyle Choices


7
Reducing Deaths from Cardiovascular Disease
Cardiovascular disease includes stroke and heart disease: both involve damage to blood vessels and have common risk factors. Diabetes and chronic kidney disease are also included in the cardiovascular disease family as they have similar risk factors and increase the risk of cardiovascular disease. These risk factors include smoking, obesity, lack of physical activity, high blood lipids and high blood pressure.
Peterborough Health and Wellbeing Board has identified cardiovascular disease as a priority for action.
The challenge in Peterborough
1 in 3
352 deaths under the age of 75 in Peterborough between 2012-14 were caused by Cardiovascular Disease. 211 of these people died from heart disease and 50 from strokes.
2 out of 3
Cardiovascular Disease deaths under the age 75 are preventable with current knowledge - but are the right people getting the care they need?
122nd out of 150
Peterborough ranked 122/150 local authorities for premature deaths from heart disease in 2012-14 (with 1 being the best ranking and 150 the worst).
13th out of 15
Peterborough ranks 13/15 among local authorities with similar social and economic factors and similar deprivation levels for premature deaths from heart disease in 2012-14


8
Reducing the harm caused by
tobacco
Smoking kills half of all long term users. It is the main cause of preventable illness and premature death in the United Kingdom. It accounts for more preventable deaths than the following five preventable causes, combined:
Major annual causes of death in the United Kingdom
smoking
alcohol
traffic
illegal drugs
HIV
1 out of 10
young people in Peterborough are regular smokers by the age of 15 years old
29%
of routine and manual workers in Peterborough smoke
2 out of 3
smokers begin smoking before they were 18
4 out of 10
people with mental health issues smoke
Our challenges
30,000
smokers in Peterborough
£46 million
cost of smoking due to ill health and care in later life
£10 million
over 2,000
people in Peterborough are admitted to hospital due to smoking every year
over 250
people in Peterborough die due to smoking every year
over 45
people in Peterborough die from lung cancer every year
Smoking prevalence among adults
Higher rates of smoking among
BME and migrant groups
Higher rates of smoking among
Pregnant women
5
tonnes of cigarette waste produced every year


9
Unhealthy weight
a widespread threat to health and wellbeing
In England many people are overweight or obese
65%
adults
33%
10 - 11 year olds
22%
4 - 5 year olds
In Peterborough
69%
adults
32%
10 - 11 year olds
21%
4 - 5 year olds
obesity
Obesity develops when energy intake from food and drink is greater than the energy we use through exercise and to keep our body working. Obesity increases the risk of heart disease and some cancers.
Our approach
Bringing together a coalition of partners
Harnessing the reach of local government
Comprehensive support and intervention
Addressing attitudes, beliefs and behaviours towards diet
Action is needed at all stages of life, - from pre-conception through pregnancy, early years, childhood, and adolescence through to adulthood and preparing for older age – and in a variety of settings (school, workplace, community) to encourage and support people to maintain a healthy weight.
Local challenges
10 years
reduction in life expectancy for severely obese individuals
94th out of 150
local authorities for cancer deaths
122nd out of 150
local authorities for heart disease deaths


10
Alcohol and drugs
Drinking too much alcohol damages health and costs the NHS around £60 each day for each adult in Peterborough. About 16% of drinkers in Peterborough 'binge drink'- defined as drinking 8 or more units for a man and 6 or more units for a woman - in a session.
7,500
people in Peterborough drink heavily at levels which have, or risk, damaging their health
1 in 5
people in Peterborough (23,500 people) drink above the recommended levels
1,169
alcohol-related hospital admissions in Peterborough in 2014-15, the second-highest in the East of England
The cost to the local NHS system is £1.8 million a year or £244 per person for the 7,500 people in Peterborough who drink heavily
1,300
estimated opiate/cocaine users in Peterborough, though this probably underestimates the number of users
9,500
people in Peterborough estimated to have taken 'any drug' in the last year (the majority using cannabis)
20%
of 16-24 year olds nationally are estimated to have taken 'any drug'
Crimes related to drugs cost the UK £13.3 billion every year
Families suffer
1 in 3 cases of domestic abuse is linked to alcohol
1 in 5 of all children live with a parent who drinks hazardously

11

Building A Healthy City

12

Creating

Healthy Places

There is a clear relationship between health and where we live. A number of published studies have provided evidence that **our local** environments can have a positive affect on individual health and wellbeing **as** well enabling stronger communities.

Living room temperature in winter

Under 16 C - Resistance to respiratory disease may be diminished

9 C - 12 C - exposure for more than two hours increases risk of cardiovascular disease

5 C - significant increase in the risk of hypothermia

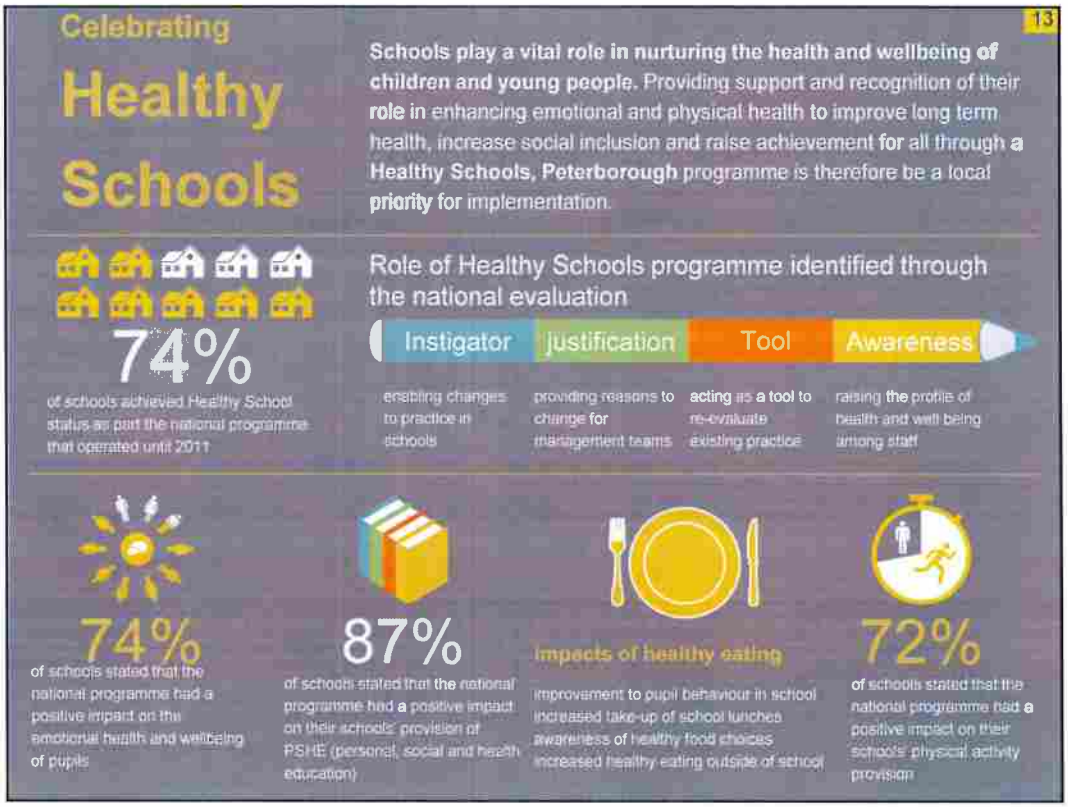
60
minutes of physical activity everyday recommended for children aged 5 – 18 years old

Increase access to **leisure facilities** as a cost-effective way of improving health

150
minutes of physical activity every week recommended for adults

21% lower obesity rates identified in areas with easy access to healthy food

24% of the public think that drunk or rowdy behaviour is a problem in their local area


Celebrating
Healthy Schools
13
Schools play a vital role in nurturing the health and wellbeing of children and young people. Providing support and recognition of their role in enhancing emotional and physical health to improve long term health, increase social inclusion and raise achievement for all through a Healthy Schools, Peterborough programme is therefore be a local priority for implementation.
74%
of schools achieved Healthy School status as part the national programme that operated until 2011
Role of Healthy Schools programme identified through the national evaluation
Instigator
enabling changes to practice in schools
justification
providing reasons to change for management teams
Tool
acting as a tool to re-evaluate existing practice
Awareness
raising the profile of health and well being among staff
74%
of schools stated that the national programme had a positive impact on the emotional health and wellbeing of pupils
87%
of schools stated that the national programme had a positive impact on their schools' provision of PSHE (personal, social and health education)
Impacts of healthy eating
improvement to pupil behaviour in school
increased take-up of school lunches
awareness of healthy food choices
increased healthy eating outside of school
72%
of schools stated that the national programme had a positive impact on their schools' physical activity provision


Encouraging
Healthy Workplaces
14
Reducing sickness absence, lowering staff turnover and increasing productivity are all outcomes of investing in a healthy workforce. The workplace provides an ideal place to promote healthy lifestyles to a large proportion of the local population. Improving the physical and mental wellbeing among our workforce will benefit individuals, organisations and Peterborough as a whole - after all 'health means wealth'.
80%
chance of being still work for 5 years' amongst those who have been off sick for 6 months or longer
Public Service
£889
average sickness absence cost per employee per year
Production and Manufacturing
£754
average sickness absence cost per employee per year
Call Centre
£940
average sickness absence cost per employee per year
Professional Services
£904
average sickness absence cost per employee per year
£835,355
estimated annual cost of mental ill health to an organisation with 1,000 employees. Prevention and early identification of problems in the workplace should enable employers to save at least 30% of this cost
4
extra sick days, on average, taken by obese people each year
27%
Fewer sick days taken by physically active workers
33
more hours off sick per year taken by a person who smokes than a non-smoker each year

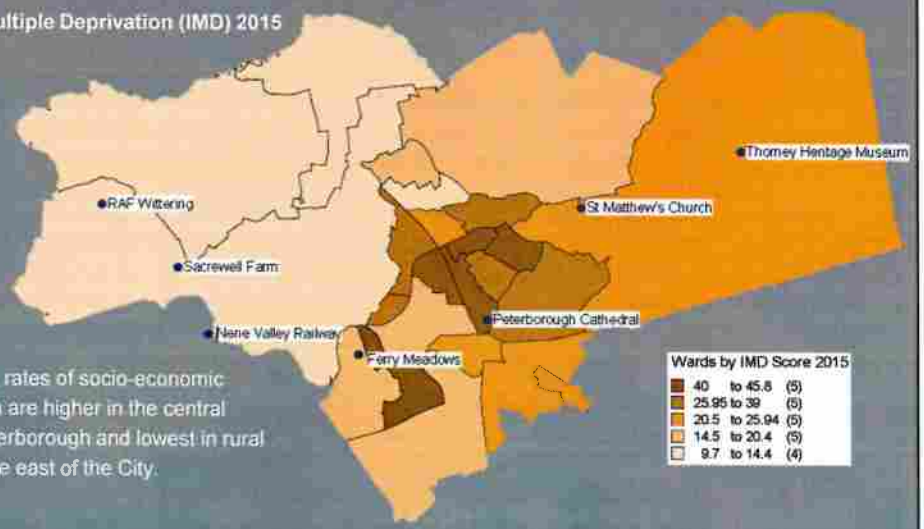
15

Health inequalities

16

Socio-economic deprivation varies across Peterborough

Index of Multiple Deprivation (IMD) 2015



In general, rates of socio-economic deprivation are higher in the central part of Peterborough and lowest in rural areas to the east of the City.

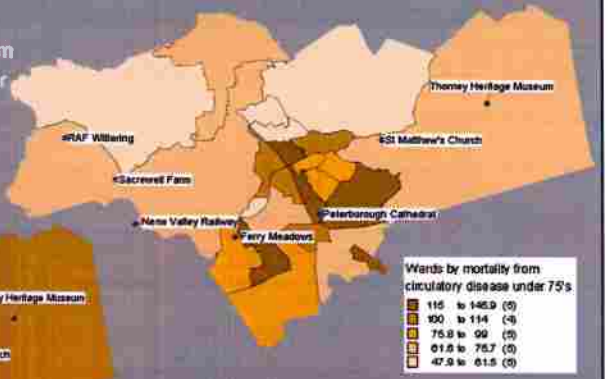
Note: Darker colours indicate a high rate of deprivation

17

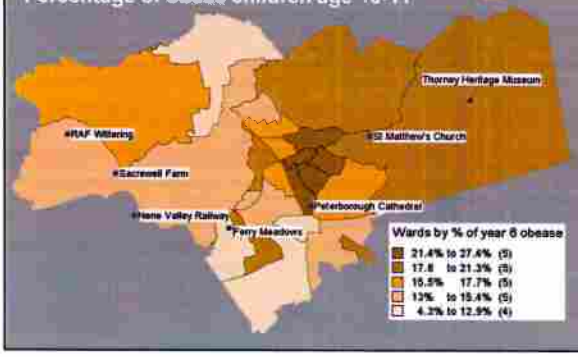
Poorer health outcomes are linked to areas of socio-economic deprivation

When comparing these maps with the map of socio-economic deprivation on page 17, it's easy to see that rates of premature deaths from heart disease and childhood obesity are higher in more deprived areas. Addressing this will need targeted action, working closely with local communities.

Premature deaths from circulatory Disease under age 75



Percentage of obese children age 10-11



Note: Darker colours indicate a high rate of either childhood obesity or heart disease mortality rates.

20

Acknowledgements:

Julian Base, Head of Health Strategy
Dr. Kathy Hartley, Consultant in Public Health
Ryan O'Neill, Advanced Public Health Analyst
Elizabeth Wakefield, Public Health Analyst

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

DRAFT PETERBOROUGH HEALTH AND WELLBEING STRATEGY

RECOMMENDATIONS	
FROM: Director of Public Health	**Deadline date: N/A**

The Health and Wellbeing Board is asked to:

1. Note the feedback from the public and stakeholder consultation on the joint Health and Wellbeing Strategy and ways in which this feedback has been incorporated into the final draft of the Strategy;
2. Note the feedback from Peterborough City Council Cabinet and the Cambridgeshire and Peterborough Clinical Commissioning Group Governing Body, which have both discussed and endorsed the final draft Strategy at public meetings;
3. Consider any comments relayed verbally from the meeting of the Health Scrutiny Commission which will consider the draft Strategy as part of a wider item on public health priorities for Peterborough; and
4. Approve the Peterborough Health and Wellbeing Strategy (2016/19) subject to inclusion of the amendment suggested by Peterborough City Council Cabinet i.e:
    - Inclusion of plans to address the needs of ex-military personnel including post traumatic stress disorder.

1. ORIGIN OF REPORT

1.1 This report is submitted to Board as the final part of the process to develop a new joint Health and Wellbeing Strategy for Peterborough, which the Board agreed to take forward at its meeting on 10 December 2015.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to bring the Peterborough Health and Wellbeing Strategy 2016/19, which has been amended following a three month public and stakeholder consultation period, to the Health and Wellbeing Board for approval.

2.2 This report is for Board to consider under its Terms of Reference No.3.1: 'To develop and implement the Health and Wellbeing Strategy for the City which informs and influences the commissioning plans of partner agencies.

3. THE DRAFT PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY

Background

3.1 Production of a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA) is a statutory function of the Peterborough Health and Wellbeing Board under the Health and Social Care Act (2012). Both NHS Commissioners and Local Authorities are required to have regard to the Joint Strategy in their service plans.

3.2 The first Peterborough Joint Health and Wellbeing Strategy covered 2012-2015, with an extension to cover the first part of 2016, pending approval of the new Joint Health and Wellbeing Strategy 2016-19.

3.3 The draft Peterborough Joint Health and Wellbeing Strategy 2016-19, attached as Annex A, has been developed collaboratively, with a wide range of local authority and NHS officers involved in drafting chapters for their lead area of responsibility.

3.4 The Strategy follows a framework agreed by the Health and Wellbeing Board in September 2015 with sections on:

- Health needs analysis
- Health and wellbeing through the lifecourse
- Creating a healthy environment
- Tackling health inequalities
- Working together effectively

3.5 The Strategy is not able to cover every service which promotes or delivers health and wellbeing in Peterborough. As outlined in the statutory guidance – the main focus of the Strategy is on joint work between the local authority, NHS commissioners and other partner organisations to meet local health and wellbeing needs.

4. CONSULTATION

4.1 The consultation on the Peterborough Joint Health and Wellbeing Strategy was launched on 1 February 2016 and ran until 30 April 2016. Both the full Strategy and a summary version of the Strategy were made available on the Council's website, with full and short survey monkey questionnaires developed by Peterborough HealthWatch.

4.2 Before the consultation was launched both the full and summary versions of the draft Strategy were discussed by the Scrutiny Commission for Health Issues at their meeting on 13 January 2016.

4.3 The consultation and engagement process was promoted in the following ways:

- The consultation web-link was distributed to a wide range of local stakeholders by e-mail.
- Hard copies of the summary Health and Wellbeing Strategy, with freepost envelopes for return of the questionnaire, were distributed to libraries, GP surgeries, parish councils, Town Hall and Bayard Place receptions, HealthWatch.
- An All Party Policy seminar on the Strategy was held in February and hard copies of the summary provided to all attendees.

4.4 The draft Strategy has also been discussed at, or distributed to members of, the following meetings and Boards:

- Health and Wellbeing Programme Delivery Board
- Greater Peterborough Executive Partnership Board (previously known as Borderline and Peterborough Executive Partnership Board).
- Peterborough City Council Public Health Board
- Safer Peterborough Partnership
- Peterborough Housing Partnership
- Childrens and Families Joint Commissioning Forum
- HealthWatch Peterborough
- Cambs & Peterborough NHS Clinical Commissioning Group Patient Forum
- Peterborough NHS Local Commissioning Group Patient Forum
- Borderline NHS Local Commissioning Group Patient Forum
- Adult Joint Commissioning Board
- Mental health stakeholder forum
- The City College ran sessions with young adults with learning disabilities, and with vocational trainees, asking participants for feedback on the JHWS.
- The draft Strategy was discussed at the Joint Mosques Group Meeting on the 30th March 2016. This is a joint meeting between City Council officers and Mosque leaders.

4.5 In total, 97 responses were received to the short version of the Health & Wellbeing strategy consultation and 17 responses were received to the full version of the Health & Wellbeing strategy consultation. For questions below, respondents were asked to select how strongly they agreed with each statement on a scale from 1 (strongly disagree) to 5 (strongly agree). An overview of results is included below. Please note, percentages will not add up to 100% due to exclusion of 'neither agree nor disagree' responses.

Question	Percentage of respondents answering 'agree' or 'strongly agree'	Percentage of respondents answering 'disagree' or 'strongly disagree'
The information presented in the strategy was easy to understand	71 47%	17 %
The graphs and statistics provided helped to improve my understanding of health in Peterborough	57 %	14%
The different sections made sure the health needs of every group of people in Peterborough were addressed	45%	12%
In general, I could see how the plans and projects outlined in the survey would benefit the health and wellbeing of the community	52%	15%
I could see that for every health issue included in the strategy, it described a plan to address that issue	43%	13%

4.6 Prominent themes expressed by several respondents to Health & Wellbeing strategy consultation include:

- People welcome and agree with the intentions stated in the strategy, but are concerned about whether they will be implemented
- People want to see the implementation plans for the strategy with visible actions to be taken, and to see the metrics which would be used to monitor progress.
- People are concerned about the pressure that population growth will place on services (particularly health services) in Peterborough.
- Some additional topics need to be included in the children's and young people's section of the strategy.
- Long term conditions which are less likely to cause premature mortality but cause pain and disability – e.g. arthritis and back pain need to be addressed in the strategy.
- More engagement is needed with carers of people with mental health conditions, and the strategy should include providing more information and support for them.
- The strategy should say more about dementia.
- Loneliness is often a problem for older people and the strategy should address this.
- Many older people do not engage through digital channels, so face to face contact and engagement is essential.
- The importance of access to green spaces for children and adults (including woodland) is strongly supported
- The focus of the housing chapter on the needs of older people is supported, but should be widened to include all vulnerable people and in particular appropriate housing for people with a disability
- The strategy must include the needs of all residents of Peterborough, and focus more on people with disabilities and carers.
- There needs to be more focus and information on the health inequalities experienced by migrants, and the health needs of different ethnic communities in Peterborough.

- The front cover and illustrations are very important – they should reflect the diversity of residents.
- There is too much information for a lot of readers – a simple version of the strategy is needed, made accessible to a range of readers in different languages/easy read/audio-book. However, in some areas more detailed information is required.

4.7 The full outcome of the consultation is attached at Annex B including a summary of feedback on each chapter and of the way that the draft Joint Health and Wellbeing Strategy was modified in response to the feedback.

5. CONSIDERATION AND ENDORSEMENT BY FORMAL COMMITTEES AND BOARDS

5.1 The final draft Health and Wellbeing Strategy was approved by Peterborough City Council Cabinet at its meeting on 13th June in relation to services led by the City Council. A number of questions and comments were raised and the minutes of the meeting are attached at appendix C. A specific request was made that the Health and Wellbeing Strategy should be amended to include plans for the health and wellbeing of military and ex-military personnel including post-traumatic stress disorder.

5.2 The final draft Health and Wellbeing Strategy was endorsed by the Cambridgeshire and Peterborough Clinical Commissioning Group Governing Body at their public meeting on 5th July.

5.3 The Health Scrutiny Commission will consider the final draft Health and Wellbeing Strategy at its meeting on 19th July as part of a wider scrutiny item on the public health priorities for Peterborough. Any comments or recommendations from the Scrutiny Commission will be relayed verbally to the Health and Wellbeing Board.

6. ANTICIPATED OUTCOMES

6.1 The anticipated outcome of the consideration of this report is that the Health and Wellbeing Board will approve the Joint Health and Wellbeing Strategy 2016-19, subject to any amendments to be made based on feedback and recommendations from Cabinet, CCG Governing Body and the Health Scrutiny Commission. Cabinet has commented that they would like to see inclusion of plans to address the needs of ex-military personnel including post traumatic stress disorder.

7. REASONS FOR RECOMMENDATIONS

7.1 The Health and Wellbeing Board have a statutory duty to produce and approve a joint Health and Wellbeing Strategy for Peterborough. The final draft Strategy as presented has been modified to include feedback from public and stakeholder consultation.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The period covered by the current Peterborough Health and Wellbeing Strategy (2012/15) could have been extended further to become a five year rather than a three year strategy. However the information on which the 2012/15 strategy was based has by now become very out-dated.

9. IMPLICATIONS

9.1 Financial and Legal Implications:

The Health and Wellbeing Board has a statutory duty to develop a Joint Health and Wellbeing Strategy to meet the needs outlined in the Joint Strategic Needs Assessment. The Strategy is high level and outlines plans for the future which involve the City Council, local NHS and other organisations working in partnership. There will be financial and legal implications for a number of the plans and objectives outlined in the Strategy, which will

need to be delivered within the financial and capacity constraints of the organisations involved.

9.2 Discrimination and Equality:

In line with legislative requirements, an equality impact assessment has been undertaken and considered. It is attached at Annex D.

10. BACKGROUND DOCUMENTS

10.1 Background documents used to prepare this Report have all been previously published.

11. APPENDICES

- Annex A: Peterborough Draft Health and Wellbeing Strategy 2016/19

- Annex B1: Consultation summary final table
- Annex B2: Short Survey Results
- Annex B3: Full Survey Results
- Annex B4: Health and Wellbeing Strategy consultation points – groups, meetings and members of the public

- Annex C: Excerpt from minutes of Peterborough City Council Cabinet 13th June 2016

- Annex D: Equality impact assessment

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Peterborough
Creating a Healthy City

Peterborough Health and Wellbeing Board

HEALTH AND WELLBEING

2016 - 19 Draft Strategy

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

PETERBOROUGH
CITY COUNCIL

TABLE OF CONTENTS:

1. INTRODUCTION

Peterborough Health and Wellbeing Board is a statutory partnership across Peterborough City Council, local NHS commissioners and Peterborough HealthWatch. Producing a Joint Health and Wellbeing Strategy to meet the health needs of local residents is one of the Board's main duties.

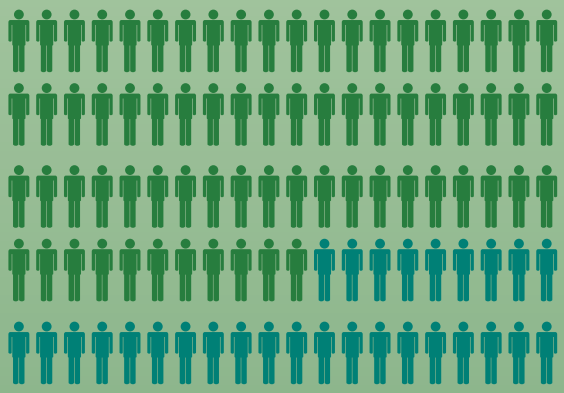
Information about health and wellbeing statistics and needs in Peterborough is available in the Annual Public Health Report and Joint Strategic Needs Assessment Assessment: **www.peterborough.gov.uk/healthcare/public-health**. This Strategy outlines the joint plans of the Health and Wellbeing Board to address these needs and health challenges.

Between February and April 2016, we engaged with stakeholders and the public in a three month public consultation on the draft Strategy. Overall, people fed back that the Strategy was welcome and focussed on the right priorities. There were some priorities which people felt had been missed and needed to be added, and some people wanted to see implementation plans for the Strategy and details of how progress would be monitored.

We're grateful for the effort which people made to respond to the consultation and the suggestions which were provided. Key points from the consultation have been included in each chapter of the Strategy, so that they can be taken account of when the Strategy is implemented. Implementation plans and monitoring of progress will be brought back to the Health and Wellbeing Board regularly for review.

JSNA THE FINDINGS

Peterborough Joint Strategic Needs Assessment



71%

of our residents are white british

29%

are from an ethnic minority group

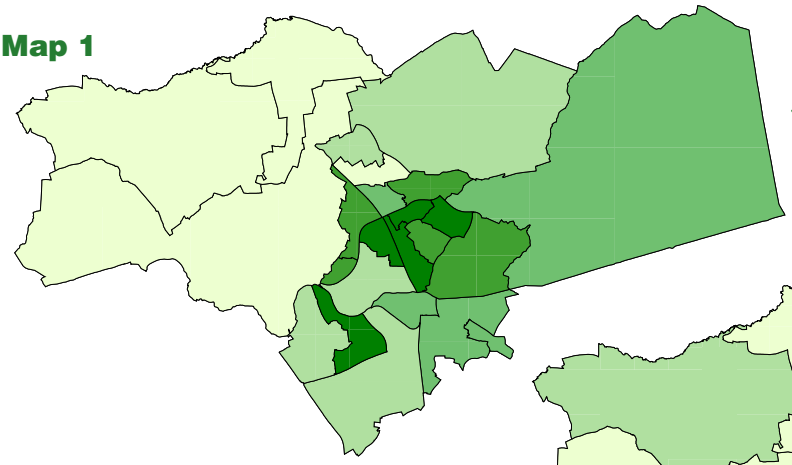
Peterborough has a higher proportion of residents living in deprivation than England.

Levels of deprivation are highest in the Central, North and Ravensthorpe electoral wards.

Significant inequalites

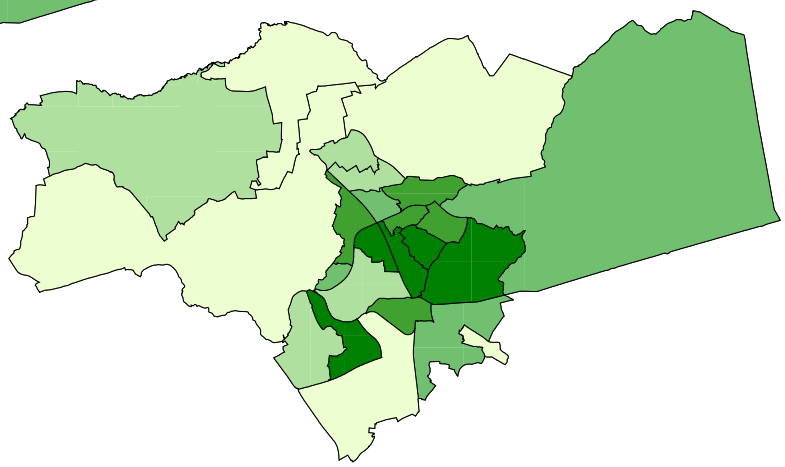
There are health inequalities in Peterborough linked to social and economic factors. Maps of Peterborough show that areas with more social and economic deprivation (darker areas on Map 1) also have higher premature mortality from heart disease (darker areas on map 2).

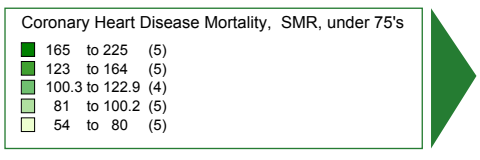
Map 1



* Please note that a darker colour is used to indicate a higher level of deprivation

Map 2





** Please note that a lighter colour is used to indicate a lower rate of coronary heart disease

PETERBOROUGH

is the UK's 3rd fastest growing city

with a relatively young, ethnically diverse population

LOWER than average

Peterborough has a lower average life expectancy and 'healthy life expectancy' than England.

On average in Peterborough a man can expect to **live in good health to the age of 61 years** with a **total lifespan of 79 years.**

A woman can expect to **live in good health to the age of 60** with a **total lifespan of 82 years.**

A few other KEY facts

1 in 5 4-5 year olds are overweight or obese and 7 in 10 adults.

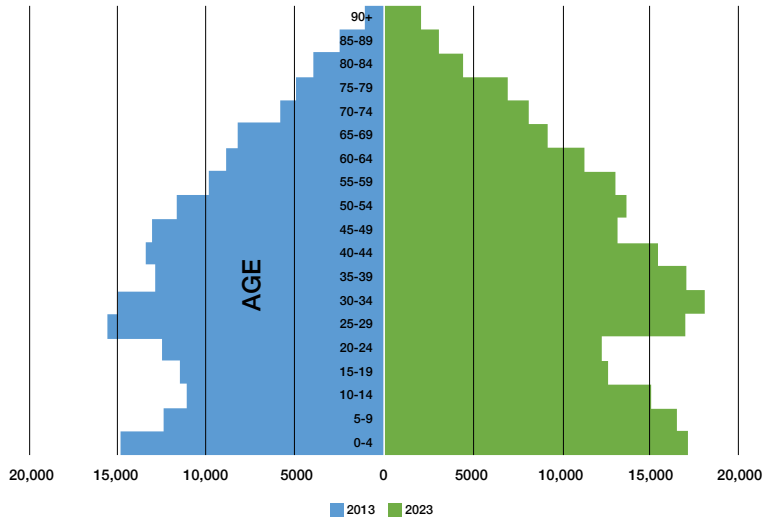
Our rate of UNDER 18 pregnancy is **32% higher than England**

Of 150 local authorities in England, where rank 1 is 'best' and rank 150 'worst' Peterborough is ranked:

- 106th for premature mortality (death rate under age 75) from heart disease and stroke)
- 98th for premature mortality from lung disease
- 94th for premature mortality from cancer

1.2 FORECASTING FUTURE NEEDS FOR HEALTH AND CARE IN PETERBOROUGH

Peterborough population pyramid (2013-2023)



- The total resident population of Peterborough was 189,300 in 2013 and is forecast to rise by 19% to 2023, reaching a total of 224,800.
- The population aged 65 and over is forecast to rise by 28% by 2023. The number of people aged 90 or over will almost double in this time.
- The number of children and young people aged 18 and under is forecast to rise by 23% to 2023.

MATERNITY SERVICES

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

PRIMARY CARE

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

HOSPITAL (SECONDARY) CARE

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

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

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

2.1 CHILDREN AND YOUNG PEOPLE'S HEALTH

NEEDS IDENTIFIED IN THE JSNA

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

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

Other key priority areas include:

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

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

CURRENT JOINT WORK:

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

- Managing the transition of commissioning arrangements for health visiting from NHS England to the Local Authority;
- Developing a healthy child programme that ensures that emerging needs for support are identified early and are acted upon effectively in partnership with children and families;
- Reviewing the Child and Adolescent Mental Health (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.

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

- Child Health, including emotional health and wellbeing, and children and young people who have special educational needs and disabilities;
- Children and young people in care performance group;
- Primary school age children: behaviour and emotional wellbeing;

- Education and Skills post 16;
- Vulnerable adults as Parents;
- Developing approaches to addressing neglectful parenting.

FUTURE PLANS:

Key priority future plans include:

- Developing a child and adolescent mental health (CAMH) pathway that better meets need and manages demand so that pressures on specialist services are minimised;
- Continuing a pilot approach where additional community psychiatric nurse (CPN) capacity is aligned with schools to enable better support to be offered to children and young people with emerging emotional and mental health difficulties;
- Working with the Peterborough Safeguarding Children Board to develop a more effective multi-agency response to neglect, focused particularly on addressing early indications of neglectful parenting and offering support to prevent patterns becoming established;
- We will also renew the Child Poverty Strategy in 2016.
- Developing a joint strategy to address high rates of teenage pregnancy
- We will jointly review the commissioning and delivery of services for children and young people with special educational needs and disabilities, from age 0-25.
- We will include consideration of the needs of single parent families in these workstreams

HOW WILL WE MEASURE SUCCESS?

Key indications of success include:

- Bringing waiting times for assessment and treatment for specialist CAMH services in line with national targets;
- Reducing childhood obesity
- Continued good performance in relation to young people Not in Education, Employment or Training [NEET];
- Successful implementation of a multi-agency neglect strategy resulting in increased early intervention to prevent such patterns becoming entrenched.
- Reductions in the rate of teenage pregnancies

2.2 HEALTH BEHAVIOURS AND LIFESTYLES

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

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

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

Key health inequalities:

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

CURRENT JOINT WORK

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

- Develop a joint 'Prevention Strategy' to ensure that supporting people to improve and maintain their own health is a key part of managing demand on local NHS services.
- Commission a Joint Drug and Alcohol Service through the Clinical Commissioning Group and Peterborough City Council, which reaches into the Hospital. More information is available on www.saferpeterborough.org.uk
- Improve support for local employers to promote healthy workplaces through a new contract with 'Business in the Community'.

FUTURE PLANS

- We plan to commission an integrated healthy lifestyle service – with the aim that people can access one service for help and support with stopping smoking, healthy eating, physical activity, weight management and mental wellbeing. We will ensure that this links with services for people with mental and physical health, disability and ageing issues.
- We plan to 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.
- We would like to recognise the vital role schools play in supporting the health and wellbeing of children and young people through a Healthy Schools Peterborough programme.
- We would like to reduce the number of local people developing Type 2 Diabetes.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

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

2.3 LONG TERM CONDITIONS AND PREMATURE MORTALITY

Since the early twentieth century there have been great improvements in life expectancy and in medical treatments. There are now many people who manage one or more long-term health conditions such as

diabetes or heart disease as part of their lives. Cardiovascular disease (CVD) describes a range of conditions including coronary heart disease and stroke. CVD takes many years to develop, is influenced by a number of factors, including lifestyle and health behaviours, and is more common among people living in relative deprivation. Having diabetes is associated with an increased risk of CVD. The Health and Wellbeing Board prioritised addressing CVD in 2014.

NEEDS IDENTIFIED IN THE JSNA

In Peterborough:

- Premature deaths (age under 75) from CVD and from respiratory disease are higher than the national average.
- Premature deaths from cancer are similar to the national average
- Preventable deaths from CVD are higher than average.
- About one in sixteen adults suffers from diabetes.

KEY HEALTH INEQUALITIES

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

CURRENT JOINT WORK

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

FUTURE PLANS

- The Health and Wellbeing Board has set up a Cardiovascular Steering Group, and this will develop and implement a joint strategy to address cardiovascular disease in Peterborough.
- The potential for a specific programme to work with South Asian communities to address higher rates of diabetes and coronary heart disease is being explored.
- Options are being explored to reduce the risk of stroke within the local population by improved identification of atrial fibrillation (an irregular heart rate which can lead to formation of blood clots and cause a stroke).
- A long term conditions needs assessment will be carried out which will cover a wider range of long term conditions including cancer and musculo-skeletal disorders. The needs assessment will focus on issues of pain, mental health, disability and activities of daily living associated with long term conditions, multi-morbidity (the problems experienced by people with more than one long term condition), the potential contribution of lifestyle and behaviour change services to slowing the progression of long term conditions, and local service plans for end of life care.

HOW WILL WE MEASURE OUR SUCCESS?

We will aim to achieve improvements in the following outcomes:

- Premature death rates from CVD (under age 75).
- Inequalities between electoral wards in emergency CVD hospital admissions.
- The upward trend in the prevalence of diabetes.
- The rate of hospital admissions for stroke and heart failure.
- Outcomes for a wider range of long term conditions will be defined following completion of the Long Term Conditions needs assessment.

2.4 MENTAL HEALTH FOR ADULTS OF WORKING AGE

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

NEEDS IDENTIFIED IN THE JSNA:

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

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

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

Enablement – Data indicates that the proportion of people in Peterborough with severe mental illness who live independently or are in employment were consistently below the England rates, although there has been recent improvement.

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

CURRENT JOINT WORK

The Joint Suicide Prevention Strategy and implementation plan for Cambridgeshire and Peterborough is being delivered. This includes the award winning ‘Stop Suicide’ campaign, which raises awareness and offers training in suicide prevention and provides resources for self-help.

A local ‘Crisis Care Concordat implementation plan aims to prevent mental health crisis in community settings and reduce the use of section 136 of the Mental Health Act. A new crisis care telephone helpline and a community place of safety are proposed for the coming year.

Implementation of the Joint Peterborough Mental Health Commissioning strategy includes redesign of

the mental health accommodation pathway, increased choice of housing options, a placement model of employment support, stronger links between commissioners and clear focus on the right support, the first time, at the right place, by the right people.

FUTURE PLANS

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

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

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

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

NEEDS IDENTIFIED IN THE JSNA:

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

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

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

In particular

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

CURRENT JOINT WORK AND FUTURE PLANS:

- The Council and Clinical Commissioning Group have agreed a strategy for supporting older people and adults with long term conditions within the Better Care Fund plan, working together to support people with disabilities through the following five key workstreams:
    - Data Sharing – enabling effective sharing of care and support information between health and social care professionals with access controlled by the person with disabilities.
    - Seven Day Working – expansion of health and social care service provision to be accessible and responsive at evenings and weekends.
    - Person Centred System – multi-disciplinary teams linked to the communities in which people live.
    - Information, Communication and Advice- enhanced information and advice to support people to access the support they might need.
    - Ageing Healthily and Prevention – help for all to stay healthy and self-manage long term conditions wherever possible.
- The Learning Disability Partnership maintains an overview of needs and services for people with a learning disability in Peterborough.
- 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.
- We will work with users of St Georges hydrotherapy pool to explore future options for sustainability.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

National measures: Adult social care outcomes framework (ASCOF)

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

Local measures

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

2.6 AGEING WELL

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

NEEDS IDENTIFIED IN THE JSNA:

- Numbers of people over the age of 65 within Peterborough are expected to grow substantially over the

next few years, by about 28% between 2013 and 2023.

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

KEY HEALTH INEQUALITIES

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

CURRENT JOINT WORK

The health and wellbeing challenges facing older people have been prioritised locally across health and care systems. 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 Better Care Fund.

FUTURE PLANS

- The Health and Wellbeing Board has commissioned an “Older People: Primary Prevention of ill health” JSNA for Peterborough which is due for completion during 2016.
- Developing a joint “Healthy Ageing and Prevention Agenda” to ensure that preventative action is integrated and responsive to best support people to age well, live independently and contribute to their communities for as long as possible. This will include workstreams on isolation and loneliness.
- Review and refresh the joint dementia strategy for Peterborough
- To understand the challenges faced by local older populations, a specific programme of work in collaboration with older residents, will explore the main health and care issues faced by this group to inform future commissioning of services across the system and how stronger communities can empower people to self-manage with minimal support.
- We recognise that some older people prefer face to face communication rather than digital – for example through community hubs which are part of the Council’s wider strategy for communicating with the public.

HOW WILL WE MEASURE SUCCESS?

We will aim to achieve improvements in the following outcomes:

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

2.7 PROTECTING HEALTH

NEEDS IDENTIFIED THROUGH THE ANNUAL HEALTH PROTECTION REPORT

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

KEY HEALTH INEQUALITIES

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

CURRENT JOINT WORK

- Cambridgeshire & Peterborough CCG has convened a joint TB commissioning group, to develop a plan to commission accessible and responsive services. The first task has been to develop a plan for implementation of Latent TB Infection (LTBI) screening in line with the national TB strategy and a 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 & Finish Groups to look at uptake issues for immunisation and screening have completed reports and implementation groups are due to take forward their recommendations.
- A multi-agency sexual health strategy group is due to commence work shortly, convened by Peterborough City Council – this will look at a range of sexual health issues, not just communicable diseases.

FUTURE PLANS

- Develop a TB Commissioning plan for Cambridgeshire & Peterborough
- Develop a joint strategy to address poor uptake of screening including improved communication with communities and individuals
- Develop a joint strategy to address poor uptake of immunisation including improved communication with communities and individuals.
- Develop a Peterborough Joint Sexual Health Strategy, covering a range of issues

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in:

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

CREATING A HEALTHY ENVIRONMENT

3.1 GROWTH, HEALTH AND THE LOCAL PLAN

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

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

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The percentage of physically active adults is lower than the England average
- The Peterborough Open Space Study Update Final Report (October 2011) indicates which areas of Peterborough are better or less well served in terms of open space.

KEY HEALTH INEQUALITIES

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

CURRENT JOINT WORK

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

FUTURE PLANS

- The health of residents is being specifically considered in the new Local Plan, consideration will be given to the access needs of vulnerable and marginalised groups.
- Public Health outcomes and/or objectives will be added to the Plan
- Public health advice will be embedded into the City Council 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.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

- The Local Plan potentially affects a wide range of health outcomes. Some outcomes likely to be influenced by the built environment and land use planning are:
- The percentage of physically active and inactive adults
- Excess weight in 4-5 and 10-11 year olds, and Adults
- The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
- Utilisation of outdoor space for exercise/health reasons

3.2 HEALTH AND TRANSPORT PLANNING

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

NEEDS IDENTIFIED IN THE JSNA:

In Peterborough:

- The number of children killed or seriously injured in road traffic accidents is not significantly different to the England Average.
- The number of adults killed or seriously injured on road is not significantly different to the England Average.
- Travel offers an important opportunity to help people become more physically active. However, inactive modes of transport have increasingly dominated in recent years.

KEY HEALTH INEQUALITIES

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

CURRENT JOINT WORK

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

- Increasing the number of pupils receiving Bikeability training from 951 to 1300 annually.
- The Cambridgeshire and Peterborough Road Safety Partnership (CPRSP) works with a number of organisations to look at the causes of road accidents, understand current data and intelligence regarding the county's roads and develop multi-agency's solutions to help prevent future accidents and reduce collisions.
- Addenbrooke's Regional Trauma Network is a key partner in the CPRSP, and through various data sources allow the serious accident data to be broken down into more detail to gain a clear understanding of the impact of severe collisions to the NHS and longer term social care and other partners.
- The Fourth Local Transport Plan (2016-2020) emphasises the role transport can play in health of Peterborough residents

FUTURE PLANS

- Collect further joint strategic needs assessment (JSNA) information on transport and health for Peterborough, using locally developed methodologies.
- Permanently embed public health advice into the City Council 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.

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes

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

3.3 HOUSING AND HEALTH

The National Housing Federation states that poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood. Housing conditions that adversely affect health, include; indoor dampness; pollutants associated with respiratory problems; features that lead to physical injury. Household overcrowding is associated with an increased risk in the spread of infection,

and indoor cold is associated with excess winter deaths and cardiovascular problems. The combination of factors associated with poor housing and economic stresses has been identified as having an adverse effect on mental health.

Homelessness is associated with adverse health, education and social outcomes, particularly for children. Statutory homeless households contain some of the most vulnerable and needy members of our communities.

The Welfare Reform Act 2012 introduced a range of benefit changes which are likely to result in a loss of income for some claimants and could result in an increase in homelessness if people are unable to meet their housing costs. There are also national requirements to reduce social rented housing.

NEEDS IDENTIFIED IN THE JSNA AND KEY HEALTH INEQUALITIES:

In Peterborough:

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

CURRENT JOINT WORK:

- Housing Related Support (formerly Supporting People) funds support to a variety of providers and settings to ensure their clients are supported into move on accommodation, can maintain tenancies, and therefore prevent them from becoming homeless.
- The Peterborough Older Persons Accommodation Strategy identified that over 90% of people wished to remain at home and be supported to do so through the provision of aids and adaptations, and a demand for Extra Care Accommodation. To date, 262 additional units of Extra Care accommodation have been provided in partnership with Registered Providers. A further scheme of 54 dwellings is under construction.
- Care and Repair provides a handyperson (HP) scheme to help aged and vulnerable people with small scale works. The minor aids and adaptations installations and the HP assist hospital discharge and enable health services to be delivered in people's homes. The Agency provides advice and has a network of contacts for onward referral and works with other voluntary sector groups on winter warmth initiatives.
- City Council Cabinet has approved introducing selective licensing in 5 areas of the city covering 6205 privately rented properties. This would help raise the standard of private rented accommodation and therefore improve the health and well- being of those residents. The proposal is currently (May 2015) awaiting Secretary of State response.

FUTURE PLANS

- Peterborough City Council is working in partnership with Registered Providers to provide new supported housing schemes including accommodation for people with learning disabilities and mental health disorder to enable them to live independently with a live-in carer where necessary or floating support.
- 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 aging population.
- A task and finish group including Housing managers and Hospital managers is reviewing complex cases causing hospital discharge delays, and how use of disabled facility grants could address this.

HOW WILL WE MEASURE SUCCESS?

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

4.1 GEOGRAPHICAL HEALTH INEQUALITIES

NEEDS IDENTIFIED IN THE JSNA:

- This link between more adverse socio-economic circumstances (deprivation) and poorer health is well known.
- The five most deprived electoral wards in Peterborough (pre-2016) were Dogsthorpe, North, Paston, Central and Ravensthorpe. Within these wards, deaths rates from all causes under the age of 75 and rates of admission to hospital were significantly high.
- Other parts of Peterborough also have residents living in difficult socio-economic circumstances – for example Bretton North, Orton Longueville and Park wards (pre-2016) are not included in the five 'most deprived' but have a higher percentage of children in poverty, lower achievement at GCSE and a higher percentage of the working age population claiming out of work benefit than the Peterborough average.

CURRENT JOINT WORK

- The City Council has a focus on economic development and regeneration in the City, together with improving educational attainment. In the long term these measures should improve both socio-economic circumstances and health.
- City Council 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. Early child development, which Children's Centres help to support is important for future healthand wellbeing.
- The City Council has identified the 'Can Do' Area around Lincoln Road, which includes parts of Central Ward, Park ward and North ward. The 'Can Do' Board focusses on supporting environmental and service improvements for the area and includes senior staff from the City Council.

FUTURE PLANS

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

HOW WILL WE MEASURE SUCCESS?

We aim to achieve improvements in the following outcomes:

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

4.2 HEALTH AND WELLBEING OF DIVERSE COMMUNITIES

NEEDS IDENTIFIED IN THE JSNA:

Diverse Communities

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

CURRENT JOINT WORK

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

FUTURE PLANS

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

HOW WILL WE MEASURE SUCCESS?

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

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

5.1 PARTNERSHIP BOARDS

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

The Boards are as follows:

- Housing Partnership
- Children and Families Joint Commissioning board
- Older People's Stakeholder Group
- Carers Board
- Learning Disability Partnership
- Adult Joint Commissioning Board
- Mental Health Stakeholder Group
- Sexual Health Stakeholder Group
- Substance Misuse Stakeholder Group
- Greater Peterborough Executive Partnership Board
- Public Health Board
- Skills Partnership Board

These Boards include officers from the Local Authority, Clinical Commissioning Group, GP's and other health officers, Housing, Education, Police, Voluntary Sector, Prison and parents, carers and service users. The Boards define outcomes for delivery by focussed Task Groups, and these outcomes are core to delivery of the Joint Health and Wellbeing Strategy. A Community Serve Board is also in development to support delivery in and by communities.

To avoid duplication and give opportunities to join up work when appropriate, the Health and Wellbeing Board agreed to the development of a Health and Wellbeing Partnership Delivery Board. This comprises the Chairs of all the above Boards and the joint chair of the City's Skills Board. It's role is to take an overview of the work going on and ensure it is co-ordinated. This Delivery Board also reports to the Safer Peterborough Partnership Board (which has an important impact on health and wellbeing through its work on community safety and cohesion) and links to the Adult and Children Safeguarding Boards.

The terms of reference (including membership) of the Partnership Boards which feed into the Health and Wellbeing Board will be published on the City Council's website. Relevant work by the Partnership Boards on delivering the Joint Health and Wellbeing Strategy will be fed back to the Health and Wellbeing Board, which meets in public.

5.2 COMMISSIONING PRINCIPLES

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

1. Affordable and sustainable;
2. Evidence based;

3. Locally shaped;
4. Improving quality and the patient experience;
5. Address Health Inequalities
6. Appropriate in scale; and
7. Reflect the user's voice.

5.3 KEY PROGRAMMES

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

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

The Health System Transformation Programme, Customer Experience Programme and other relevant health and social care programmes such as the Better Care Fund Plan, are being brought together in Peterborough under a joint governance and management system overseen by the Greater Peterborough Executive Partnership Board, which reports through to the Health and Wellbeing Board.

5.4 CAMBRIDGESHIRE AND PETERBOROUGH HEALTH SYSTEM TRANSFORMATION PROGRAMME

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

SYSTEM STRATEGIC AIMS AND GOALS

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

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

- Children's and maternity services

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

It's also taking into account proposals to maintain planned improvements for older people's (over 65s) healthcare, following termination of the Integrated Older People's and Adult Community Services contract with Uniting Care Partnership. Prevention is key to the programme with everyone having a role in helping to reduce demand on our health services.

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

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

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

5.5 PETERBOROUGH CITY COUNCIL CUSTOMER EXPERIENCE PROGRAMME

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

i. Front Door – redefining the method of accessing and contacting the council, ensuring those that can will be able help themselves and those with more complex needs reach the right services quickly

ii. Investment in Communities – ensuring we invest appropriately in community, voluntary or faith services and capacity as an alternative to public sector services

iii. Operating Models – designing new service delivery arrangements between council services and with partners

iv. New Ways of Working – enabling staff to work flexibly and in an agile way, making full use of digital technologies

v. Revenue – strengthening the council's commercially-minded approach, Increasing the amount of profitable revenue

vi. Building Optimisation – making the best use of public buildings and office space

vii. Digital Technology – investing in new technologies to improve ways of working and to enhance the offer to customers

The council wants its customers to:

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

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

CURRENT JOINT WORK

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

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

FUTURE PLANS

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

5.6 A VISION FOR HEALTH AND WELLBEING IN 2016/19

To conclude, the context for the 2016/19 Joint Health and Wellbeing Strategy is:

- Significant budget reductions
- Growing population and demand for services

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

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

The Health and Wellbeing Board will achieve its aims by:

A focus on **prevention**

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

Driving **delivery** of:

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

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

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Peterborough
Creating a Healthy City

PETERBOROUGH
CITY COUNCIL

www.peterborough.gov.uk/healthcare/public-health

ANNEX B1: CONSULTATION SUMMARY TABLE

Theme/Chapter of HWB Strategy	Summary consultation feedback	Action taken in response
Overall lay out and writing	• The front cover and illustrations are very important – the front cover must reflect the diversity of residents. • Several people thought that there is too much information for a lot of readers – a simple version is needed, but some people wanted more detail. • The strategy should be more accessible to different groups of readers - in different languages/easy read/audio-book. • Some people would value more links in the text to other strategies and documents, others think this would be too complicated.	• The front cover has been amended to reflect the diversity of residents • A summary leaflet describing the strategy will be prepared as well as the full version • Production of the summary leaflet in different languages/forms will be considered. • Links to the public health pages of the Council website and to the Safer Peterborough Partnership website have been included.
1.1 Joint strategic needs assessment findings	• The map (deprivation) and teenage pregnancy statistic were confusing.	• These have been altered to present information more clearly
1.2 Forecasting future needs	• People are concerned about the pressure that population growth will place on services (particularly health services) in Peterborough. • Some people thought that more emphasis on innovation was needed to meet these challenges, and that more education/information for people about how to use health services may help ease the pressures.	• Chapters on health system transformation and the City Council customer experience programme describe plans to address pressures from population growth. These include more accessible information for people using services, and a range of innovative approaches to redesign services.
2.1 Children and young people's health	• People would like more in the strategy about local service plans for children with disabilities, life threatening illness and needing end of life care.	• Information about the multi-agency review of services for children and young people with special educational needs and disabilities age 0-25 has been added to the strategy.

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	• The challenges faced by single parent families should be considered when implementing the strategy. • High teenage pregnancy rates are included in this chapter as an issue - and it would help to have more detail on plans to address this. • Children and young people's mental health is very important. • Education about health and wellbeing in schools is useful for children's future health.	• An intention to consider the needs of single parent families across the strategy workstreams has been included. • An action to develop a joint strategy to address high rates of teenage pregnancy has been added, together with an outcome metric on teenage pregnancy rates . • Plans to address children and young people's mental health services are outlined in the strategy • This is covered through the action to . develop a 'Healthy Schools Peterborough' programme
2.2 Health behaviours and lifestyles	• To support people's understanding of a healthy lifestyle, clear information is needed in different settings • 'Healthy Lifestyles' are important for people with mental health, disability and ageing issues and those recovering from severe illnesses , so this links through other parts of the HWB Strategy. • Some people were concerned about workplaces which don't provide a healthy environment • Some people wanted more information about plans for services for drug and alcohol misuse and the health of offenders.	• This is covered in the strategy through the plans to improve communication with residents. • A sentence has been added to the strategy to make clear that the planned integrated lifestyle service will include links for these groups. • Information about the new public health contract with Business in the Community to support employers with healthy workplaces has been included in the strategy. • A link to the Safer Peterborough Partnership website has been included which will have more information on plans for drug and alcohol misuse and services for offenders.

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2.3 Long term conditions and premature mortality – cardiovascular disease	• Cardiovascular disease is an important cause of early deaths and should be a priority. • Cancer should also be included in our plans. • Several people said that long term conditions which are less likely to cause premature mortality but cause pain and disability – e.g. arthritis and back pain need to be addressed in the strategy. • Some people thought that more information on plans for end of life care (at all ages) should be included	• Cardiovascular disease is a priority in the strategy. • The strategy has been amended to include a commitment to carry out a needs assessment for a wider range of long term conditions including cancer and musculo-skeletal conditions, and including end of life care.
2.4 Mental health for adults of working age	• Several people fed back that more work and engagement is needed with carers of people with mental health conditions, and to provide more information and support for them. It was suggested that an additional success measure was needed on the support offered to carers. • People also emphasised the importance of engaging with and listening to people with mental health problems and those working in the sector.	• The strategy has been amended to include a commitment that 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. An outcome metric on services and information for carers has been added. • Service user representatives will be invited to the Partnership Board
2.5 Health and wellbeing of people with disability and/or sensory impairment.	• People fed back concerns about housing, access, and support for people with disabilities and their carers – and felt that the needs of people with disabilities should be considered throughout the	• The chapter about people with disabilities and/or sensory impairment has been moved to the 'Health and Wellbeing through the Lifecourse' section of the Strategy to emphasise the

ANNEX B1: CONSULTATION SUMMARY TABLE

	different aspects of the health and wellbeing strategy. • Some people also felt that more information is needed on service plans for people with a combination of learning disability, autism and epilepsy. • Feedback was received from users of the St Georges hydrotherapy pool, emphasising its benefits.	interdependencies with other 'Lifecourse' chapters. Additional points/ actions. relating to disability have been included in the chapters on children and young people's health; lifestyles; long term conditions; local plan, and housing. • The strategy states an intention to work with users of St Georges hydrotherapy to explore options for sustainability
2.6 Ageing well	• Several people felt that dementia was a significant issue and would like to see more details of the plans for addressing this. • Several people said that loneliness is often a problem for older people and needs to be considered when implementing the strategy. • Several people said that many older people don't engage through digital channels, so face to face contact to understand older people's needs remains important.	• The Strategy now makes reference to the joint dementia strategy for Peterborough being reviewed and refreshed • The Strategy now makes clear that the Better Care Fund Healthy Ageing and Prevention workstreams include a workstream on addressing loneliness • Recognition that older people don't always want to engage through digital channels but may prefer face to face contact has been explicitly added to the strategy.
2.7 Protecting health – communicable diseases	• Some people suggested that more communication with communities and individuals about immunisation and screening would help improve uptake rates . • Some people wanted more detail about plans to improve sexual health.	• This is included in the work of the task groups on screening and immunisation outlined in the strategy • This will be covered in the development of the Peterborough Joint Sexual Health

ANNEX B1: CONSULTATION SUMMARY TABLE

		Strategy
3.1 and 3.2: Growth, health and the Local Plan; Health and transport planning *(chapters taken together as comments often overlapped)*	• Several people thought that access to green spaces (including woodland) was important for both children and adults. • Some people emphasised the importance of planning access for people with disabilities – for example to green spaces and cycle routes. • Some people are concerned about whether the links between health/wellbeing and local transport planning are strong enough; and about the impacts of increased road traffic as a result of economic and housing growth - particularly on areas of deprivation.	• This is recognised in the strategy. • Clarification that access needs of vulnerable and marginalised groups will be considered in the Local Plan has been added. • Clarification that ublic health input to transport planning will include the impact of transport on health inequalities and the impact of housing growth on transport and health have been added.
3.3 Housing and health	• People felt that the focus of the housing chapter on the needs of older people was right, and that this should be widened to include all vulnerable people and in particular appropriate housing for people with a disability	• Reference to the new Vulnerable People's Housing Sub-Group, which will work to address these issues has now been included in the strategy.
4.1 and 4.2 Health inequalities – geographical and of diverse communities *(chapters taken together as comments overlapped)*	• Several people were concerned that there needs to be more focus and information on the health inequalities experienced by migrants, and the health needs of different ethnic communities in Peterborough. • Some people fed back that they would like more explanation of the role of Children's Centres in addressing geographical health inequalities	• This is a focus of the strategy • An explanatory sentence has been included in the text.

ANNEX B1: CONSULTATION SUMMARY TABLE

5.1 Working together effectively: Partnership boards	• It is good that partnership boards exist but people would like to know more about who sits on the partnership boards and the issues which they are discussing.	• The terms of reference (including membership) of the partnership boards will be placed on the City Council's website.
5.2 Commissioning principles	• Some people think that the commissioning principles are good and clear – others that they have some 'jargon' which needs more explanation. Clarity is needed that the principles are for <u>all</u> people in Peterborough with no groups excluded.	• The detailed commissioning principles in Annex A, which could be seen as 'jargon' have been removed. The summary principles remain. • The text makes clear that the principles apply to everyone in Peterborough.
5.4 C&P Health System Transformation Programme	• The content of this chapter is not always clear, particularly about what will be done, and the arrows on the diagram are confusing. • It needs more about the needs of people requiring care long term and their carers	• The content of this chapter has been updated in the light of termination to the Uniting Care Contract. • Further updates will be available through the production of a Sustainable Transformation Plan for the Health System later this year.
5.5 PCC Customer experience programme	• This and the previous section may need re-writing to explain how the City Council Customer Experience Strategy and NHS System Transformation Strategy will work together.	• An additional short section (5.3) has been added to explain how the two programmes work together, overseen by the Greater Peterborough Executive Partnership Board.
5.6 A vision for health and wellbeing 2016/19	• The vision doesn't include everybody. More work is needed on the strategy for people with disability and their carers.	• The vision has been amended to make it clear it is for all local residents.
Issues thought to be missing from the strategy (some 'missing issues are	• End of life care (all ages)	• This will be included in the planned long term conditions needs assessment.

ANNEX B1: CONSULTATION SUMMARY TABLE

also flagged in earlier feedback on individual chapters)	• Disability housing, employment, access and carer issues.	• These have been added to the relevant chapters.
	• Loneliness particularly for older people.	This is covered under the Better Care Fund heatlhy ageing and prevention workstream.
	• Health issues associated with drug and alcohol misuse and offending	More information is available on the Safer Peterborough Partnership website which has been included in the text.
	• Sexual health not covered in enough detail	This will be covered in the joint sexual health strategy for Peterborough
	• Cancer	This will be included in the planned long term conditions needs assessment
	• The importance of religion for health	While this is acknowledged as important - actions are likely to lie outside the scope of the strategy
Other general comments on the Strategy	• Several people said that they agreed with the intentions stated in the Strategy, but were concerned that it would not be implemented • Several people wanted to see the implementation plans for the strategy with visible actions to be taken, and to see the metrics which would be used	• Implementation plans will be developed and monitored by the HWB Board. The outcome metrics outlined in the strategy will also be monitored.

ANNEX B1: CONSULTATION SUMMARY TABLE

	to monitor progress.	
	• The Strategy should be embedded in all the work the Council does.	• There will be ongoing review through the public health officer board within the Council and the Health and Wellbeing Programme Delivery Board.
	• Some people were concerned that the Strategy was not innovative enough • Some people were concerned about evidence that the CCG and CPFT could deliver effectively, following the termination of the Uniting Care Partnership.	• More innovation is likely through the detailed implementation plans. • This is outside the scope of the strategy
	• Some people were concerned that joint working might mean services would shift to Cambridge.	• This is not the intention of the strategy. The purpose of joint working is to make best use of available resources, and improve the outcomes and experience of residents using services.

Annex B2: 2016-19 Peterborough Health & Wellbeing Strategy Consultation, Short Version Results

Question 1: The information presented in the strategy was easy to understand.

Answer Choices	Responses	
Agree	47.42%	46
Strongly agree	23.71%	23
Disagree	15.46%	15
Neither agree nor disagree	11.34%	11
Strongly disagree	2.06%	2
Total		97

Question 2: The strategy used too much medical jargon.

Answer Choices	Responses	
Neither agree nor disagree	32.99%	32
Agree	29.90%	29
Disagree	23.71%	23
Strongly agree	9.28%	9
Strongly disagree	4.12%	4
Total		97

Question 3: The graphs and statistics provided helped to improve my understanding of health in Peterborough.

Answer Choices	Responses	
Agree	34.74%	33
Neither agree nor disagree	29.47%	28
Strongly agree	22.11%	21
Disagree	11.58%	11
Strongly disagree	2.11%	2
Total		95

Question 4: The different sections made sure the health needs of every group of people in Peterborough were addressed.

Answer Choices	Responses	
Neither agree nor disagree	42.55%	40
Agree	39.36%	37
Disagree	10.64%	10
Strongly agree	6.38%	6
Strongly disagree	1.06%	1
Total		94

Question 5: If there are any groups whose needs you felt weren't addressed, or weren't addressed thoroughly enough, who were they and what should we be doing for them?

Response Number	Response
1	Single parent families
2	More carers would be good to help people with disabilities
3	I don't see action for people with back problems like my husband
4	Older people with rheumatism
5	Single mothers – help for childcare and cases of depression
6	Alcohol and drug problems
7	People with arthritis
8	People with poor work environments that are not often/never inspected
9	Insufficient addressing of needs of migrant workers and South Asian communities
10	More required on learning disabilities
11	This strategy is very limited regarding sexual health services given the increase of teenage pregnancy and the decrease of HIV detection in the area
12	Only one sentence included about dementia and nothing about carers
13	The 40-60 age group needs more support. They are often forgotten about and left to fend for themselves
14	There is no mention of children with disabilities/long term and terminal health issues
15	Lesbian, Gay, Bisexual & Transgender (LGBT) – more preventative work required re: sexual health including HIV – work on wellbeing, mental health and substance misuse, suicide prevention etc.
16	Mental illness is mentioned but not much about personal care for those with dementia/alzheimers

Question 6: In general, I could see how the plans and projects outlined in the survey would benefit the health and wellbeing of the community.

Answer Choices	Responses	
Agree	43.16%	41
Neither agree nor disagree	32.63%	31
Disagree	12.63%	12
Strongly agree	9.47%	9
Strongly disagree	2.11%	2
Total		95

Question 7: If there were any projects you couldn't see the benefit of, what were they?

Response Number	Response
1	It would be really useful to understand what is being offered locally to address some of the health issues. As a local resident I am interested in visible changes and services that are accessible to community members with no cost implications. The projects where I see little impact are where initiatives are all online and the expectation is that people will use social media to search for answers and book on to programmes. You will not reach the people who need the support, face to face engagement is more effective.
2	Limited impact for children and young person's mental health in plans described above. How will the Health Visitor programme actually address childhood obesity or self-harm?
3	Scientific projects or scientific knowledge-based programmes have a natural limit. Human behaviour is driven by spiritual forces. Nowhere have you mentioned the importance of my church. "The stone you ignore is the capstone to be". God bless.
4	A lot of talk. Where is the funding? Examples include day centres for people to find and advise, workshops and courses to aid and support people.
5	No details or specifics that will make any difference
6	Poor physical health of migrant workers due to poor enforcement of legal work practices leading to wellbeing & mental health issues as well as organic health problems should be addressed.

Question 8: I could see that for every health issue included in the strategy, it described a plan to address that issue.

Answer Choices	Responses	
Neither agree nor disagree	42.71%	41
Agree	36.46%	35
Disagree	11.46%	11
Strongly agree	7.29%	7
Strongly disagree	2.08%	2
Total		96

Question 9: Please add any additional comments regarding this strategy.

Response Number	Response
1	All good but no help for single mothers. More support for them would be nice and helpful.
2	Not enough work is being done to help disabled children but it's good to see how much is being done in the city for different groups of people.
3	Too much information. Need to read again but plans do look good.
4	Good plans but please more help for people with bad backs.
5	I didn't know there were so many projects and so much action going on for people with big problems. I will tell my friends and family.
6	Would be helpful to include a helpline, telephone number or other specific contact details.
7	Happy to see so many plans for people in Peterborough with health issues, especially older people and people with mental health problems.
8	The drug problem in Peterborough is significant; more help will be good.
9	There is too much suffering for old people with arthritis, but good to see projects helping many groups.

Response Number	Response
10	Employer exploitation of workers should be tackled, including associated stress problems.
11	I would like to see mention of the role of trees and natural green space. For example, trees can help to improve air quality, which can reduce asthma rates. Woods provide a range of social, economic and environmental benefits and woodland has been shown to contribute to 10 of the 20 quality of life indicators for the UK. Woods make particularly outstanding green spaces for public access because of the experience of nature they provide, their visual prominence alongside buildings which offers balance between the built and natural worlds, their low maintenance costs and their ability to accommodate large numbers of visitors. Woodland and related activities can also be valuable in promoting social inclusion. Woodland activities, such as tree planting, walking and woodland crafts can provide a forum for people of all ages and cultural backgrounds to come together to learn about and improve their local environment. Therefore I would like to see trees and woodland mentioned in this strategy and to see this reflected in terms of delivery.
12	The plans are high-level and talk about strategies and boards. This does not mean anything to local residents with low levels of literacy.
13	Will the problem be the implementation of the plans?
14	Having read the summary document, all I could see were a list of intentions to do better but no real plan of actions. I will read the 'full' document to see if it tells me more.
15	HIV screening, young people's self-harm and childhood obesity are not covered by the questionnaire. There is limited substance to the plans to give assurance that plans are developed to a degree of analysis which can give confidence that they will actually address the concerns identified in the data.
16	Britain brags that it is a Christian country, yet God's power to change people from drug addicts, prostitutes, robbers etc. is not acknowledged. Science and modern medicine has eclipsed God's power. Without God, science will fail. Please do not get me wrong; science and scientific approaches have some measure of success. However, human behaviour changes cannot be sustained by this approach. Only when people fear God will they abandon their evil lifestyles, most of which cause them disease, misery and crime. I hope my advice will not be ridiculed as unscientific or uneducated. Yet me and many others, not the majority though, are convinced that the purely scientific and secular approach, to the exclusion of God's precepts and the way of life he wants us to live, will fail. God save Britain from science.
17	To improve the lives of Peterborough citizens and to reduce health inequalities when measuring Peterborough averages against national averages would involve serious investment in services, more health-related employees, investing in ethnic minorities, disability groups and reinstatement of staff numbers and programmes in the public health department. Free exercise classes and a return to the number of stopping smoking clinics is vital.
18	Add more on dementia.
19	Involve more end users in policy and direction of services. Develop local projects in helping people to help themselves.
20	More information should be in the public domain, e.g. libraries, supermarkets, pubs etc.
21	Not inventive or innovative enough. You're going to need significant and extreme change to make any difference – a completely different set of ideas and ways of working. This is not it!
22	Strategy seems biased towards adults/senior citizens.
23	The issue of loneliness, especially but not only among older people, does not seem to have been fully addressed. Simple things like visiting schemes can have a major positive impact.
24	Too 'wordy' and too much medical jargon. Strategies were a bit vague and broad.
25	Some approximate statistics but more detailed information required.

Annex B3 : 2016-19 Peterborough Health & Wellbeing Strategy Consultation, Full Version Results

Section 1 – Accessibility

Question 1: The information presented in the strategy was easy to understand.

Answer Choices	Responses	
Agree	**70.59%**	12
Strongly agree	**17.65%**	3
Neither agree nor disagree	**5.88%**	1
Disagree	**5.88%**	1
Strongly disagree	**0.00%**	0
Total		17

Question 2: The strategy used too much medical jargon.

Answer Choices	Responses	
Disagree	**58.82%**	10
Neither agree nor disagree	**23.53%**	4
Strongly disagree	**17.65%**	3
Strongly agree	**0.00%**	0
Agree	**0.00%**	0
Total		17

Question 3: The document was easy to navigate.

Answer Choices	Responses	
Agree	**58.82%**	10
Strongly agree	**41.18%**	7
Neither agree nor disagree	**0.00%**	0
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 4: It was difficult to find the information I was looking for.

Answer Choices	Responses	
Disagree	**52.94%**	9
Neither agree nor disagree	**23.53%**	4
Strongly disagree	**11.76%**	2
Strongly agree	**5.88%**	1
Agree	**5.88%**	1
Total		17

Question 5: The graphs and illustrations in the strategy were easy to understand.

Answer Choices	Responses	
Agree	**70.59%**	12
Strongly agree	**23.53%**	4
Disagree	**5.88%**	1
Neither agree nor disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 6: The graphs and illustrations were about the right size.

Answer Choices	Responses	
Agree	**64.71%**	11
Strongly agree	**23.53%**	4
Neither agree nor disagree	**11.76%**	2
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		17

Question 7: It wasn't always clear what the statistics were trying to illustrate/what they were referring to.

Answer Choices	Responses	
Disagree	**52.94%**	9
Neither agree nor disagree	**23.53%**	4
Agree	**17.65%**	3
Strongly disagree	**5.88%**	1
Strongly agree	**0.00%**	0
Total		17

Question 8: If you had any specific difficulties understanding the information in the policy, or if you have any suggestions to make it more accessible, please let us know here.

Response Number	Response
1	Some of the text could benefit from more graphs/illustrations to demonstrate the point. These are generally contained to the start of the document.
2	The information was well presented showing current statistics and forecast projections. The layout and illustrations are good. However the content may be too long for many people to digest.
3	For the general public far more information would be required for them to have hope in the strategy. I am engaged in fully supporting NHS and public health planning, that which was planned to improve and eventually produce a reasonably healthy public and for this you need to look at the planning of the late 1950's. Your statistics tell of a massive problem here. It concerns me that the bureaucracy is in place but unfortunately not the feet on the ground or is it the case that when you state that the plan is to keep the elderly well and useful in the community - are therefore the elderly to be coerced into providing the desperate number of volunteers you will require - An Idea - Why not have a voluntary bureaucracy and a paid workforce!! The bureaucracy might be older retired public health types only to keen to get the job really done!! Thanks for giving me the opportunity to put that idea across.
4	The statistic '37% - our rate of under 18 pregnancy is higher than England' - it is not clear at all whether this means 'our rate is 37% higher than England' or 'our rate is 37%, which is higher than England'. The diagram on page 37 isn't informative - the information isn't helped by being in a diagram, the arrows indicate a flow of movement of the ideas but it is impossible to tell how the ideas are supposed to interrelate.
5	Clear wording on titles such as a ranking. Is 1 good or bad?
6	An easy to read document.

Section 2 - Relevance

Question 9: The strategy is relevant to the health and wellbeing needs of the people of Peterborough.

Answer Choices	Responses	
Agree	**37.50%**	6
Strongly agree	**25.00%**	4
Neither agree not disagree	**18.75%**	3
Disagree	**12.50%**	2
Strongly disagree	**6.25%**	1
Total		16

Question 10: The graphs and statistics provided helped to improve my understanding of health in Peterborough.

Answer Choices	Responses	
Agree	**56.25%**	9
Strongly agree	**18.75%**	3
Neither agree not disagree	**12.50%**	2
Disagree	**12.50%**	2
Strongly disagree	**0.00%**	0
Total		16

Question 11: It wasn't always clear what the graphs and statistics were trying to illustrate.

Answer Choices	Responses	
Disagree	**62.50%**	10
Agree	**18.75%**	3
Neither agree not disagree	**18.75%**	3
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		16

Question 12: I understood which problem(s) each section of the strategy was intended to address.

Answer Choices	Responses	
Agree	**68.75%**	11
Strongly agree	**18.75%**	3
Neither agree not disagree	**12.50%**	2
Disagree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		16

Question 13: I understood how the contents of each section in the strategy were intended to address those problem(s).

Answer Choices	Responses	
Agree	**68.75%**	11
Neither agree not disagree	**12.50%**	2
Disagree	**12.50%**	2
Strongly agree	**6.25%**	1
Strongly disagree	**0.00%**	0
Total		16

Question 14: Were there any areas of concern to you that were not covered in the strategy, or that you feel received insufficient attention? If so, what were they?

Response Number	Response
1	Your strategy didn't go anywhere near enough to address the problems and issues and health and wellbeing of people with learning disability epilepsy and mental health problems. Also this includes carers and siblings? There services are cut or there are no support at all? There is more needed than just a support group, leaflet and health check. Your strategy does not reflect peoples voices. Who exactly are you listening too?
2	Dementia sufferers and support
3	I think Maternity and Women's Health and Protecting Health were insufficient compared with Ageing and Mortality
4	There is little information on offender health both youth and adult and given they are often the most excluded groups and suffer high health inequalities this for me is an omission.
5	No mention of improving cancer outcomes although cancer is mentioned in the page about causes of death
6	I feel that the local CCG needs to be tested. Is the current CCG fit for purpose bearing in mind it's two previous commissioning failures i.e. Circle Health, Hinchingbrooke Hospital and Uniting Care for adults and older people.
7	In the housing section the strategy has failed yet again to address specialised housing for disabled people. Extra care can not cater for this group.
8	I am not sure that the issue of loneliness - especially but not exclusively among older people - was sufficiently covered. There is evidence that Age UK's friendship schems can make a difference in many ways including on hospital admission rates.

Question 15: Were there any sections that you could not see the relevance of? If so, what were they?

Response Number	Response
1	No

Section 3 – Key Health and Wellbeing Themes

Question 16: Do you think we are planning adequately for the expected increase in Peterborough's child population?

Answer Choices	Responses	
Disagree	**41.67%**	5
Agree	**33.33%**	4
Neither agree not disagree	**25.00%**	3
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		12

Question 17: If not, what else should we be doing?

Response Number	Response
1	There is no mention of addressing teenage pregnancies despite this being listed as an area of need.
2	More needs to be done to support children with disabilities and their families
3	Education in Children Health to reverse current trends
4	Increase the number of hospitals/child services etc instead of just trying to make existing ones more efficient - that will be helpful but not sufficient. (It may be that this is what you are planning but this is not entirely clear)
5	investing more in Children & Young Person's services

Question 18: Are there any priorities that you think should be included, but are not?

Response Number	Response
1	We presume these will be covered through the refresh of the child poverty strategy.
2	Getting the support right is really important. Getting the schooling right is important too.
3	Preventative and early intervention in Child Health
4	Offender health, effective access to mental health services for young people who have chaotic lifestyles
5	Cancer

Question 19: Are there any areas we are prioritising, that you think we should not be?

Response Number	Response
1	Diagnosis, family support, professional support and understanding

Question 20: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate our project success?

Response Number	Response
1	Improvements in feelings of self-worth and wellbeing
2	Children with disability indicator, a carer indicator, siblings
3	Success should be measured in achieving healthier outcomes
4	Maybe fewer suicides/attempts among young people?

Question 21: Do you have any other thoughts on our children and young people's health section?

Response Number	Response
1	There could be some data on how the wider needs are being addressed such as increased school capacity, green space and safe areas of play and GP and Dentist services.
2	Encourage outdoor activities by making available reasonable costs to enjoy those activities bearing in mind that many families work to a tight budget.
3	Working with families to increase Immunisation, Healthy Eating and Exercise

Question 22: In addition to not smoking, taking regular exercise, eating five portions of fruit and vegetables a day and drinking alcohol within recommended limits, are there any other behaviours you think we should be working to encourage or discourage?

Response Number	Response
1	These are good and clear priority areas supported by national focus.
2	Educate children not to drop litter in the public domain ,making local communities better with less rubbish which creates a deprived outlook to local communities
3	No, I think you'll have your hands full!
4	Teenage pregnancy and long term conditions
5	Improving screening uptake
6	Discourage bullying especially through social media

Question 23: What services would you like to see in the proposed 'integrated healthy lifestyle service' offer?

Response Number	Response
1	Creativity in suggested interventions that address multiple needs. For example "regular exercise" could be coupled with befriending services for the elderly, taking out shopping for example.
2	Support with health for people with disability and carers. Some people with autism struggle to eat healthy food because of their condition. No help or support is offered to the families, only criticism.
3	Counselling and the ability to manage stress to combat mental illness self harm and suicide
4	The services outlined in the strategy sound good.
5	Screening opportunities

Question 24: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Creativity in suggested interventions that address multiple needs. For example "regular exercise" could be coupled with befriending services for the elderly, taking out shopping for example.
2	Success should be in reducing Mental Health issues and Hospital Admissions
3	Yes, but is it possible to measure non vivacity provided sport attendances?
4	They look OK to me
5	Screening uptake

Question 25: Do you have any other thoughts on our health, behaviours and lifestyles section?

Response Number	Response
1	No
2	N/A

Question 26: Did you feel the high level of focus on CVD was justified, given how common it is?

Response Number	Response
1	Yes, we should seek to address preventable deaths of this nature.
2	Yes
3	Yes
4	Yes
5	Yes
6	Not really - it is needs a whole system approach

Question 27: Would you like to see more focus on other long term conditions besides CVD and if so, which ones?

Response Number	Response
1	COPD stands out as a high level of need. More focus as well on how diabetes will be addressed.
2	Yes. As autism, learning disabilities, epilepsy are under long term conditions, you should focus on these conditions too.
3	Mobility problems
4	Arthritis, Rheumatism and other disabling conditions
5	Yes

Question 28: Did you find the link to the CVD Joint Strategic Needs Assessment (JSNA) for Peterborough helpful?

Answer Choices	Responses	
Agree	**66.67%**	6
Neither agree not disagree	**22.22%**	2
Disagree	**11.11%**	1
Strongly agree	**0.00%**	0
Strongly disagree	**0.00%**	0
Total		9

Question 29: Would you like to see more links to external/supporting documents elsewhere in the strategy document?

Response Number	Response
1	Yes, the link to the JSNA takes us to a page with wider datasets that could be referred to. Also where referring to other strategy documents it would help to provide links to these.
2	Yes
3	No. It would make the document too complex
4	Yes, links to cited evidence are always good
5	No the information provided was adequate to understand the problem
6	Maybe
7	Yes

Question 30: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Success should be measured in positive outcomes
2	Seem to be useful.
3	Maybe what the national indicators or regional ones to see if things are going in the right direction
4	Ok
5	Yes

Question 31: Do you have any other thoughts on our long term conditions and premature mortality section?

Response Number	Response
1	People need more support with long term condition especially if they also have Autism and or a learning disability. Not enough is done to help people with these conditions even harder when they cannot speak or have limited understanding.
2	Needs to mention greater effort for social services to work with NHS CHC people and their clients.

Question 32: When we refresh the Mental Health Joint Commissioning strategy in 2016, which approaches do you think should take priority?

Response Number	Response
1	To include people with Autism and learning disability and carers
2	Quicker access to help
3	Support for people experiencing stress to prevent further Mental Health issues
4	There should be a clear focus on commissioning talking therapies based on an evidenced based approach
5	Is CPFT management team fit for purpose considering this organisation was part of Uniting Care?
6	Question not understood

Question 33: Do you think we should be doing more to meet the needs of carers? What should we be doing?

Response Number	Response
1	Yes, information on support available is available but needs to be sought. Greater promotion of services and support available would be extremely beneficial. Think of working with key partners who can use existing information sources and staff to get the word out.
2	Yes do not do enough to support carers. We need than a support group and a leaflet.
3	Support with better information
4	Carers need respite and support
5	Yes, set up information and advice services to support them and make sure there is adequate help for people caring in their homes.
6	Yes definitely especially young carers
7	More robust communications to people who are carers. A carers support team would be good.
8	Yes, carers of those under NHS CHC are a neglected group, although they look after the most challenging in society.
9	Yes. Make sure that Social Care and CPFT have fulfilled their greater duties to carers under the Care Act. Make sure that CPFT are always identifying carers and offering them a carers assessment, this is not evidenced at present.

Question 34: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	Include carers. Why not ask carers what it's like to look after people with mental health problems and what they need
2	Success should be indicated by Mental illness being prevented
3	They could be improved. Location of the S 136 place of safety is a good indicator - this should be a health setting in all cases (in many areas e.g. Hertfordshire police stations are never used.) Performance on specific questions in the annual national mental health service user survey especially those about recovery is a very strong measure of progress. Readmission rates are a weak indicator.

Question 35: Do you have any other thoughts on our mental health for adults of working age section?

Response Number	Response
1	How will the high levels of self harm be addressed?
2	Why not start asking people what they need than putting limited services in place YOU think they need to save you money
3	Should there not be a section on mental health of everyone else?
4	Engage better with those working in the sector and those living with mental health conditions
5	The section seems superficial and ignores the increasing levels of unmet need which are partly due to the year on year disinvestment from CPFT

Question 36: Do you think we are planning adequately for the expected increase in Peterborough's elderly population?

Answer Choices	Responses	
Agree	**33.33%**	4
Disagree	**33.33%**	4
Neither agree not disagree	**25.00%**	3
Strongly disagree	**8.33%**	1
Strongly agree	**0.00%**	0
Total		12

Question 37: If not, what else should we be doing?

Response Number	Response
1	You focus on people with dementia which is right but older people have other conditions too. They also are lonely they need help with getting out and about and please not just bingo. Talk to their carers too.
2	Make available support for those living alone to improve their mental state which could impact on their health and general wellbeing
3	Please see previous comment regarding the CCG and them not being fit for purpose.
4	Extra care is not the answer to all problems. Most fail to cater for the most disabled in our society, creating dangerous living conditions.

Question 38: How can we ensure older people want to collaborate with us in planning for their own health and wellbeing and for future services?

Response Number	Response
1	Stress that their opinion matters, look for quick wins that can show contribution is being acted on. The term "Healthy ageing and Prevention Agenda" sounds overly formal and so messages should be considered. Also engage partners such as housing providers who have access to older tenants and established methods of communicating to reach wider audience.
2	Start getting out in the community and talking to people
3	Talk to them ask them where their problems lie and how can you help them
4	Education and awareness among older people
5	Make sure you contact them in ways they can access, e.g. newspapers rather than social media
6	Ensuring access to people to discuss the issues and not and over-reliance on technology
7	Find out where the elderly meet or go to organisations that have an elderly person remit such as Age UK or over 50 groups or maybe do an event for people who are over a certain age
8	Engage better with older people
9	You need to engage and work with your older community. What do they want?
10	Talk to them, many don't use computers.
11	Give them evidence that your initiatives have made a difference in the past

Question 39: Do you think our success criteria are useful indicators? Are there any other outcomes we should be measuring to evaluate project success?

Response Number	Response
1	More success criteria is needed
2	Success should be measured in a better health among older people
3	Yes
4	Like I said before use national or regional indicators
5	How many people with significant disabilities are still on the housing list

Question 40: Do you have any other thoughts on our ageing well section?

Response Number	Response
1	As more services move online what consideration is given to supporting older people to achieve this and also what steps are being taken to ensure information is wider available through other methods.
2	Just shows how little you understand people
3	Not everyone has their own transport or the spare money to access physical activities, social groups would help in local areas
4	Tackle loneliness

Question 41: Do you think our focus on improving access to immunisation and screening services is justified? If not, how else should we be combating the spread of communicable diseases?

Response Number	Response
1	Yes, this seems essential in preventing the spread of communicable diseases
2	Yes. Prevention is better than a cure.
3	Screening isn't just about communicable diseases
4	Yes
5	Yes
6	Don't know

Question 42: Do you have any suggestions for our proposed joint plans to improve poor uptake of screening and immunisation?

Response Number	Response
1	Education among young families and adults regarding Immunisation and Screening programmes
2	Make it very clear that the service is free!
3	Better engagement with communities

Question 43: Do you have any other thoughts on our protecting health – communicable diseases section?

Response Number	Response
1	This section feels light on detail but this is understandable as it is referring to the development of further strategies. Links to how to get involved in these areas or learn more would be very helpful here.
2	Bring back the no spitting in public places again with notices on buses and notice boards and educate young and old that spitting increases risk of spreading illnesses, as well as the slogan ‘coughs and sneezes spread diseases’.
3	Routine screening should be introduced for HIV
4	More, easier to understand training sessions with community workers and members of local communities
5	None

Section 4 – Growth, Health and Local Plan, Health and Transport Planning, Housing and Health

Question 44: Do you think the focus on increasing access to green space is justified?

Answer Choices	Responses	
Agree	**50.00%**	5
Strongly agree	**30.00%**	3
Neither agree nor disagree	**10.00%**	1
Disagree	**10.00%**	1
Strongly disagree	**0.00%**	0
Total		10

Question 45: If not, what should we be focusing on instead?

Response Number	Response
1	Health Prevention and Intervention to promote Good Health
2	Not instead, but as well - community workers not just open space
3	Make sure all space provided is wheelchair accessible.

Question 46: Was it unclear how many of our 'current joint work' actions are intended to help improve health in Peterborough? If so, which ones?

Response Number	Response
1	Yes, it is not clear what the Green Flag award is or how it will help. Same is true of the Fairtrade status. More detail would help or a link to further information.
2	Some were unclear
3	No

Question 47: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes but not clear how this will be measured.
2	Yes
3	Yes
4	Don’t know

Question 48: Do you have any other thoughts on our growth, health and the local plan section?

Response Number	Response
1	Yes access to more green spaces. Better access to ferry meadows by public transport. Why do we have to pay to park? More parks for older children especially with disabilities
2	Do not forget the needs of the disabled.

Question 49: Do you think we are doing enough to address the disproportionately severe health effects of road traffic on deprived areas?

Response Number	Response
1	It is not clear what specific steps are being taken to address this.
2	Not for deprived areas
3	Progress brings intrusion of traffic noise and pollution think before giving approval of industrial expansion when close to residential areas
4	No - I can't see any specific plans about this.
5	No

Question 50: Do you think there ought to be more information in the strategy about the Travelchoice and Bikeability training initiatives?

Answer Choices	Responses	
Agree	**33.33%**	3
Neither agree nor disagree	**33.33%**	3
Strongly agree	**22.22%**	2
Disagree	**11.11%**	1
Strongly disagree	**0.00%**	0
Total		9

Question 51: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes although some guidance on targets for clean air quality would be beneficial.
2	Yes for people with disabilities
3	Yes, seem useful
4	As I have said previously national and regional
5	Yes

Question 52: Do you have any other thoughts on our health and transport planning section?

Response Number	Response
1	Your transport planning in Peterborough is really bad. About time you had a rethink. What about trams as in Nottingham?
2	Make sure all bike routes are accessible to disabled wheelchair users

Question 53: Do you think the focus of our current work on the elderly is justified, given the increased effect cold homes can have on their health?

Answer Choices	Responses	
Strongly agree	50.00%	4
Agree	25.00%	2
Neither agree nor disagree	12.50%	1
Disagree	12.50%	1
Strongly disagree	0.00%	0
Total		8

Question 54: If not, what else should we be focusing on?

Response Number	Response
1	Include all vulnerable people
2	I would need to know whether the 651 harmful events per year are in Peterborough or nationwide - this isn't clear.

Question 55: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Reduction in the number of homeless families.
2	Maybe general satisfaction with housing - conduct surveys
3	Yes
4	Yes
5	Maybe
6	No, how many disabled people are happy with where they are living have you asked them.

Question 56: Do you have any other thoughts on our housing and health section?

Response Number	Response
1	You do no forward planning. It would good to see short term and long term planning. Talking to people about their needs. Put people first
2	Closing the care homes was a mistake ,many lonely elderly get to a point where they need companionship too, and if beds were available to accept hospital discharge patients that would reduce pressure on hospital beds by providing temporary extended care until patient was fully able to cope at home .Much like the old convalescent homes provided
3	Disgusting lack of thought about how the disabled can be helped into suitable fit for purpose housing.

Section 5 – Health Inequalities

Question 57: Besides the electoral wards mentioned in the section, do you think there are other wards or areas experiencing deprivation in the city which we ought to be focusing our efforts on? If so, which are they?

Response Number	Response
1	Welland possibly Parnwell
2	All of them as they could in the future have the same problems

Question 58: Do you think the role of the City Council commissioned children's centres is explained clearly?

Answer Choices	Responses	
Neither agree nor disagree	**33.33%**	3
Disagree	**33.33%**	3
Agree	**22.22%**	2
Strongly disagree	**11.11%**	1
Strongly agree	**0.00%**	0
Total		9

Question 59: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	Yes these are clear and good indicators.
2	Yes
3	You will need to compare the criteria with the same criteria in less deprived areas - for instance, if life expectancy in all wards started improving at about the same rate it would mean that the inequality remains and the reasons for that would need to be explored.
4	Yes

Question 60: Do you have any other thoughts on our geographical health inequalities section?

Response Number	Response
1	Not applicable
2	What about people with disabilities and carers?
3	No
4	No

Question 61: Was it clear how the research by the World Health Organisation cited in the survey was relevant to the population of Peterborough?

Response Number	Response
1	Yes
2	Yes
3	Yes
4	Yes
5	No
6	Not entirely – it is not clear whether, for instance, the higher alcohol consumption in Eastern European countries means that there is higher alcohol consumption in Eastern European communities in Britain. Maybe the JSNA will be investigating this, but that needs to be clearer – you can't use statements about populations in other countries to describe populations from those countries in Peterborough.

Questions 62: Do you think the health needs of all of Peterborough's ethnic groups are given sufficient attention in the strategy?

Answer Choices	Responses	
Agree	40.00%	4
Neither agree nor disagree	30.00%	3
Disagree	30.00%	3
Strongly agree	0.00%	0
Strongly disagree	0.00%	0
Total		10

Questions 63: If not, which ethnic groups/specific health needs should be given more attention?

Response Number	Response
1	People with learning disabilities and autism
2	Not much information on health needs among people of African descent, or among British people
3	Eastern Europeans

Question 64: Do you think our criteria for success are useful indicators? Are there any other outcomes we should be measuring to evaluate success?

Response Number	Response
1	This is difficult to answer as part of the measure is based on developing a JSNA
2	As above need to be included
3	Yes
4	I approve of the honest appraisal that more research needs to be done before you can find good success criteria
5	yes

Question 65: Do you have any other thoughts on the health and wellbeing of diverse communities section?

Response Number	Response
1	Not applicable
2	You do not give enough support to these hard-to-reach communities
3	No
4	I am confused about the responsibilities of the local authority to everyone from ethnic minorities living in the area. I don't know if EU migrants and asylum seekers from the rest of the world pay council tax and will reside long term in Peterborough

Question 66: Is it clear how each of the five key work streams in the Better Care Fund plan will be of benefit to people with disabilities and/or sensory impairment in Peterborough?

Answer Choices	Responses	
Agree	33.33%	3
Strongly agree	22.22%	2
Neither agree nor disagree	22.22%	2
Disagree	11.11%	1
Strongly disagree	11.11%	1
Total		9

Question 67: If not, which work streams are you struggling to see the benefit of?

Response Number	Response
1	It's not enough to have leaflets, support groups and health checks if people with disabilities need services and support

Questions 68: Do you think our criteria for success are useful indicators?

Response Number	Response
1	These are good, very clear
2	Yes
3	Yes

Question 69: Do you have any other thoughts on our health and wellbeing of people with disabilities and/or sensory impairment section?

Response Number	Response
1	Not applicable
2	Start asking people what they need, stop putting in services that you think they need. It's all about money, what about people?
3	Not to reduce people's access to outside social activities
4	No
5	This section is very light, no mention of the effects of housing on health. Need closer working relationship between social services and those in charge of NHS CHC. The way disabled people are treated in Peterborough makes me very angry.

Section 6 – Commissioning and Partnerships

Question 70: Do you feel this section gives a sufficiently clear picture of how we coordinate with our partnership boards?

Response Number	Response
1	Yes
2	Yes but who sits on these boards? Who represents people with autism, learning disabilities etc. Where do they feed back to?
3	No
4	No. I have little idea of who sits on these boards and why, or how the focussed task groups related to the boards
5	Yes
6	Yes
7	Yes
8	Yes

Question 71: Do you have any other thoughts on our partnership boards section?

Response Number	Response
1	There is no mention of the Older Person Partnership Board which I would feel would be a key partner in terms of older person's wellbeing
2	Good to talk but how do we know what you are discussing?
3	No
4	No
5	They rarely work, especially where there are different political agenda
6	Please see previous comment regarding the CCG and being fit for purpose – is this the right organisation with the right people to lead health commissioning in Cambridgeshire & Peterborough?
7	No

Question 72: Does the rest of the strategy reflect our aim, stated here, to 'support the development of a thriving, strong and diverse social and healthcare market that is flexible and responsive to everyone in Peterborough?

Answer Choices	Responses	
Agree	40.00%	4
Neither agree nor disagree	30.00%	3
Disagree	30.00%	3
Strongly agree	0.00%	0
Strongly disagree	0.00%	0
Total		10

Question 73: If not, what more could we be doing to achieve this aim?

Response Number	Response
1	Your aim does not include all people in Peterborough
2	Your weak link may be the local CCG
3	People with disabilities are neglected again

Question 74: Do you have any other thoughts on our commissioning principles section?

Response Number	Response
1	You set out the objectives really well
2	Your commissioning principles do not include all people in Peterborough
3	No
4	What reassurance are you going to give to the local community that the CCG is being tested and reviewed to make sure it is safe to commission local NHS care. The current management team have a track record of wasting money and questionable decision making

Question 75: Is it clear how the health system transformation programme aims to carry out its strategic aims?

Response Number	Response
1	It could perhaps be clearer in terms of how it would apply practically
2	Clear on what you state in your strategy. You have just excluded people/groups
3	No
4	No – talks a lot about what it's looking at and very little about what it's going to do
5	The complexity of the landscape generally in this area makes it difficult
6	No

Question 76: Do you have any other thoughts on our Cambridgeshire & Peterborough health system transformation programme section?

Response Number	Response
1	Not applicable
2	Yes. More needs to be done for people with learning disabilities, autism, epilepsy and carers
3	No
4	Keep the party politics out – no sensible decision was ever made by a politician
5	Make sure that people and their carers that come under NHS CHC do not, as at present, get totally neglected and written off

Question 77: Is it clear how each of themes of the customer service programme is relevant to improving health services in Peterborough?

Response Number	Response
1	Yes
2	Relevant only to what's listed in your strategy
3	How will you get suitably qualified and experienced people to give advice regarding the local NHS/team economy
4	Yes
5	No

Question 78: Do you have any other thoughts on the Peterborough City Council customer experience programme section?

Response Number	Response
1	This is very clear and proactive, the approach is very positive
2	Start talking to more people
3	No
4	This would not be a role suitable for volunteers

Question 79: Do you think the plans contained in our strategy will help us bring about our aim of 'making Peterborough a health environment in which to live'?

Answer Choices	Responses	
Agree	40.00%	4
Disagree	30.00%	3
Neither agree nor disagree	20.00%	2
Strongly agree	10.00%	1
Strongly disagree	0.00%	0
Total		10

Question 80: If not, why not? How should we be amending our plans?

Response Number	Response
1	It doesn't go far enough for everyone
2	Depends on take-up
3	It's not about amending the plans, it's about having the right people in place to deliver them
4	No strategy for housing all ages with a disability

Question 81: Do you think the plans contained in our strategy will help us bring about our aim of 'supporting people and communities to maintain their own health and independence'?

Answer Choices	Responses	
Neither agree nor disagree	44.44%	4
Agree	22.22%	2
Disagree	22.22%	2
Strongly agree	11.11%	1
Strongly disagree	0.00%	0
Total		9

Question 82: If not, why not? How should we be amending our plans?

Response Number	Response
1	Only for people included in your strategy
2	Talk and listen to those who are most affected
3	Ignored those with a disability and their carers

Question 83: Do you have any other thoughts on the vision for health and wellbeing section?

Response Number	Response
1	The collective approach is absolutely is the right way to tackle this broad area. As a representative of a key partner we welcome the chance to work together to improve the health and wellbeing of people across Peterborough
2	Yes, please include people with learning disabilities, autism, epilepsy, carers associated mental health problems and siblings
3	Go back do some more work regarding carers and those with disabilities

Section 7 – Commissioning Design Principles

Question 84: Do you have any other thoughts on Peterborough City Council's commissioning design principles?

No answers were provided for this question.

Question 85: Was it clear how each of the principles related to improving Health and Wellbeing in Peterborough?

Response Number	Response
1	Yes, particularly around strong leadership and joint working
2	Yes
3	Yes
4	No – the whole section seemed quite 'jargony' and meaningless
5	No
6	No

Question 86: Do you have any other thoughts on the commissioning design principles section?

Response Number	Response
1	Could benefit from some diagrams to break up the page. It is a little difficult to read and understand in the wider context of health and wellbeing
2	Doesn't reflect the user voice. Shaped locally?
3	No
4	No
5	The CCG's questionable decision making should be taken in to account

Section 8 – Final Comments

Question 87: Please provide any additional feedback you would like to give regarding this strategy and/or any issues not covered by previous sections.

Response Number	Response
1	The only area that really stands out as missing is end of life care. This is important in the complete journey of someone's life and treatment at this point can have a massive impact on family and friends' wellbeing
2	Should also talk to other local groups
3	It is good forward plan for an increase in population and an ageing population
4	I think a lot of the plans in this strategy have merit, but they are often not communicated as clearly as they could be and sometimes concerns are raised but no concrete plans to address them are outlined
5	Very disappointed that improving cancer outcomes was not specifically mentioned in the document, especially since PHE is working with NHSE, Macmillan and cancer research to improve screening uptake. It's also mentioned at the front of the document and is a leading cause of death in Peterborough, which will increase given the numbers of people living in deprivation, as well as those who are overweight/obese and those from the Asian and Eastern European populations.
6	The local community needs to be provided with robust proof that the CCG and its wider leadership team are suitably qualified to lead the NHS in Cambridgeshire and Peterborough. How can communities have faith in an organisation that has wasted millions of pounds? Please supply evidence that the CCG is going to be audited by an independent organisation regarding their failed Uniting Care project.
7	Need to do a lot more work on the problems facing people with disabilities in Peterborough. This group, in my personal experience, have faced a totally inadequate supply of fit for purpose housing. Extra care facilities are being relied on too much to fill the gap and are totally not kitted out to meet the needs of people with very severe disabilities. We still have new small business in Peterborough it is okay to have no accessibility, larger companies

Response Number	Response
	constantly flout equality laws, making the quality of those who use a wheelchair to get about very difficult. Lack of suitable housing for the disabled not only destroys the lives of the person who is disabled but also any family carers that become collateral fallout. Make Peterborough a healthy place to live for all, not just the fit and healthy.

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ANNEX B4: Health and Wellbeing Strategy Consultation – Comments received from Meetings, Groups and Members of the Public

1) Feedback received from Healthwatch Peterborough:

Healthwatch Peterborough is a stakeholder and statutory member of the Peterborough City Council Health and Wellbeing Board. The following comments submitted and gathered by Healthwatch Peterborough over the consultation period cover a range of comments from partners, stakeholders and members of the public.

Comments relating to format -

- I think the document is clear and uses appropriate language. It is well set out and engaging, with good use of graphics. The proposals appear to be evidence based, with proposed measures of success. I am not sure that CVD and Long Term Conditions should be a single unit. And I would suggest that 'Creating a healthy environment' is linked to Greater Cambs Local Nature Partnership and their work on 'Naturally Healthy'.

- I think that the document is well written and straightforward.

Comments relating to delivery/implementation of the strategy -

- Unless there is increased funding to meet the additional needs identified in this document, I fear that not a lot will change in the health inequalities and lower than average outcomes for the local population.

- Few would disagree with the thrust of this document, but there remains some scepticism about the implementation. Having said that I feel that if what is included in the strategy document is implemented this will be a step forward. I would like to see the councils plan for implementation after the consultation is complete.

Comments relating to specific sections covered –

- I felt that there was more content about 65+ age than any other group, and was concerned that there was limited content to do with children: in particular there was no reference to facilitate better care for children with life threatening conditions eg. Cystic Fibrosis, Leukaemia etc. (there are quite a number of life threatening conditions that require extra care and could be mentioned), and no mention of the ways families who face these situations can be helped.

- The section on 'long term conditions' only mentions in detail, conditions which produce acute symptoms, there are a lot of others, such as Musculoskeletal conditions, which have long term implications for the provision of services such as primary and secondary care, disability, mobility, specialist housing, home care etc.

- The teenage pregnancy and young mother figure is stated as being well above the national average. After reading the document I am not sure what is planned to reduce the figures and educate on this subject.

- In terms of areas of deprivation I would like to see information on the incidence of Autism, Mental Health, as these can all can stem from poor health i.e. malnutrition which in my experience are seldom screened for or appropriately screened for. The references to medical training are not up to date with current trends. Children in these areas are at a high risk of impaired learning and behavioural concerns, which are not often identified as a priority.

- Given the prevalence of dementia in the community and in care home settings it was unclear as to the priority being given to dealing with early diagnosis and treatment, especially at community level and in the home. I could not quite work out where this condition fitted into the key work streams (was it older people generally or mental health?). I do feel that this could be clarified. I felt that there was limited effort to identify the role and importance of GP surgeries in working with carers and supporting early stage diagnoses. This is an issue that also needs clarification.

Comments relating to future concerns –

- The report covers a lot of ground and many of the issues contained in the report are well made. However I am concerned about the existing and future strains being placed on the NHS and its services. The population expansion of Peterborough will obviously impact on this as we move forward.

- I am concerned about the long term economic implications of rapid growth and increasing levels of diversity in Peterborough and the implications for future funding and future implementation of the Health and Wellbeing Strategy in Peterborough.

- The document makes some references to East European communities, but there is limited mention of researching in greater detail the incidence of, and poor health of the migrant communities generally.

Issues relating to the promotion of the strategy –

- I would like to see appropriate promotion and education of health services for the people of Peterborough to ensure they are aware of where to go, for what treatment, thus easing strains on existing and well know services i.e. ED/A&E.

Comments relating to 'ideas' in the Strategy document –

- When talking about specific issues - accessing help for arrivals, CVD, mental health, communicable diseases it is well written, but could do with more clarity on items such as lifestyle, housing and transport.

- I think the strategy document is satisfactory but contains limited real innovation, the exception to this relates to joined up care for over 65s.

- There is an assumption that people do not know what constitutes a healthy lifestyle, they usually do, just don't act on it, it would be useful to have a better understanding of 'an integrated healthy lifestyle service'.

2) Feedback received from a local resident of Peterborough:

This *(reference to the Environment Capital Action Plan)* means the Health and Wellbeing Board's Draft Strategy is based on a document in need of urgent revision. Until this has been achieved the Draft Strategy must be "put on hold". It is clear the Environment Capital Action Plan is a poorly thought-out document with too many questions left unanswered.

Feedback received from the January 2016 Borderline & Peterborough Executive Partnership Board:

Comments/Suggestions:

- Front page to be more diverse, to reflect the diversity of Peterborough.
- Where Borderline & Peterborough mentioned, now to be known as Greater Peterborough.
- More information required regarding vertical integration
- Looking at delivery, in terms of health checks and quality agenda may need to be replicated, if we do not have the right proportion, into the plan.
- Page 4 – quote regarding "37% our rate of under 18 pregnancy is higher than England" – to be reworded.
- Page 5 – all areas to be labelled on the map.
- Page 27 – BP highlighted observation; noted section to be re-written or taken out completely. Take into consideration element regarding "How We Got There" which actually signals that we are working together; understanding where we are coming together.
- Pages 26/27 – logos of recognised brands to be illustrated; to simplify for people.
- "So What" questions – useful to have some answers here; links back to going "live".
- Key Points – have these to identify on an annual basis, rather than too much detail.
- "What Can You Do" – interesting point; giving ownership back; strategy for public as well as us; strong message regarding integration work.

3) Feedback received from the Cambs & Peterborough Patient Reference Group meeting held on 3 March 2016 at 2.00 pm

- It was questionned if the Strategy accounted for Wisbech patients that used Peterborough services and if the statistics were based on Peterborough GPs only. Also if the draft Strategy had been to the Fenland HWB partnership? It was also asked why there was a need for two separate HWB Boards and Strategies for Peterborough and Cambridgeshire, given the financial pressures on the NHS.

- There was comment on the low uptake of vaccinations and that patients did not receive a reminder for the seasonal flu vaccination, for example by email or text. It was proposed that electronic media should be encouraged to get the information out there.

- It was commented that the document was common sense and he said that there was a big task ahead to educate the population.

- There was a comment on health inequalities and the 10 year difference between central ward and Newborough for example in Peterborough. It was asked if the HWB strategy and consultation would be produced in other languages

4) Feedback from the Borderline Patients Forum – 12th April 2016:

- Younger generations should be targeted through primary and secondary schools to ensure they understand the importance of health and wellbeing from a young age.

- There needs to be a statutory requirement for large housing developments to have infrastructure for health care.

- There is a new school being built at Hampton which is close to a major road but it was thought there was a ban on building schools near pollution blackspots.

- If the strategy only covers the Peterborough City Council area should Borderline patients be responding as some are outside of this area?
  -
- Patients use the internet to search for health related issues but the information they find is not always correct. They should be made aware of the appropriate sites to use.

5) April Peterborough Patients Forum:

- How is the document going to be accessed by people with impaired vision. A large print version available?
- What consideration to translate into other Languages?
- Suggested we consider an Audio Book (from Libraries).
- Front page.
  - Lack of Ethnicity. Not representative of Peterborough.
  - Not engaging. Doesn't tell people what it is.
- More engaging headers for person on street

6) Feedback received by email from a local resident:

This requested that the St Georges Community Hydrotherapy Report be considered. 234 local people using the pool over the course of a week contributed to this report. They were all very anxious that their voices, experiences and outcomes should be heard and known by those undertaking health commissioning and service planning residents.

7) Feedback received from Learners at City College, Peterborough:

Learner	Feedback
Mild learning disability	I like the front cover The people look funny It looks like Peterborough Lots of writing – it's too much for me The map isn't clear – I couldn't see where I lived
Mild learning disability	All the people are white on the front My teacher had to help me understand it People are not teenagers they are old or little children The numbers on the first page were interesting
Mild learning and social and emotional barriers	The colours are good and I think that the pictures show all different people

	There are lots of words could there be a simple version
Main stream vocational learners	Looks boring and I wouldn't read it The front looks like it's for young children It's boring why do I need to see it

8) Feedback received from the Health Scrutiny meeting on held on 13th January 2016:

Observations and questions were raised and discussed including:

- The Committee was pleased to see that a number of issues had been collated in one place.
- Concerns were raised regarding how success would be measured and what specific aims had been identified.
- The Committee expressed their hope that the Strategy would feed into the work of every service of the Council. It was further question whether an extended engagement period would be worthwhile, in order to reach greater numbers.
- The Committee congratulated the Communications Team on a well-designed product. It was noted, however, that the smaller scale maps were of little practical use, particularly without a key.
- Councillor Sandford, Group Leader of the Liberal Democrats, noted that the Strategy had the capability to feed into the Environment Capital agenda, particularly in terms of the Local Transport Plan. It was further commented that the Council may need to shift its focus from growth towards health and wellbeing.
- The Committee commented that there was opportunity for the Health and Wellbeing Board Strategy to be undermined in certain areas and suggested that Health and Wellbeing in the city needed to be prioritised.

Health and Wellbeing Strategy, All Party Policy to Members of Peterborough City Council.

25th February 2016.

Point raised included:

How the strategy would be monitored – there was a need for improvement trajectories for key health outcomes which could be monitored to make sure that the strategy delivered . Also a need to address key health inequalities.

Would the strategy cover TB vaccination?

Why was Eye and Thorney picked out particularly on the map of life expectancy on page 3?

What evidence is there of practical join up between the HWB Strategy and the Local Transport Plan?

The Health and Wellbeing Strategy should be embedded in all work that the Council does. It needs to be backed up by hard evidence.

Health Inequalities. There are a number of issues were investment is needed. Areas such as Millfield have been starved of investment for some time.

The Cambridgeshire and Peterborough Transformation Programme needs clarity, including links with the CCG . Concern that rural GPs sit on some of the relevant committees and groups and would therefore be unfamiliar with urban practices and their problems. .

Concerns about partnerships moving to Cambridgeshire and being based in Cambridge again over the next five years. For example that the PCT was previously based in Peterborough but now the Cambridgeshire and Peterborough NHS Foundation Trust is based in Fulbourn, near Cambridge.

Green space and park funding can contribute to health. The specific issue is social prescribing - following this some green gyms have been implemented. For funding, one of the challenges is someone could say you had a public health grant and that you should look at that first before coming to us.

Vivacity do good things and that there are lots of opportunities in Nene Park to provide health and wellbeing – is this recognised in the strategy?

Fitness and sport should be taken more seriously in schools and that fitness tests should be implemented.

What is happening with health trends over time?

Annex C – Minutes of Peterborough City Council's Cabinet Meeting 13th June 2016

PETERBOROUGH JOINT HEALTH AND WELLBEING STRATEGY 2016-19

Cabinet received a report which followed consultation on the Peterborough Joint Health and Wellbeing Strategy 2016-19 between 1 February 2016 and 30 April 2016.

The purpose of the report was to seek Cabinet's approval of those elements of the Joint Health and Wellbeing Strategy, which were the executive responsibility of Peterborough City Council, before it was submitted to the Peterborough Health and Wellbeing Board in July for final approval.

The Chairman introduced the report and advised that while there was no statutory requirement for Cabinet to approve the Strategy, as public health was a strategic priority for the Council, it was considered Cabinet oversight was important.

The Director of Public Health introduced the report and advised that the purpose of the Strategy was to address the health issues presented in the area. The Strategy was a collaborative work, with contributors from across the health and City Council services. The next stage of the process was to develop detailed implementation plans.

Cabinet debated the report and in summary, key points raised and responses to questions included:

- Cabinet were pleased to see that the Strategy covered other portfolios and directorates, with particular regard to planning and the Local Plan.
- There was no timed implementation plan currently. The priorities within the Strategy would cut across a number of areas and may run concurrently to each other. These priorities would be established through this discussion, consultation with the Health and Wellbeing Board, and other stakeholders.
- The plans for future delivery of mental health services for children and young people. The Cabinet were advised of the 'i-thrive' model, which would provide a flexible engagement opportunity for those young people with most need. A website had been launched that was targeted at providing relevant information to children.
- The correlation between rural and urban living, and an individual's quality of life was discussed. The Director of Public advised that this was a complex issue, which was a result, not only of health, but also the area's economy.
- It was discussed that the demand for acute mental health care in Peterborough was linked to the city's demographics. Mental health issues were often associated with socio-economic status, deprivation, unemployment, and income

security. It was further noted that people with severe mental health problems were generally attracted to cities. Issues of young female isolation were recognised.

- It was considered key that work be done within diverse communities to ensure that resources were directed to what communities felt would be the best approach.
- A question was raised in regard to what age was considered 'adulthood' in relation to smoking. The Director of Public Health advised that, for the Strategy, it was considered 18 years or older. Public Health England were considering examining smoking between the ages of 15 and 18, and this would be further investigated.
- The joint initiatives between the Council and the NHS were discussed, such as the Lifestyle Service and the Healthy Peterborough campaign; these would continue. It was proposed to review the NHS and Council offer to schools, with the potential to provide a joint offer that is clearer and more attractive to schools.
- In terms of addressing heart disease within the Strategy, a spectrum of health behaviours were addressed that contributed to heart disease, including smoking, diet, and physical exercise. Also addressed was advice given to patients after they experience related problems. It was noted that work could be done to benchmark these actions against other areas of the country.
- The Cabinet were pleased to note the inclusion of Vivacity and Travelchoice within the Strategy.
- Discussion was had surrounding what responsibilities the Council had in relation to Tuberculosis. The Director of Public Health advised that this was a joint responsibility between the Council and the health services. For example, individuals may require help with social issues during their treatment, the Council would need to take account of this.
- Questions were raised regarding the provision for individuals with long term conditions and the level of engagement with carers for such. It was advised that a further joint strategic needs assessment would be carried out for people with long term conditions.
- Data was benchmarked against comparable cities for Peterborough. The Director of Public Health was happy to circulate this information to members.
- The recorded population increase was discussed. It was advised that while this accounted for a portion of the hospital attendance increase, the remainder of the increase may be attributed to the aging population and the presence of obesity in the area.
- With the permission of the Chairman, Councillor Rush requested clarification on how the strategy would tackle teenage pregnancy. The Director of Public Health responded that there was currently a commitment in place to refresh the strategy in relation to this, and to focus on prevention. This would be picked up through the Children and Young People Commissioning Board.

- It was noted that nothing was included within the Strategy around Post Traumatic Stress Disorder within the ex-forces community. The Director of Public Health would investigate how this could be addressed.
- Comment was made that reference to individuals being overweight or obese was often met with resistance. It was advised that references were often made to 'healthy weight' within promotional public health work and emphasis made on creating healthy environments.

Cabinet considered the report and **RESOLVED:**

1. To note the feedback from the public and stakeholder consultation on the draft Peterborough Joint Health and Wellbeing Strategy;
2. To approve the final version of the Peterborough Joint Health and Wellbeing Strategy which had been amended to reflect the key themes of the consultation feedback; and
3. To recommend the Strategy to the Health and Wellbeing Board for approval.

REASONS FOR THE DECISION

The Peterborough Joint Health and Wellbeing Strategy was a key document for driving forward the City Councils' strategic priority of 'Achieve the best health and wellbeing for the City'. The content and aims of the Strategy covered a range of Cabinet Portfolios, beyond those of Health and Wellbeing Board members, so discussion and approval by the full Cabinet was important.

ALTERNATIVE OPTIONS CONSIDERED

The Joint Health and Wellbeing Strategy could have been taken to the Health and Wellbeing Board without consideration by Cabinet. However this would mean that some Cabinet members with portfolios relevant to the Strategy would not have been given the opportunity to consider and approve it.

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Annex D

Equality Impact Assessment:

Initial Assessment

Name: Dr Liz Robin

1). What is the aim of the policy, project or strategy/purpose of activity/service?

The aim of the Joint Health and Wellbeing Strategy is to work jointly across the City Council and local NHS commissioners to meet the health and wellbeing needs of Peterborough residents and service users as outlined in the Joint Strategic Needs Assessment (JSNA). The Strategy aims to improve health and wellbeing and the delivery of integrated health and social care services in Peterborough and reduce inequalities in health.

2). Will the policy/project/strategy/service have a disproportionate effect on members of the equality groups below? (See Appendix A for further information)**:**

Equality Group	(✓)	Is the effect Positive, Negative, Neutral or Unclear? Please comment where applicable
Particular age groups		The HWB Strategy covers all age groups, therefore the effect should be positive or neutral.
Disabled people		The Strategy has a chapter focussed on the health and wellbeing of people with disability and/or sensory impairment. A further emphasis on the wider needs of people with disabilities such as housing and access has been fed back through the public consultation on the Strategy and is now included in the Strategy. Therefore the effect should be positive.
Married couples or those entered into a civil partnership		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect.
Pregnant women or women on maternity leave		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect.
Particular ethnic groups, including Gypsy and Travellers and new arrivals		The Strategy has a section on health inequalities nad a chapter focussed on improving the health of minority ethnic groups. Therefore the effect should be positive.
Those of a particular religion or who hold a particular belief		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect.
Male/Female		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect.
Those proposing to undergo, currently undergoing or who have undergone gender reassignment		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect.

Sexual orientation		The Strategy aims to improve the health and wellbeing of all Peterborough residents, therefore has a positive or neutral effect. One of the actions outlined in the strategy is to develop a Peterborough Joint Sexual Health Strategy, which will take into account some of the health and wellbeing needs relating to sexual orientation.

If there are any negative or unclear affects, you are required to do a full EqIA.
Need for a full EqIA? Please circle: **No**

Date Initial EqIA completed:	1/6/2016
Assessment completed by:	Liz Robin
Policy Review Date:	2019
Signed by Head of Service:	

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 8
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Will Patten, Director of Transformation, Peterborough City Council	Tel. 07919 365883

ADULT SOCIAL CARE, INTEGRATION OF HEALTH SYSTEM PROGRAMMES GOVERNANCE STRUCTURE

RECOMMENDATIONS	
FROM : Will Patten, Director of Transformation	**Deadline date :** N/A
Board members are requested to: Approve the update to the Integration of Health Systems Programmes Governance Arrangements	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board at the request of the Corporate Director for People and Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to seek approval from the Board; it sets out an update on the governance arrangements for the local Integrated Health System Programmes, which was approved by the Greater Peterborough Executive Partnership Board (GPEPB) on the 17 June 2016.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.6 *'To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.'*

3. BACKGROUND

3.1 Recent analysis of the different initiatives has shown that there are a large number of existing and new programmes and initiatives going on or planned across the Cambridgeshire and Peterborough Health and Social Care System. To avoid overlap and duplication there is a need to align priorities and outputs from the programme delivery.

3.2 The aims are to develop and agree a set of principles that will shape the design approach of programme delivery resources; to have a consistent and common approach and design – embracing best practice; and to focus on delivery.

3.3 Principles:

- Focus on local delivery;
- Use existing governance and delivery structures where possible;
- Ensure a consistent approach for each initiative;
- For each initiative separate the design phase from implementation; and
- Keep the number of programme to a minimum.

3.4 Governance

3.4.1 **Aim:**

- A simple but effective arrangement;
- Have a consistent approach; and
- Respect existing governance arrangements.

3.4.2 **Context:**

- Many of the projects involve more than one organisation; and
- All organisations have their own governance arrangements.

3.4.3 **Approvals:**

- Individual organisations will want to approve decisions prior to submitting to partners;
- Any project involving or impacting one organisation will follow the governance arrangements of that organisation; and
- Any project involving or impacting on more than one organisation will need key decisions to be approved by all organisations concerned – at the Greater Peterborough Executive Delivery Board. Where the whole health and social care system are represented (including Primary Care, VCS, Peterborough City Council, Cambridgeshire and Peterborough Clinical Commission Group, Public Health, Cambridgeshire and Peterborough NHS Foundation Trust and Peterborough and Stamford Hospitals NHS Foundation Trust.

3.4.4 **Reporting:**

- It is recognised that individual projects are supporting the objectives of a number of different organisations and programmes – e.g. PCC, BCF and Vanguard;
- Projects will be required to report progress to a number of different forums, organisations or programmes – e.g. to CCG, Vanguard, BCF, PCC and the Greater Peterborough Executive Delivery Board. A single common reporting template will be used; and
- Reporting route is separate from approval arrangements.

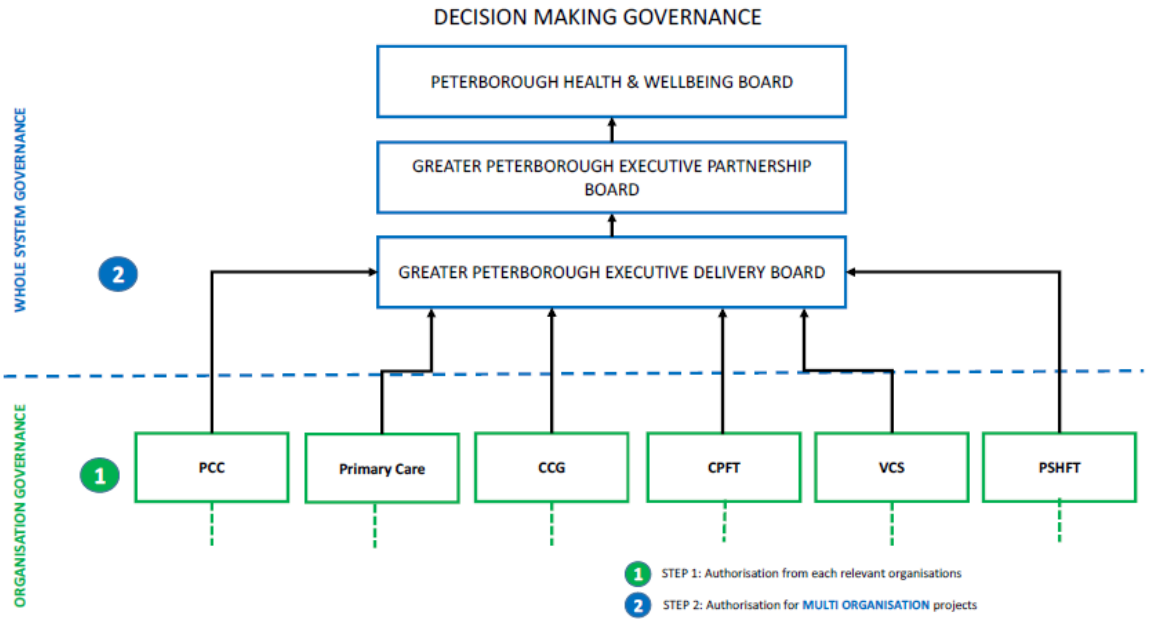
3.4.5 **Approach**

All projects follow **5 stages:**

Stage	Description	Key approval points
Stage 1 -	Establish programme, planning and preparation	Point 1
Stage 2 –	Design the solution	
Stage 3 -	Develop and test the solution	Point 2
Stage 4 -	Implementation	
Stage 5 -	Review	

All projects have 2 Key Approval Points:

Point 1 – to approve the objectives, scope and plan.
Point 2 – to approve the design and delivery approach and approve the implementation plan.



3.4.6 At each point, a project will need to be approved by individual organisations first and then go to Greater Peterborough Executive Partnership Board (GPEPB) Delivery Board for system wide agreement.

3.4.7 Greater Peterborough Executive Delivery Board – to meet monthly:

- Oversee and own the Programme, solution and budget, provide leadership and direction, guide the progress and delivery. Ensure the aims and objectives continue to be aligned with evolving business needs. Set priorities and allocate appropriate resources. Monitor and approve progress against the milestones and targets and ensure the desired benefits and outcomes are delivered. Authorise any deviation from the agreed plans. Proactively review and manage issues and risks.

3.4.8 Programme Reports – monthly (still being established):

- To inform the Delivery Board of progress, status and trends. Identify key issues and risks and recommend mitigations.
    - It is envisaged that these reports will serve the same purpose, albeit for different audiences i.e.: Vanguard, Health Executive, SSRG, etc.
    - Establishing the capability.

3.4.9 Project Highlight (status) reports – every two weeks (still being established):

- To inform the Programme Management of progress, status and trends for the specific project. Identify key issues and risks and recommend mitigations.
    - Establishing the capability.

4. CONSULTATION

4.1 In the developing and drafting of the Integrated Health Systems Programmes and associated governance there were detailed discussions and workshops with partners. Approval was given to the governance arrangements at the GPEPB on 17 June 2016.

5. IMPLICATIONS

Financial

5.1 Integration of health system programmes will enable more efficient use of resources, reducing duplication and supporting system change to ensure system sustainability.

5.2 The integrated health system programmes are in line with the Council's Medium Term Financial Strategy (MTFS).

Legal

There are no legal implications arising from this report at this time.

6. BACKGROUND DOCUMENTS

6.1 None

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 9
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Charlene Elliott, Commissioning Assistant Public Health	Tel. 863603

UPDATE ON THE IMPLEMENTATION OF THE NEW INTEGRATED SUBSTANCE MISUSE SERVICE

RECOMMENDATIONS	
FROM : Wendi Ogle-Welbourn, Corporate Director People and Communities	**Deadline date :** *N/A*
The Health and Wellbeing Board is asked to note this report on the implementation of the integrated substance misuse service.	

1. ORIGIN OF REPORT

1.1 This report is submitted to Board following a referral from Director's Group on 4 May 2016.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the board on the successful mobilisation of the integrated substance misuse service contract from April 1 2016.

3. AN INTEGRATED SUBSTANCE MISUSE SERVICE

3.1 Board members will recall that a procurement exercise during 2015 has brought into one contract adult and young people drug and alcohol services, with a view to improving efficiencies and outcomes through a truly integrated treatment system. CRi (Crime Reduction Initiatives), providers of the Aspire adult drug treatment service in Peterborough from 2010, was the successful bidder. This national organisation changed its name to CGL (Change, Grow, Live) on 1 April.

3.2 The Board is advised that mobilisation of the new, integrated substance misuse service is complete and the service launched as planned on 1 April. In the immediate term, the Aspire brand remains for the adult service. The new young people service is called "#POW" (Possibilities, Opportunities, Without taking risks).

3.3 The Board is also advised that such mobilisations are often characterised by a dip in some elements of performance, and this will be monitored carefully by the commissioning team. We anticipate minimal impact in the adult drug treatment element of the service where in essence there is continuity of service, but will pay particular attention to the impact upon young people, adult alcohol-only clients and hospital patients. Over time it is expected that the integrated service will see a re-balance between drugs and alcohol work, where the latter has historically – and nationally – not enjoyed the level of resource applied to drug misuse. Alcohol is now better understood as a considerable public health concern as well as being a contributor to violent crime and antisocial behaviour.

3.4 As oversight of the substance misuse agenda sits with the Safer Peterborough Partnership Board, via the multi-agency Substance Misuse Strategic Board, regular reports will be provided to these Boards on the new service's progress.

3.5 Since award of the contract, the commissioning team has been holding regular mobilisation meetings with CGL's Regional Director and local service manager. These meetings have monitored a range of issues, focussing particularly on themes of client information and data transfer, staffing, and premises.

3.6 With commissioners, the unsuccessful local provider agreed a timetable for winding up client work and transferring appropriate case files to CGL in the final fortnight of March 2016. The provider sought consent from all its clients for the transfer of cases. The number of cases transferred was less than expected and as a result we anticipate there could be an increase in new referrals classed as "re-presentations" in the first months of the new service.

3.7 CGL finalised the staffing structure and TUPE transfer. There were minor alterations to the originally proposed structure, most notably the replacement of two proposed nurse roles with appropriately experienced/qualified workers, where there were strong candidates for the latter. All frontline posts were filled before launch. A new service manager has been appointed and has had a thorough handover with the outgoing manager. Unfilled managerial roles were covered by interim CGL staff from other areas, but all posts are now recruited to.

3.8 CGL's "hub" will remain in Bridge Street. "Spokes" in Orton and Bretton form part of the new service plan. The former, at Herlington, opened in the week of 4 April; the latter at Bretton (the former police station) will not be operational until July but as Aspire has been previously operating from community settings in Bretton, the contingency has been to maintain current arrangements in the interim. The new young people service, while adopting an outreach model to meet young people in places appropriate to them, also operates from the NACRO base on Lincoln Road.

3.9 CGL now takes over responsibility for pharmacy contracts (needle exchange and supervised consumption of medication), and the commissioning team met with sub-contractor Lloyds Pharmacy's regional managers to ensure the smooth handover of these contracts. CGL has also entered into a subsidiary contract with Barnardo's in respect of family work.

3.10 The Police and Crime Commissioner "Innovation Fund" of £150k in 2016/17 is made available only to the substance misuse specialist provider, and is intended to specifically target P&CC priorities. The priority for the year 2016/17 is to reduce the impact of individuals identified as frequently engaging with the police, especially those coming into custody, who have substance misuse issues. CGL, police and commissioners have worked closely to develop a model of intensive engagement which has commenced in May 2016. An initial cohort of 18 individuals is agreed, many of whom are also known to Council and other services. With a small cohort we can not only measure the change in frequency of engagement with the police following commencement of engagement with IROP, we can then explore each individual 'story', demonstrating the improvements made as a result of contact with the service. Ideally we will also calculate cost benefits where unit costs exist (eg cost of a night in the cells; cost of police officer time processing individuals).

4. CONSULTATION

4.1 CGL has been active in discussing the new service with partners, in particular where services are new to their Peterborough operation. Engagement is reported with Adult Social Care, Children's Services, YOS and the City Hospital. An open day for professionals on 3 March was one of a number of engagement events. Others have included pharmacists and GPs. There have been further discussions with individual GP practices as well as with the Borderline and Peterborough Executive Partnership Board, where a second presentation was welcomed on 18 March. The LCGs are particularly important partners, as responsibility for commissioning the hospital alcohol liaison service transfers from them to the PCC commissioning team with the start of the new contract.

5. ANTICIPATED OUTCOMES

5.1 The headline KPIs for the service are to:

- Increase the number of people free from dependence (and substitute medication) and in sustained recovery;
- Improve the health and wellbeing of people with drug and alcohol misuse issues;
- Reduce harm experienced by individuals, families and the community arising from problematic drug and alcohol use;
- Reduce crime experienced by individuals, families and the community associated with problematic drug and alcohol use; and
- Reduce future demand on health, criminal justice and treatment services.

5.2 The commissioning team has developed an extensive "work-book" for contract monitoring with CGL, continuing to use National Drug Treatment Monitoring System (NDTMS) data to enable continuity of data for comparison, supplemented by CGL's own data. We will also keep consistent reporting lines for the Hospital Alcohol Liaison service in order to ensure that we are able to report no reduction in activity to the CCG, on whose behalf we are commissioning the service. While CGL is going to adapt the model, recruitment of one of the former HALP workers to lead this programme ensures continuity not only of the service but of the good relationship with hospital staff.

5.3 The new service has drawn our attention to varying impact in the "health and young people advice" (HYPA) clinics in secondary schools and PRUs. A review of the model is now planned in conjunction with the Director of Public Health's wider approach to developing a new and holistic Healthy Schools programme to commence in September 2016.

6. REASONS FOR RECOMMENDATIONS

6.1 This report is for information only. Governance for this contract is overseen by the Safer Peterborough Partnership.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None as this is an update report.

8. IMPLICATIONS

8.1 Legal implications are contained within the body of the report.

9. BACKGROUND DOCUMENTS

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

9.1 None.

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HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Helen Gregg, Commissioner	Tel. 863618

DOMESTIC ABUSE AND SEXUAL VIOLENCE SERVICE UPDATE

RECOMMENDATIONS	
FROM : Corporate Director, People and Communities	**Deadline date :** *N/A*
1. That the Health and Wellbeing Board members consider the content of the information report and raise any questions.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Board following a request from the Corporate Director, People and Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide background information on domestic abuse and sexual violence services offered to Peterborough victims.

3. BACKGROUND

3.1 **Domestic Abuse and Sexual Violence Service**
Peterborough Women's Aid (PWA) were awarded the contract to provide domestic abuse and sexual violence services to Peterborough City Council from 1 April 2014. The contract is made up of 2 lots:

3.2 **Lot 1 – Domestic Abuse and Sexual Violence Support Service for Adults**
The overarching aim of the service is to provide accessible and appropriate interventions to improve safety and reduce risk and harm to victims of domestic abuse and/or sexual violence and their dependents. The service provides independent, specialist support service for victims of all ages, sexuality, relationship status and gender.
The service's aims are to:

- To reduce the trauma and psychological distress experienced by children and young people who have been victims of (or affected by) domestic abuse and/or sexual violence
- To reduce propensity toward re-victimisation through increased resilience and improved self concept and relationship behaviour
- To increase awareness of domestic abuse, sexual violence and abusive relationships amongst service users
- To improve the health, psychological wellbeing and general functioning of children and young people affected by domestic abuse and/or sexual violence
- To support non-offending parents/guardians in aiding their child's recovery from trauma (where appropriate)
- To be child and young person focused

3.3 **Lot 2 – Psychological interventions for children and young people affected by domestic abuse and/or sexual violence**

The service provides psychological therapies and interventions for children and young people experiencing significant psychological distress as a result of being a victim of (or exposed to) domestic abuse and/or sexual violence.

3.4 The service's aims are:

- Supporting the current triage referral process to assess level of needs and eligibility for service
- Signpost referrals which do not meet eligibility criteria to alternative services
- Use assessment to plan appropriate therapeutic intervention, behaviour management strategies and development of coping strategies
- Deliver evidence based and age appropriate talking therapies and creative therapies to children and young people affected by domestic abuse and/or sexual violence
- Deliver group therapy to children and young people who would benefit from this approach
- Deliver family focused therapeutic interventions where appropriate
- Provide parents/carers with the skills and techniques underpinned by the most up to date research to help children and young people recover and thrive
- Provide case consultation for professionals and carers on specific issues in relation to consequences of domestic abuse/sexual violence.
- Work collaboratively with other agencies to support the recovery of the service user
- Develop clear thresholds for service which interface effectively with other services, particularly specialist child and adolescent mental health services and targeted level emotional wellbeing service
- Work with other agencies to promote, support and improve their response to children and young people and their families who are subjected to domestic abuse and sexual violence
- Contribute to policy and service development for children and families who have experienced domestic abuse and/or sexual violence including the identification of areas of unmet need
- Promote and publicise the service to potential service users in formats accessible to all

3.5 **Progress Update**

The CCG funded a support worker to join the children and young people's service from January to March 2016 to assist in reducing the number of children and young people on the waiting list. Over the 3 month period the waiting list was reduced by half and the support worker worked with 17 children. The Corporate Director at Peterborough City Council has now agreed to fund the support worker for a further 12 months to ensure the service can continue their good and much needed work.

3.6 The Cambridgeshire Police Crimes Commissioner agreed to fund a programme to be delivered by Ormiston Families from April 2016. Ormiston will deliver an early intervention and prevention based service delivered through the 'Cope and Recover' community group for mothers and children (aged 9-11 years) who have experienced domestic violence. The programme will work with 10 Peterborough families over a 12 week period.

The programme objectives are to:

- Support children and young people to understand their feelings around exposure to domestic violence
- Address thoughts around blame and responsibility
- Understand what domestic violence is and 'inside and outside hurt'
- Deal with feelings of anger
- Make plans to stay safe
- Tell their story using art and group work
- Increase confident and self-esteem
- Break the secrecy around abuse
- Identify who to talk to; practice calling the police or safe persons

3.7 **Community/multi-agency engagement**
The service are also highly involved with the community and undertook the following activity during October to December 2015:

Meetings/presentations attended (MASG, community groups, children's centres etc.)

- Two meeting at Children centres
- Meeting with Cherish DV group at Kingsgate

Awareness presentations delivered

- CPFT team meeting
- DAISU officers Thorpe wood

Range of training provided to staff

- WRAP PREVENT training
- Two staff attended LCSB Safeguarding training

Training courses delivered to PCC staff / organisations (PSCB and other)

- LSCB Assessing the risk Full Day
- Team support worker Full Day
- MA Social Work student ½ day
- BA Social Work Student ½ day

3.8 **Performance Monitoring**
The service is monitored by the Joint Domestic Abuse and Sexual Violence Strategic Board which meets quarterly and is attended by a number of representatives from Peterborough City Council, Cambridgeshire County Council, service providers/voluntary sector organisations to include Rape Crisis, Womens Aid, Refuge and the SARC, the Police, the Office of the Police Crimes Commissioner and key partners to include Health representatives and housing.

The commissioner also organises separate quarterly meetings with the service provider.

Wendi Ogle-Welbourn chairs a quarterly Peterborough operational group to discuss key issues regarding the service.

3.9 **Future Plans**
The following points have been identified as key priorities:

- Organise for the children and young people's support worker contract to be extended for 12 months
- Undertake a dip sample of repeat domestic abuse referrals into the service to identify common characteristics and trends
- Work with the LSCB to create a communications plan for the next year
- Self assess the service against the NICE quality standards guidance
- Explore the options for a countywide domestic abuse service

4. CONSULTATION

4.1 A similar report has been presented to the Public Health Board on 27 April 2016.

5. ANTICIPATED OUTCOMES

5.1 The Board is asked to review the information contained within this report and respond / provide feedback accordingly.

6. REASONS FOR RECOMMENDATIONS

N/A

7. ALTERNATIVE OPTIONS CONSIDERED

N/A

8. IMPLICATIONS

Legal Implications

The report is for consideration and there are no legal implications at present.

Financial Implications - None

9. BACKGROUND DOCUMENTS

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

N/A

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 11
21 JULY 2016		PUBLIC REPORT
Contact Officer(s):	Will Patten, Director of Transformation, Peterborough City Council	Tel. 07919 365883

ADULT SOCIAL CARE, BETTER CARE FUND (BCF) UPDATE

RECOMMENDATIONS	
FROM : Will Patten, Director of Transformation	**Deadline date :** N/A
Board members are requested to: 1. Note the update of BCF delivery and the fourth quarterly monitoring return for NHS England.	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board at the request of the Corporate Director for People and Communities.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to provide information for the Board; it sets out an update on the delivery of the BCF Programme and presents the fourth quarterly monitoring return for NHS England which was approved by the Greater Peterborough Executive Partnership Board (GPEPB) and submitted on the 27 May 2016.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.6 *'To identify areas where joined up or integrated commissioning, including the establishment of pooled budget arrangements would benefit improving health and wellbeing and reducing health inequalities.'*

3. BCF BACKGROUND

3.1 As previously reported, Peterborough's BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the city. The BCF was announced in June 2013 and introduced in April 2015. The £12.6 million budget is not new money; it is a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Peterborough City Council (PCC) to provide health and social care services in the city.

3.2 The BCF 2016/17 final submission was approved and submitted to NHS England on 3 May 2016. Currently Peterborough has a draft assurance status of 'approved with support'. Full approval will be granted on the submission of further requested detail by the deadline of 30 June 2016.

3.3 <u>Governance</u>

3.3.1 At a previous meeting, the Health and Wellbeing Board confirmed that the Joint Commissioning Forum, now the GPEPB, would oversee the delivery of the BCF Programme and management of the pooled budget on behalf of the Peterborough Health and Wellbeing Board.

3.3.2 Following approval by this Board in March 2015, the Section 75 Agreement between PCC and CCG was in place by 1 April 2015 when BCF funding began. The Section 75 Agreement has been reviewed to reflect changes for 2016/17 and contractual changes are being finalised. The Annual Section 75 Report was presented and approved at GPEPB on the 22 April 2016.

3.3.3 All necessary formal governance arrangements for the BCF were in place by April 2015.

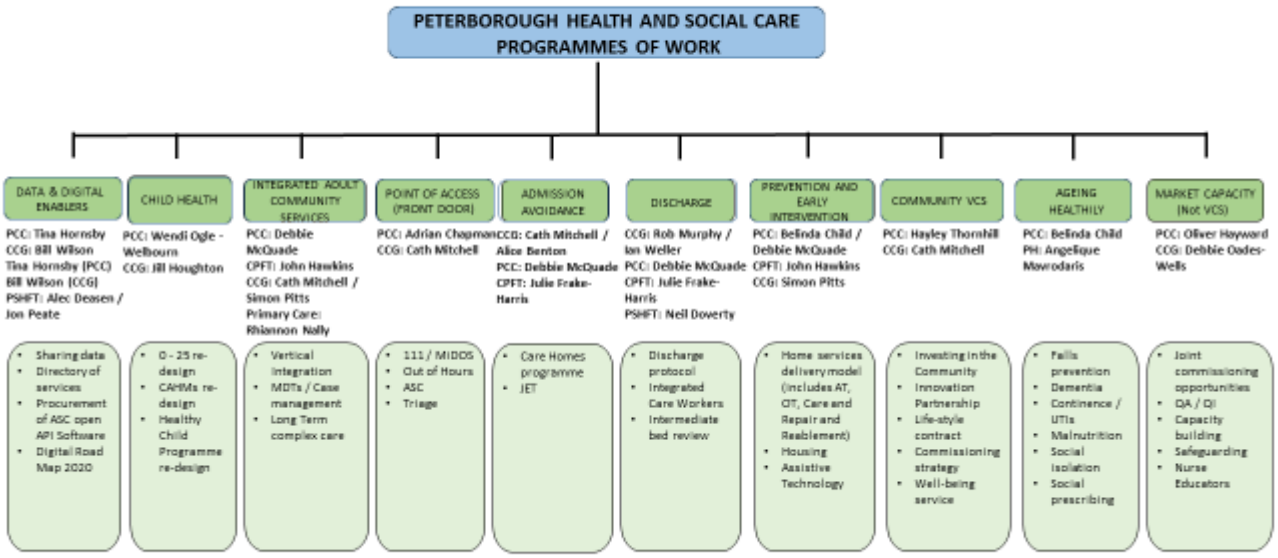
3.4 Monitoring

3.4.1 The Health and Wellbeing Board agreed to delegate responsibility for reporting to the GPEPB. The process and templates for reporting of local areas' BCF progress is defined by NHS England and the Local Government Association (LGA) arrangements.

3.4.2 Since the last report, the fourth quarterly monitoring return for NHS England has been approved by the GPEPB and submitted on the 27 May 2016.

3.5 Workstream Updates

3.5.1 Recent analysis of Peterborough system plans, showed that there are a large number of programmes and initiatives across the local Health and Social Care System, including the BCF, CCG Sustainability and Transformation Plan and Vanguard programme. In the development of plans for 2016/17, the various programmes of work have been combined, wherever possible, to ensure efficient and effective deployment of resources, ensuring the focus is on delivering the changes and improvements. This approach has been shared with partners across the system and the below diagram outlines the agreed health and social care programme structure:



3.5.2 **Data and Digital Enablers:** The immediate focus is developing practical data sharing solutions to support multi-disciplinary working; including shared access to existing systems, patient held approaches, information governance and cloud storage. The decision was taken not to progress the UnitingCare 'OneView' system and the CCG is leading on exploring alternatives to support a single view of the patient record, linking with the Local Digital Road Map 2020 work.

3.5.3 **Child Health:** This incorporates the 0-25 re-design, CAMHS re-design and Healthy Child re-design projects.

3.5.4 **Integrated Adult Community Services:** Vertical Integration plans to align PCC Adult Social Care with the Neighbourhood Teams are progressing. The case management working group is now meeting regularly and membership, terms of reference and a draft project plan have been agreed. Trailblazer neighbourhood team site to test the MDT coordination model starts on the 13 June2016. Further analysis is needed in relation to case finding to develop a methodology and initial work is being led by CPFT.

3.5.5 **Point of Access (Front Door):** Alignment of the PCC Adult Social Care Front Door with 111, including MiDOS is being progressed. A proposed model is in development and work is being undertaken to understand the benefits. The LGA Digital Transformation Fund awarded £40k to support the development of a Local Information Platform (LIP) (previously referred to as the Information Hub), which will support the consistency, quality and accuracy of information.

3.5.6 **Admission Avoidance and Discharge:** Mapping of 7 Day Service provision to support admission avoidance and discharge across Peterborough is being collated. Pathway Coordinator pilot started on the 11 April 2016. Future plans include stronger engagement with the voluntary sector and the implementation of Integrated Care Workers.

3.5.7 **Prevention and Early Intervention:** PCC is undertaking further work to refine the Home Services Delivery Model to ensure integrated and strengthened intermediate care tier provision. This incorporates the integration of Care and Repair, Assistive Technology, Therapy Services and Reablement teams. PCC and CPFT are working closely to ensure integration is achieved across system-wide intermediate care provision. There is a continued focus on the expansion and embedding of Assistive Technology across social care and health.

3.5.8 **Community VCS:** The PCC Innovation Partnership is being progressed and discussions are underway with the CCG to understand the scope of integrating health commissioning with the model.

3.5.9 **Ageing Healthily:** Key objectives for this work include:

- Falls Prevention: District level leads group is looking at further development to support local implementation of the joint falls pathway.
- Primary Prevention: Further refinement of the scope of social prescribing work is being undertaken. The PCC Investment in the Community project focuses on building community resilience.
- Mental Health and Dementia: A workshop was held on the 21st April and key leads have been identified. The primary focus will be on the development of a joint strategy and pathway.
- Continence and UTIs: Further Development of the approach and vision to maintaining continence and preventing UTIs is underway.

3.5.10 **Market Capacity (not VCS):** Care Home Educators are currently being recruited by the CCG and further work to develop joint working with care homes is a priority. PCC is exploring joint commissioning opportunities to ensure efficiencies on an ongoing basis.

4. CONSULTATION

4.1 As previously reported, in the developing and drafting of the BCF Plan there were detailed discussions and workshops with partners. Joint working across Cambridgeshire and Peterborough continues and regular monitoring activities have been solidified to ensure clear and standardised reporting mechanisms.

5. IMPLICATIONS

Financial

5.1 Delivery assurance through the Board will enable the Council and the CCG to continue to meet NHS England's conditions for receiving £12.6m BCF.

5.2 The BCF funding is in line with the Council's Medium Term Financial Strategy (MTFS).

Legal

5.3 The report is for noting. There are no legal implications at this time.

6. BACKGROUND DOCUMENTS

i) BCF Quarterly Data Collection Template Q1 15-16 Peterborough (final)
ii) BCF Quarterly Data Collection template Q2 15-16 Peterborough (final)
iii) BCF Quarterly Data Collection Template Q3 15-16 Peterborough (final)
iv) BCF Quarterly Data Collection Template Q4 15-16 Peterborough (final)

UPDATED: 13 July 2016

HEALTH AND WELLBEING BOARD
PROPOSED AGENDA PLAN 2016/2017

MEETING DATE	ITEM	CONTACT OFFICER
21 July 2016	Greater Peterborough Partnership New Governance Framework Adult Social Care, Integration of Health System Programmes Governance Structure Domestic Abuse and Sexual Violence Update St Georges Hydrotherapy Pool Annual Director of Public Health Report Draft Peterborough Health and Wellbeing Strategy Health and Care Executive Governance Framework **For Information:** Adult Social Care, Better Care Fund Update	**Will Patten** **Charlene Elliot** **Wendi Ogle-Welbourn** **Helen Gregg** **Cathy Mitchell** **Liz Robin** **Liz Robin** **Cathy Mitchell** **Will Patten**
22 September 2016	Cardiovascular Disease Strategy (requested via email by Liz Robin on 24/2/16) Mental Health Strategy (requested via email by Cathy Mitchell on 30/06/16) Migrant Workers JSNA **For Information:** Healthy Child Programme Service Offer	**Liz Robin** **Cathy Mitchell** **Liz Robin**
22 December 2016	**For Information:**	
23 March 2017	**For Information:**	

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